being taught by experience of anybody in the room. It would be noted that she used the word " opportunity " for, unlike the President, so many were somewhat diffuse and somewhat foolish and did not benefit in the way he had. It was the power of assimilation of experience which alone made it teach anything at all, and the President's head and heart were needed if it was to be done in any comparable degree to his own. It was an ill-understood alchemy by which the heart and the head managed to develop experience into knowledge and wisdom. They must all be able to recall minds something like grandmother's ragbag, full of bits and pieces, and in delving into her own she dragged out only one bit of any value, and that was " brevity is the soul of wit," and she would not speak for very long.

Prof. Henderson gave evidence of the digestion of an ox in the way of assimilation or, should she say, ostrich, for some facts in their work were terribly hard to digest. Possibly he would regard the fact that he was born a Scot as one of his greatest and most fortunate experiences, but he did not rest on those laurels, and doubtless made good use of his birthright by going on to get a full academic training, wresting all he could learn here and then going further afield to America, where he worked at the Manhattan Hospital and at the Johns Hopkins Hospital. He then returned to his own country instead of coming to help in the south. This was regrettable in some ways and a great advantage in others. Moreover, he began to practise what he knew; he gave the Morison Lectures, the Samuel Lecture, the Maudsley Lecture, and compiled a book on psychiatry with the late Dr. Gillespie. To-day they had had what she regarded as some of the most choice fruits, and the Association was grateful to him for having laid them before it. This most inspiring Address would encourage all, specially the younger members, to tackle what was before them and what could be made of life in this particular speciality. It required the integrity of body, mind and spirit for the full development of any fruits of experience. The body was receiver, the mind was the tester, and the spirit informed the whole and gave it life.

She thanked the President most heartily for the splendid presentment of what they might hope to attempt to do.

Dr. BURLINGAME, representing the American Psychiatric Association, said that in his Address the President had referred to the impatience of youth and the fact that earlier in his career he had determined, given the opportunity, he would show what could be done. He had. If the membership of his Association were present he would be given a very definite instruction to second this vote of thanks on their behalf. He was tempted to quote:

> " I gazed and gazed as I do now,
> And still my wonder grew,
> How one small head could carry all he knew."

He had much pleasure in seconding the vote of thanks.

The proposal was carried by acclamation and the President made a brief acknowledgment.

ANNUAL DINNER.

The Annual Dinner was held at the Royal College of Physicians, Queen Street, Edinburgh, on the evening of Wednesday, July 17, 1946, with the President, Professor D. K. HENDERSON, in the Chair. The President was supported by a large number of distinguished guests.

The PRESIDENT proposed the toast of " H.M. the King," which was loyally honoured.

" THE CITY OF EDINBURGH."

The Hon. W. S. MACLAY, *O.B.E.*, M.D. (Senior Commissioner, Board of Control), said that the honour of proposing this toast must give thought to anyone, but particularly to a Scotsman, and more especially to one who was proud to say that " I belong to Glesga," even though his job had taken him south of the border. He could only plead that he had his schooling in Edinburgh at a school whose present headmaster was to address the Association on the morrow and who, incidentally, was the son of a psychiatrist well known to all. He could also claim to have a wife who came from Edinburgh—but enough of personal reminiscences. A former Chancellor of Edinburgh University once made the sweeping statement that " what

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is trite is true, and what is not trite is usually not true." At the risk of being trite there were a few things that should be said about Edinburgh even if they had often been said, and better said. One did not stop greeting old friends just because one had greeted them often before.

In the first place must come the weather; that was the opening gambit in any case. Robert Louis Stevenson had described the climate of Edinburgh. He said it was " raw and boisterous in winter, shifty and uncongenial in summer, and in spring a downright meteorological purgatory." He did not think he was prepared to go so far as that, so he would leave the subject of the weather. Then there was the beauty of Edinburgh; that was self-evident. But there must be some present who had not visited Edinburgh before—it was 20 years since the R.M.P.A. held its annual meeting in Edinburgh—and now that they had done so they would want to return. The size of the meeting showed that Edinburgh had that effect on people. There was one of the sights of Edinburgh which could no longer be seen, the old cable trams whose frequent breakdowns constituted a constant and quite irrefutable reason for being late, whatever the real reason. But Edinburgh was a progressive city, and cable trams had gone.

There was still Princes Street. Princes Street was a grand sight at any time. To his mind it was at its best on a sunny Saturday morning with a little frost in the air when there was a Rugby International at Murrayfield, and one walked along meeting old friends; Princes Street during an R.M.P.A. meeting could only take second place to that! Edinburgh was a generous city. He thought the members would like him to express to the Lord Provost and to the Corporation their sincere appreciation of its hospitality. Edinburgh did things in a wholehearted way. Take, for example, the Judge, Lord Esgrave, famous in his day, who certainly gave full measure when condemning tailors' apprentices to death for murdering a soldier by stabbing him. He addressed the prisoners as follows: " Not only did you murder him whereby you deprived him of his life, but you did thrust your weapon through . . . his regimental trousers which are the property of His Majesty."

Even in psychiatry the locality could make a difference. He had at times to decide the validity of certain certificates of insanity. He came across one the other day referring to a lady in which the doctor had stated under the heading of conduct indicating insanity that she had tried to buy a bottle of gin from her local publican. He felt quite sure that in a hospitable city like Edinburgh such optimism would be looked upon as entirely normal, whereas in the south it was reckoned evidence of insanity.

Edinburgh had a long and glorious tradition. Some weeks or months ago he heard Colonel Petrie quote someone as saying that he who could see furthest back could look furthest forward. It was his own belief that the best progressive measures and innovations were made with a knowledge of the past. Winston Churchill, the American author he was referring to, described in one of his books the pioneers setting out to open up the West. They were mostly young men, but on one of the caravans they were seen to be helping a very old man. The others asked why they were taking an old man on such a venture, and the reply was, " We take him because we want to have tradition with us: we want him to open our new cemetery."

There was a long tradition and history in Edinburgh of co-operation between the City and the University, not always harmonious co-operation. He believed that in the early part of the nineteenth century the fight was long and acrimonious, and lasted for thirty years, and was won by the town, but in later years the co-operation had been harmonious. It was interesting how theories changed with changing times; survival of the fittest and the importance of conflict in determining development had given way to a much greater realization of the importance of mutual aid in determining survival. At any rate, the co-operation between town and gown had proved of benefit to both, and had proved of benefit to psychiatry as shown, for example, by the progressive policy of the Corporation in regard to child guidance, a policy he hoped they would continue to extend.

Sir John Falconer, as Lord Provost, was the distinguished and worthy guardian of a tradition which looked not only to the past but to the future, a future in which he felt sure that psychiatry would play its appropriate part. He would like to congratulate Sir John on the honour recently conferred upon him by the King—he must be excused if he mentioned that the Lord Provost of Glasgow was also

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honoured. He must admit that Edinburgh won, because Sir John was knighted by the King with appropriate pomp and ceremony and tradition in Princes Street, and he could not see such a ceremony really being a success, say, in Sauchiehall Street. It was a great pleasure to welcome Sir John Falconer and the Lady Provost, and here he must suspect that Edinburgh must have broken with tradition; at any rate it could be but seldom that Edinburgh had had such a young as well as such a charming Lady Provost.

It gave him much pleasure to call upon the company to drink the toast of the City of Edinburgh, coupled with the name of the Lord Provost, Sir John Falconer.

The Rt. Hon. Sir JOHN I. FALCONER, Lord Provost of Edinburgh, in response, thanked Dr. Maclay for the very charming way in which he had proposed the toast of the City of Edinburgh. The people of Edinburgh regarded their city as being a city of charm and beauty and loved it. They felt that the city was one to which visitors could be invited, and were more than delighted to welcome the Association. Edinburgh had long been interested in medical matters and thought that the Royal Institution at Morningside ranked high. It was closely linked with the University in the person of the President, Professor D. K. Henderson, to whom he would offer his sincere congratulations. In Edinburgh " Professor Henderson " was a household word; he was a man of forceful mind, full of thoughts, and he was always willing to try out the findings of others and adopt them if they proved to be correct. He was a charming individual who saw clearly the path he was treading and he could congratulate the Association upon its President. He knew that he had made a few reservations on the recommendations of the Committee on the Scottish Lunacy and Mental Deficiency Laws, and the mere fact that these reservations were made by him would mean that they would be most carefully considered.

He thought that probably in the fullness of time the mental hospitals might disappear from their present management and become merged in the new hospital scheme under the proposed Hospitals Board. It might be that they would come more into touch with the general hospitals for the sick, and if that was so, no one would offer any objection. The interchange of the junior staffs, both medical and nursing, could be facilitated with great benefit to all concerned. He had always regarded the tendency to deal with conditions of service and training of the doctors and nurses in the mental services as something quite apart altogether from the general medical services as wrong, and it was good to know that so far as the nurses were concerned there laid ahead the possibility of a common entry for all nurses into the training which led to the State Register. In the same way he thought there had grown up in the medical teaching schools a clear realization that the medical student must learn the importance of the reactions of the mental and the physical states, and that the processes of the mind must be recognized in the study and the treatment of physical disease. It would seem from some casual reading of the subject that we were now in the days of psychosomatic medicine, and, if as a result of the application of this, people were returned to their work more quickly and with a realization that man must give of his best in this world if he was to enjoy life to the full, then psychiatrists and their colleagues would indeed have deserved well of their fellow men. The lethargy which afflicted the body and which resulted in lowered output and absenteeism, in the misdirection of effort, and in the anti-social reaction of some of the community, must spring from some sickness or disease of the mind, and in the progress of this branch of medical science the solution must be found. Was it too much to hope that within the framework of the new National Health Service provision would be found for this form of research work, so that the new service might become a preventive service as well as a curative one, and that the healthy mind would receive the same blessing as the healthy physique?

Marvellous progress had been made in recent years in the treatment of such cases, in the various forms of shock therapy, even the opening of the door to the surgeons who fortunately discovered that by severing nerve fibres some could be restored to every-day life who otherwise would have been condemned to an appalling existence and an early death. He knew and admired that work, but was not the future not more to be found in the early stages of mental disorder? Reference had been made to child guidance clinics, and these were being established in many centres—there was one in Edinburgh—and results were encouraging. Emotional and other children with behaviour disorders were being guided back to normal

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conduct, but was not that a wide field for research? Did not the out-patient departments of the large general hospitals offer vast possibilities for active and specially trained minds? Were not the physicians in charge of hospital wards in need of psychiatrists at their side to guide their curative efforts? Was there not a crying need for more observation wards, not merely as clearing places for the mental hospitals, but as places for the cure and study of early mental disorder?

These were a few of the reflections of an elected representative of the people with some little non-technical knowledge of his hosts' activities, but he would close on a note which might sound heretical. When one sounded the depth of man's mind and pondered on all that went to make the happy and healthy citizen, did one not meet with the problem of beliefs? Could the person with no real belief in the reasons for our being and living be really happy? Could the full life be lived without faith? He was inclined to think not, and therefore, despite his clear recognition of the possible dangers in some cases, he would venture to suggest that, on occasion, the combination of the psychiatrist's skill with the strength and comfort of the Christian faith would save minds that in other circumstances would go awry.

The opportunities of the Mental Health Services of this country were now greater and brighter than ever before, and he looked to the members of the Association to add yet more lustre to this great branch of medical science. He would apologize for imposing these somewhat serious remarks upon the dinner, but he thanked his audience for listening and for the very kind way it responded to the toast to the City of Edinburgh.

"The Guests."

Dr. W. M. McAlister, *O.B.E.*, in proposing the toast of "The Guests," felt that it was incumbent upon him to introduce the hosts to their guests, and then perhaps introduce the guests to the hosts. There were a great many misconceptions as to who and what psychiatrists were. Sometimes they were credited with powers which they did not possess. It was a commonplace remark among some people to warn a patient, "You had better watch what you are saying because if you do not you will be landed in the asylum." As a matter of fact the last person to land a patient in an asylum was the practising psychiatrist. It was something like 20 years since he wrote a certificate of insanity, and he never ceased to regret that he was forced to do it at that time, because every month since he had had a letter from his victim about the wrong he had done him. As a new instalment of the serial arrived each month he was not only amazed at the patient's persistency, but he had learned a great many things about himself which not even 20 years in the hands of a psycho-analyst would have dragged out of him.

It was not only amongst the uninformed public that misapprehensions about psychiatrists got abroad. He had just received the latest issue of the *Journal of Mental Science*, which contained the Maudsley Lecture, from which it appeared that the main impression gathered by the lecturer after 17 years of intimate contact with psychiatry and psychiatrists—this referred to England alone—was that psychiatrists were essentially pessimists, and this was based on the fact that psychiatry made no progress. Was it not curious that at the same time there had come to him a new printing of a volume issued by this same *Journal of Mental Science*—a volume containing over 500 pages of close print and entitled "Recent Progress in Psychiatry"? Progress, of course, might be measured by different standards, and even if psychiatry was placed in comparison with medicine and surgery, he would not hesitate to mention such advances as the treatment of general paralysis by malaria, the operation of leucotomy, and the various forms of shock which were in common use up and down the country. These things, in themselves, had made a very big difference to the mental hospitals. One impression which always abided with him was the impression made upon his mind when he started this work, by the dreadful fate of cases of general paralysis; the situation to-day was very different, and to deny that that was progress was merely playing with words.

The same gentleman mentioned the want of agreement; there were different schools of psychiatrists who did not quite see eye to eye with one another on various important matters. The speaker thought that was a very healthy sign. So long as there was argument and dispute and various lines of approach to a problem, it

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was a sign, surely, that the profession practising that speciality was alive. Heaven help them if the day came when they all pleasantly accepted one another's ideas and lived by taking in one another's washing! His view was that the psychiatrist was a super-optimist. No one would go into psychiatry for material reward; one could do very much better in business and in other walks of life. Their reward was something that few people ever experienced, and that was the extraordinary joy of seeing a patient who had been distracted and suffering immeasurable mental anguish brought to the point where he could again face up to his responsibilities and live a happy and contented life at home. Even if it only happened once in a while it was a reward for any effort one was called upon to make.

Again, the statement went on that psychiatry suffered because it was entangled with the law. He, for one, took strong exception to this continual attempt to place the law and psychiatry in opposition. If one looked at the ultimate aim which both professions worked for it would be seen that there was far more common ground than there was dispute. After all, both were involved in the same ambition, namely, to make for a decent social order in which a man could live and let live without fear or favour.

He would say a word about the guests, and first of all about Lord Cooper. Lord Cooper was an Edinburgh man, the product of a school which, for a time, specialized in turning out Cabinet Ministers by the dozen, and Lord Cooper had the honour of being Dux of that school. Later he passed to the University and finally entered the profession of law. After taking "silk" he entered Parliament, but was not allowed to remain a back bencher for very long because he was promoted to the office of Solicitor-General, and soon after that became Lord Advocate at a time when this country was just entering on the last war, and the amount of work which fell on his Department must have been enormous. Later still in 1941 he succeeded the late lamented Lord Allison as Lord Justice Clerk. Lord Cooper had spent his life in Edinburgh, except for a temporary session when he sat for an Edinburgh Division in the House of Commons. He knew from his acquaintance with advocates at the Bar that Lord Cooper's appointment was acclaimed as a particularly appropriate one, and he made not only a great reputation for himself as an advocate, but his claims to distinction as the Lord Justice Clerk were commented on on all sides. Not only had Lord Cooper applied himself to his profession, but he had done a great deal of other work of extraordinary value. He was Chairman of the Commission which considered the development of hydro-electric power in the Highlands, and of the Commission which considered the state of affairs on the Clyde. It was amazing that a man with so many professional commitments could find time to do public work of that sort. So far as psychiatrists were concerned, they had the doubtful pleasure of coming into contact with Lord Cooper every now and again as medical witnesses. Personally he never left court without thinking back to the end of the eighteenth and beginning of the nineteenth century to the times described by Lord Cockburn in the Memorials of his time. Then there were on the bench men of outstanding ability no doubt, but whose conduct was to say the least rather coarse and forbidding. Nowadays they never obtained anything but the utmost consideration and kindness, and there was no harm in saying that those who had to appear as witnesses felt grateful for the courtesy and consideration extended to them.

Sir William Darling was an Edinburgh man who was not brought up in the same school as Lord Cooper, but in a school under the same management. Sir William Darling never went to the University. On the other hand, he took the world for his university, and he had heard him say not once but several times that he did not think he was any the worse for having pursued that course. He was inclined to agree, because the importance of schooling was the use a man made of it, and no one could say that Sir William had not made full use of the opportunities which had come his way, and which had enabled him to make himself a "kenspeckle" figure up and down the country. In newspaper files almost universally the adjective "versatile" was applied to him. It was an oblique way of referring to the "rolling stone which gathers no moss," the "jack of all trades and master of none." Sir William might be versatile, but he did not in any sense lack application. His rise in the Council of Edinburgh was quite unpredecented. Within four years of his election as Councillor he became City Treasurer, and a few years later became Lord Provost, and during his term of office he was honoured by being awarded a knighthood. The speaker had seen a good deal of Sir William Darling at close quarters

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and had watched him in his public appearances, and the impression left on his mind generally during the war years was that he played the role of a local Churchill. Churchill kept the spirit of the Commonwealth alive even at the darkest hour, and in a more limited sphere Sir William Darling performed the same service for Edinburgh. He fostered every good cause, he never spared himself, in fact his energy and activity were perfectly amazing, and in addition to that, what he supposed he would regard as one of his greatest achievements, he saw that the Edinburgh rates never rose above 7s. 11d. As an official of the Corporation he would add that he never found Sir William Darling opposing any reasonable scheme which involved the expenditure of money, and for that he personally was very grateful.

Since leaving the Lord Provostship Sir William had stepped on to a bigger platform. Everybody knew him as a member of the Brains Trust, where he had shown the same sturdy independence, the same individualism, the same unshakeable loyalty to Edinburgh and Scotland. He now sat as the representative of one of the Edinburgh Divisions, and there, too, the sturdy independence and refusal to be snubbed or repressed made itself felt. He had a magnificent field there; there was a large compact Government majority with a comparatively small opposition, and those were the circumstances in which the mind of Sir William Darling's calibre took every opportunity to shine, and if he knew Sir William Darling, he would grasp his opportunity with both hands.

He would say a word of welcome to the guests from overseas. There were representatives present from France, America, Belgium, Holland, Denmark and elsewhere. Psychiatry, like other forms of scientific activity, knew no national boundaries and the Association offered the hand of friendship to these guests, and whatever trials and troubles might still confront them, they carried away with them the utmost sympathy and the goodwill of the people of this country. It was a coincidence that this very week France had celebrated her national festival. It was also something of a coincidence that ten days ago the pipers of the 51st Division visited Saint Valéry where the young men of this generation, seeking to emulate their fathers in the 51st Division of the first war, were overwhelmed by unbeat able odds. He hoped that these two things might be taken as a symbol of France resurgent and taking her original place that no one else could fill as the leader of western culture, the country whose contributions to the elegancies of life had been sadly missed of late years.

He gave the toast of The Guests coupled with the names of Lord Cooper and Sir William Darling.

The Rt. Hon. Lord Cooper, in responding, said that it must be seldom that a toast required a double acknowledgment, but this was an exception, one reason being that unless his partner in this reply put a little more ginger into his opposition to Mr. Strachey's latest rationing scheme, this dinner would be the last square meal they would see in Edinburgh. Secondly, most of the guests had rarely been obliged on any previous occasion to accept the hospitality of mental specialists, even as voluntary patients, and the evening would, on that account, live long in the memory. He had wondered during the evening on what principle the guests were divided into two sub-species; the initial selection of Sir John Fraser for the section now devoted to Sir William Darling suggested that he was concerned for the educated group among the guests, while he was responsible for the residue.

With regard to that residue, let him follow Dr. McAlister's example by introducing them to the members of the Association as the cream of the social and cultural life of Scotland, with the addition of himself as the representative of the legal profession. Dr. McAlister referred to the contact between his profession and the law and the arm of coincidence was very long, because within the last few days his attention had been primarily devoted to a group of 16 cases in which the whole of the evidence consisted of medical reports, largely psychiatrists' reports, dealing with 16 different mysterious and rather loathsome complaints, and he need hardly say that he rose from the study of those cases convinced that of those 16 diseases the only one from which he was not personally suffering was Dhobie itch. But a new fact which he learned in studying the reports, a case within the President's special province of schizophrenia, concerned one of the symptoms described as characteristic of this particular patient's complaint—that he suffered from a marked reluctance to work unless promoted. He had been a martyr to that

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complaint for half a century, and it was only now that he realized how unsatisfactorily he had been treated by those who regarded his symptoms as nothing but evidence of laziness. Let him simply say in all seriousness how great the pleasure had been to be present that evening, and thank Dr. McAlister for his proposal of the toast and the members for their response.

Sir WILLIAM DARLING, also in response, said that as the Lord Justice Clerk had made clear, it was not usual in Edinburgh to require two speakers to reply for the guests, but then it was not usual to have such distinguished guests as were present, and what in the ordinary way would be necessary and adequate would be, in his judgment, quite inadequate on such an occasion; and so the Association called in not only one distinguished speaker, the Lord Justice Clerk, but called upon another distinguished speaker to abandon his Parliamentary duty to discharge this duty which the Lord Justice Clerk could not alone discharge. He had rarely been in a more embarrassing, yet more flattering position.

He was grateful to Dr. McAlister for the psychoanalysis which he had addressed to himself. He had long cultivated his friendship. He liked the society of doctors, especially psychiatrists; they had a disingenuousness which even shopkeepers and Members of Parliament could notice, and it was most noticeable when they were giving the impression that they were trying to talk naturally. He had no need to deceive Dr. McAlister; he had known he was looking at him, and he was grateful for the evidence that he had completely hocussed and deceived him. The personality which Dr. McAlister had presented as Sir William Darling was entirely fallacious, and he could present substantial evidence in the name of his wife to corroborate that.

He was fortunate and happy to be present in his bifurcated capacity; he was among those who willingly paid (and he did so regularly twice a year) their doctors, and to receive this compulsory invitation, not only for himself, but for his wife, not to meet only one in a special compartment but to meet a large number, was an irresistible temptation. It would be unfair if he did not make it clear that he was present for other reasons than his capacity to make a very good speech! Professor Henderson was a constituent of his, and the fact that he had the largest majority of any Conservative in Scotland meant that he had personal influence over those committed to his care. He had always thought that this was the secret of his political success, and when he saw others who were successful he was inclined to suppose that they induced a number of people to vote for them who were only reputedly sane.

He felt, like Lord Cooper, that this was an important and significant occasion in the lives of all of them. They might well be passing from an agreeable society into one of a more sombre character, and this dinner might be a milestone in their lives. He begged the psychiatrists—who he understood were the majority present—not to be greatly discouraged. Dr. McAlister struck a somewhat sombre note, if not pessimism (he understood pessimism was characteristic of the profession generally). He advised them not to be too pessimistic about the professional future; in a world which was stripped of all that was imaginative, elegant and gracious, it might be that those who would behold the real birth of human destiny, the real quality of humanity in the future, would be such men and women as themselves, because they would devote their attention to the real quality of the human mind in a world which the rulers of to-day called sane. He might say that he would be happy to be among those in their care if that existence gave a difference from the ordinary run of stream-lined utility human nature which apparently was the ideal of the totalitarian state. It might be that psychiatrists were the custodians of that precious divergence which the ordinary man looked upon as lunatic, but which might be the supreme thing needed, so one should not be too discouraging in the attitude towards those who appeared to depart from the standard of what was called sanity. It might be that this world at some very future date would cherish those characters described as lunatics to-day, and who might be possessed of the skill which would save us all.

He spoke with the inevitable cynicism of one who was condemned to spend his time in the House of Commons. He might have been more usefully employed that night voting against the new rationing order, but he thought he had shown remarkable taste as well as wisdom in attending in order to reply on behalf of the guests who were not covered by the eloquence of the Lord Justice Clerk.

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The PRESIDENT said that there was one other group of people to whom special gratitude and thanks were due—the foreign delegates who had travelled from distant parts to attend the annual meeting. It was a little invidious for him to choose one member from amongst those guests to say a word or two, but in calling upon Dr. Burlingame of the United States to say a word from America, he knew he was calling upon a man who had done great work there, and who had developed his sphere of activity to a tremendous extent. Those who had been able to visit the United States had had hospitality and friendship shown to them, and he would like to ask Dr. Burlingame to say a word or two so that members could really see and hear him.

Dr. BURLINGAME said that he had been singularly honoured three times in connection with his visit here, first of all being selected to represent the psychiatrists of America, secondly in being permitted to second the endorsement of the President's speech, and thirdly he was most honoured when the other foreign delegates asked him to speak on their behalf that evening. This was a new experience for the child and adolescent of the nations of the world. A great deal had been heard about Lend-Lease, and most Americans felt badly about the loan; they felt it should not have been a loan but an obligation. They were stumbling along one way and another and looked to the British Empire for understanding as in the past. The coming back to Edinburgh was a most happy experience. American psychiatry was an adolescent; one of the things they had undertaken to do was to profit by the knowledge evolved by the older and wiser groups of men. There was the Samuel Lecture for which the world was searched to find the most distinguished contributors to psychiatry during the year past. More recently Dr. J. R. Rees, who was probably the best ambassador ever sent to America, had given the lecture, and the genial, wise Dr. Gillespie endeared himself to all American psychiatry. The first Lecturer was the President, Dr. Henderson; America profited tremendously from the wisdom of these gentlemen and also from their presence. Politicians and statesmen would come and go, but he was firmly of the opinion that the people of culture, the people of intellect, and the men of science would go on for ever, and those who were interested in the things of the mind which were enduring must get closer together; those were the things which would bind without the help of statesmen and politicians. The intellectural unification of people of goodwill was bound to endure; all the lend-leases, all the laws were not in any way comparable to the contribution which this would make to the world. He and the group of delegates for whom he spoke felt that material things were nothing beside the contribution to science of the British character. If he were in a position to propose a toast it would be to that.

"THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION."

Professor MURRAY LYON, M.D., D.Sc., F.R.C.P.Edin., said that man was a gregarious animal and tended to gather in groups. He always thought that the habit of getting together was predominantly American, but recently he had been dipping into the history of Edinburgh and found that some 200 years ago societies and clubs formed a very large part of the ways of the city. Of course in those days there was no wireless, no organized games, little in the way of literature, and perhaps few other amusements or entertainments than those obtained in the public-house. In those days large numbers of societies cropped up. He was not speaking only of the trades guilds of the time, but kindred spirits got together or gathered at the nearest tavern. Some of these societies were very reputable, some were not. One could spend time in the case of the Spendthrift Club for no more than one penny a day, and a fairly good orgy could be managed for fourpence. When one analysed such societies one seemed to see three varieties: mutual protection as in the trade guilds, or, in the present-day trade unions; mutual improvement, the spread of knowledge, and perhaps as important as any of the social element which played such a large part in the well-being of many individuals.

Besides these societies and clubs of more general interest, Edinburgh had had many medical societies, some of short duration, some longer. Two at least of these were founded by an amazing man, Professor Andrew Duncan, Professor in Physiology, one-time President of the College. He founded the Caledonian Horticultural Society, he was interested in games, and secretary of half a dozen different clubs, but

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he founded these two societies, and was the moving spirit in raising the treatment of mental disease in the neighbourhood. Impressed by the death of the Scottish poet, Robert Ferguson, he had a motion passed in the College here calling for the supervision of the local private asylums and the erection of a public asylum. After many years the latter aim was accomplished by obtaining a Royal Charter in 1807, and the foundation of the Royal Mental Hospital in 1809. This man with great vigour and versatility, both mental and physical, was a man to whom Edinburgh medicine owed a great deal.

He had had an opportunity of studying the programme for the present meeting of the Association, and had been greatly impressed with the number of very interesting events which had been compressed into a relatively short time. As a physician he recognized them; he found the protective element present, many of the items concerned the spread of knowledge, and fortunately he saw that the social element had not been neglected. He noticed that the Society was over 100 years old; the large attendance, the very attractive programme, foretold that this was a society which would go on from strength to strength. It was with much pleasure, therefore, that he proposed the toast of the Royal Medico-Psychological Association and its continued progress.

The PRESIDENT, in responding, said that it was a very great honour to him to be occupying the presidential chair of the Association. He felt that this was a very proud moment in his life, and he was very glad to think that so many had come to help, to interest the members. He would thank the President of the College for his kind words, and not only for his kind words, but for putting the College at the Association's disposal for the few days of the meeting. To meet in a dignified building, a building which was replete with tradition, with memories of those who had passed before, struck a note which was impressive and which required living up to.

As he stood there he could not help recalling his predecessors, Sir Thomas Clouston and Professor Robertson, great men who did much for the specialty, and yet while one thought of the past one must keep the future in mind, and while they might take credit to themselves for having accomplished much, yet in a meeting like this it should always be remembered that tribute must be paid to people outside themselves who had helped, and who were really the forerunners and the real pioneers in the development of mental health in the community generally. He felt greater tribute should be paid to lay people, to the intelligent men and women who had carried a great deal more weight in the community than psychiatrists, for psychiatrists were regarded as biased, as speaking from a special angle, and whose words were apt to be regarded as having some particular selfish motive or some particular pay which they wished to put over. The real advance only came from the lay public, and one of their principal tasks was to work with them in public and to have the help of the lay public as in the past. One had only to think for a moment of William Tuke the Quaker, the quiet, decent man who first interested himself in this branch of work, and who with his medical colleagues inaugurated the period termed "the humane treatment of the mentally disordered." One had only to think of a woman, Elizabeth Fry, who brought into the prison system a humanitarian approach which had never been equalled, and a woman who was one of the greatest, most striking personalities of the past.

He thought of others: for instance, Octavia Hill, a broadminded, intelligent woman who, in an early period of her life, devoted herself to the promulgation of those health principles which were only really coming to fruition to-day. If one thought for a moment of Octavia Hill and what she did for slum dwellings, for the development of all sorts of measures for the improvement living conditions, as the prime mover in the National Trust, one had a personality whose work in relation to psychiatry was a very close affiliation indeed. Think of Florence Nightingale. To-day the nursing problems were very great, and his mind went back to that remarkable woman who worked at a time when a pioneer spirit had great difficulty in bringing about what she believed should be carried through in a way which had never been surpassed. There indeed was a strange personality in many ways, who did her work in an early period of her life and then lived the life of a recluse. He had always wondered about her, and was rather interested in the way she used to remark about herself, "You know I have always been afraid, I have always been in mortal terror lest I should do something which was unlike

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what other people might do." She reminded him a little of a personality of our own time, Lawrence of Arabia, Aircraftsman Shaw, a man who described himself as being a living post-mortem on himself, a person who wanted to sink his personality and retire from the world.

He thought of Florence Nightingale particularly in the College, because there was a famous woman called Dr. Elizabeth Blackwell, who was one of the pioneers of medicine for women in America. Dr. Elizabeth Blackwell once in conversation with Florence Nightingale told her about a young woman who wanted to practise medicine, but that there was a great deal of feeling that a woman should not undertake medical work. Dr. Blackwell advised the young woman to go to Paris as she wanted, but that she should not go as a woman, but should wear pantaloons as a sign that she was in earnest, whereas if she wore a skirt it would merely be a flag for intrigue. That was rather interesting, because not many months ago the Librarian at the College, Miss Russell, published a very interesting life of a very remarkable person, Dr. James Barry, who graduated from Edinburgh and received the degree of M.D. in 1812. In 1813 Dr. James Barry entered the Royal Army Medical Corps, and after 43 years' service became Inspector-General of Army hospitals. He died at the age of 73, and it was only on " his " death that it was recognized that Dr. James Barry had carried out a sex impersonation for 53 years which was never beaten. That was a remarkable history, and one could not help thinking of the great determination to gain their ends which activated these people, who had outstanding characteristics, and who through the years had helped in their particular work.

While on this subject, he would mention with due respect to the American guests, two Americans, a man and a woman, who to his mind had done more to help their particular branch of work than anyone else. He referred in the first place to Dorothea Dix, who came to this country in 1855, and was the guest of Sir James Wise Simpson in Edinburgh, and concerned herself with the care and treatment of those who were mentally ill. She was regarded by some persons as an interfering busybody, and by others as an American invader, but she did a wonderful piece of work. Although she was opposed by the then Lord Provost she determined she would gain her purpose, and the late Professor Robertson used to tell how she packed her carpet bag one evening and departed from Edinburgh and went to London, had an interview with the Home Secretary, and had a Royal Commission appointed to study the care and treatment of the mentally disordered in this country. It was from 1855 that the mental hospitals in Scotland had developed, and it was due to the intelligence, pluck and foresight of this American woman, a Boston schoolmistress. Then there was the American man, the late Clifford Beers, the author of *A Mind that Found Itself*. Clifford Beers was a student at Yale. His brother started to have what would be termed epileptic fits; Beers feared that he might develop the same complaint, and on account of his fear he made a very determined attempt to commit suicide. Fortunately he was unsuccessful, but he became a patient in a mental hospital for a number of years, and he was no easy person to look after. He made a good recovery, and in 1907 he founded the Connecticut Society for the Development of Mental Hygiene. By 1930 an International Congress of Mental Hygiene met at Washington, in which representatives from every civilized country took part. There again a layman, a man troubled by his own illness, his own difficulties, was responsible for bringing many to take a broader view, a wider idea of their responsibilities in relation to the care of those entrusted to their safe keeping.

He mentioned this because he believed that this problem that they all had to think about and deal with was not a simple thing, but something which required the collaboration of intelligent people in all countries of the world if they were going to hope for that better, healthier, saner and more reasonable world to which all were looking forward. That, he thought, might be the purpose of an Association such as theirs. He thought that a gathering such as this, where there were different groups of men, lawyers, Members of Parliament, Lords Provost, Presidents of the Colleges, and many others, gathered together, should state publicly what they thought and felt in relation to the developments taking place not only now but in the future. He would mention what he felt many of those who had been physician-superintendents of mental hospitals so much admired and were so grateful for, and that was the co-operation of the boards of management. He had been fortunate, he knew, and many others had been fortunate as well, but

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he felt that they really did appreciate what their chairman and what their boards of managers did voluntarily to help in the work of the institutions under their own particular care. There were men drawn from all walks of life, bankers, lawyers, insurance men, men with varied interests, who were fully occupied with their own personal affairs and yet, at the same time, they somehow had a feeling in them that here was a branch of work which they would like to help and encourage. He was glad to have present the Chairman of his Board of Managers and to have the Lord Provost who, *ex-officio*, was a member of his Board, and he was glad to have Sir William Darling, who was also a member of his Board, and he would like to say publicly how much he felt the voluntary system for the care and treatment of mental illness depended on the help received from these gentlemen, who on many occasions went out of their way to give of their time, skill and experience in helping in the work which had to be done.

He had just one last time-honoured toast to propose, and he would ask the company to rise and to drink to the toast of " Floreat res medica."

Thursday, July 18.—*Morning Session.*

The President (Professor D. K. HENDERSON) in the Chair.

" Education in Relation to Psychiatry."

Professor ALEXANDER GRAY, *C.B.E.*, M.A. (Political Economy), said that he could not hope to do more than offer a few jottings by an unqualified layman. The general subject involved a consideration of how mental balance and poise might be preserved. Where in the educational system were the roots of instability ? In very ordinary language, what tended to upset the young ?

Clearly the school and the schoolmaster had no monopoly of education. For a large section of the community, in addition to the education of the school, there was most certainly the education of the home ; there was, in varying degrees, the education of the church ; and there was the education of the world, which in itself was a whole mass of educations, springing from contacts with the cinema, the press and books, the crowd, the boy next door, and much more. Not infrequently there might be a conflict between these different " educations." Different ideals might be imposed ; they might teach different standards of truth, different conceptions of what was honourable and permissible. Here, in anticipation, was the first obvious seat of trouble.

If they asked what was the end of education, they found that there was clearly the vocational side, designed to fit a man for a job in life ; and on the other hand there was the cultural side, designed to secure that a man might be able to lead a full life and to find the right and worthy enjoyments. To-day they were concerned with mental hygiene or right balance, and if they took this as their clue they might say that the end of education consisted in establishing the right relationship between man and his environment. This included the right relationship of a man to himself and to his fellows ; and two other very troublesome questions—the right relationship of man to God and the right relationship of man to woman. Further, when they spoke of education to-day they had in mind primarily education for the younger generation of to-day ; and the younger generation of to-day were by no means the same as their predecessors. It would be surprising if, in a world shaken to its foundations, the ways of youth and of children had remained unaltered. Those who had left school in the latter part of the 19th century would, he thought, agree that the world they looked out upon was to their eyes a stable world. It was a world which accepted convention and authority. Such an attitude clearly must greatly facilitate the teacher's task. In contrast to this the younger generation to-day had learned to look out on a world where there was no stability where all landmarks were fluid ; in contrast his own remote epoch, this was a questioning generation—a generation to which it was no use quoting authority. It was indubitable that there was at present much sense of frustration in many children's lives, more so than in his time, when they accepted more dumbly what came to them. Not a few of the younger generation tended to appear as conscientious objectors to learning. He thought it was true to say that at present a love of learning, in and for itself, was rather at a discount, and that in consequence many a child suffered a certain maladjustment in being educated at all.

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It was difficult to prescribe the remedy. No doubt the divinely inspired teacher could contrive that learning was turned into an exciting adventure. But when it came to a consideration of how they were to make it clear that education had an end and a purpose, they were all rather at sea.

Turning now to the question of what was in fact being taught to the young, he would say that fifty years ago a great deal more was being taught than to-day; admittedly it was chiefly book learning. In his time they did not know about such things as motor cycles and wireless gadgets; from a surprisingly early age, in his school at least, they were disgracefully overworked. But he had to add, though he did so regretfully, that none of them suffered from their excessive labours. The authorities to-day were much more tender-hearted; nevertheless, from the point of view of keeping the child healthy minded he would like to ventilate the unpopular doctrine that under-occupation was as serious a danger as over-occupation.

Viewing education as a process which should have an abiding influence throughout life, he would like to suggest how much was lost by their neglect of the graces. If education was to be a balancing influence throughout life, it should in the early years do more than provide a mental discipline and gymnastic; it should make provision of a perpetual possession in the form of bulwarks against boredom. Of course children were not alike, and perhaps theoretically each called for a different curriculum and a different scheme of education. Just for this reason a great many must, if not perpetually, then frequently, feel themselves misfits. But, waiving this difficulty, he would like to suggest how much might be gained by deliberately laying the basis, to a far greater extent than they now did, of what might prove permanent interests, above all in music and art and for certain types of students that vague thing called the " out-door world." For these things endured, and could throughout life help a man not to faint in the day of adversity, when Latin and mathematics were for most broken reeds. It was a further advantage of these later enrichments of life that, more than the traditional school subjects, they taught the young to *do* something. Man was a creating animal; the creative instinct was one of the most fundamental of his impulses. It was a far better thing to be able to pick out for oneself in a sort of way on one's own piano the score of Faust or Aida than to be a regular frequenter of Covent Garden. They had heard a little too much in recent years about lessons in appreciation in Art, Music and Literature. The best way to learn appreciation was perhaps to make rather a mess of the job themselves. It was, he thought, one of the less healthy features of the present day that they tended to leave others to do everything, while confining themselves to " appreciation."

On the insidious effects of examinations on the health, and on the mental equilibrium of the young, much was said from time to time; and likewise disapproving comments were sometimes made on the evils of the spirit of emulation and competition which the system was supposed to engender. On all this he thought that they need not be too mealy-mouthed. Under any system life was a competitive business, and there was no harm in training the young to put their best foot forward. If enthusiastic reformers were to succeed in abolishing examinations, it would be necessary to invent something else to take their place. The evil effects on the mind of the young only arose if the purpose of examinations was perverted, and if they were allowed to become the end, and not a mere incident in the course of education; and perhaps in the past headmasters and parents alike had sinned in regarding examination results as something of fundamental importance. On two points he was quite clear: firstly, examination results should never be the occasion of nagging; and secondly, there was no moral turpitude in being endowed with an indifferent intelligence.

There were two very large questions in education which were perhaps more important than any others in relation to this question of stability; they were the great questions of religion and of sex. He supposed that there were few who would deny the supreme importance of true religion being a universal possession, inspiration and guide. The man who believed that nothing could happen contrary to the will of God; who had schooled himself to say with Job, " Though he slay me, yet will I trust in Him "; who had taken to heart the words of Micah that the sum total of what the Lord required was " to do justly and to love mercy and to walk humbly with thy God "—such a one was for ever immune from instability. But it was almost a commonplace that the greatest blessings might by a slight perversion become the greatest of adversities; so while religion ought to be

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the mainstay of their lives, what purported to be religion was probably also a major cause of mental instability and of acute unhappiness. The trouble lay in the very considerable gap between what the Church proclaimed officially and what people at large believed. No doubt the consciences of those who had grown up could be eased by the doctrine of symbolical truth. Children, however, were odd creatures in this respect—that they combined a riotous imagination with a certain horrible literalness. The ideas, for example, of an angry God and of the torments of Hell everlasting, if accepted with a child's literalness, had beyond a doubt tortured many a child in the past and were enough to unhinge any mind. Moreover, in their desire to be simple they sometimes presented to the young as literal truth what they themselves did not accept as such. The later period of unlearning might then be an extremely painful and psychologically dangerous process.

He had left himself little time to speak of the maladjustments in relation to sex from which the young—and perhaps the not-so-young—were liable to suffer. He thought that there had been an enormous improvement compared with the conspiracy of silence of 50 years ago. His own view was that children should be told whatever there was to be told so soon as they were sufficiently curious to wish to know. He was merely stating the obvious if he observed that complete ignorance in these matters, such as he enjoyed up to the age of 21½, was a danger of the first magnitude; and that if the excessively ignorant young were happily saved from making a mess of their lives it was largely because they were governed by fear of the unknown. He was afraid there was no getting away from the fact that in countless traditions, woman had been regarded as essentially evil. He had no doubt that all this caused a great deal of self-torture and unhappiness, especially among the better type of adolescent. For many a boy plagued himself with reproaches, believing that he alone of all mankind was tormented by unclean thoughts, whereas in fact he was merely taking up the common burden of humanity.

The question of vocational guidance would in the future be much more an integral part of the educational machine. He used to think that so long as a man had an honest job he ought to be able to find the basis of contentment. Experience of Local Appeal Boards had made him revise upwards his assessment of his fellow men. More frequently than he used to think, men wanted a job which would exercise them at the height of their faculties, in which they felt that they were doing something useful; and if they did not get it, there was grit in the machine; for they suffered in their self-respect, which was perhaps one of the root causes of unhappiness.

Lastly he would start three hares, without making any attempt to pursue them. Firstly, he was sure that most young people suffered from diffidence rather than from over-assurance. It was perhaps a defect of theirs in Scotland that it was regarded as a first duty of those in authority to knock conceit out of the young. Secondly, he was doubtful whether much good was ever done by "preaching" to the young. The young were imitative; if one wanted to influence them one should win their admiration and set them a good example. Lastly, there was the hare they had just glimpsed at the outset—the possibility of conflicts among the various educations to which the young were subjected. The father, in his more earnest moments, would urge on his offspring the duty of making a success of life, and in his more indulgent moments would do what he could to give the boy a good time. But the boy's moral instructors would tell him that success and wealth were things of naught, and the pleasures of this world, being but vanity, should be renounced. Children were extraordinarily intelligent—far more intelligent and honest than were adults; and they were keenly aware of, and at times very much troubled by, inconsistencies to which adults in their dullness were no longer sensitive. The child had a single mind and a single standard; this was perhaps why they were told that of such was the Kingdom of Heaven. If they would manage and lead the young, they also must have some of the child's translucent honesty and integrity. In short the teacher also in that sense should be one of those who were not far from the Kingdom of Heaven.

Professor JAMES DREVER (Psychology) said: There are many sensible men who would agree with Professor Gray that the less education has to do with psychiatry the better, though few of them could have stated the case so tactfully. Let the youngster develop a complex or two if he wants. It will make him all the more interesting when he grows up.

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But much as I sympathize with this point of view, I cannot share it. With our growing emphasis on promotion of health rather than cure of disease the distance between the physician and the educator is steadily dwindling, and it no longer seems reasonable to regard the psychiatrist as standing outside the educational system, to be called in only as a last resort when all other means have failed. But instead of discussing these problems in a general way I should like this morning to raise a particular issue, partly because I should be very glad to hear your views on the matter, and partly because it is only on a particular issue that the real snags and pitfalls can be brought to light.

For quite a long time now the scope of elementary and secondary school teaching has been steadily expanding, and there are signs that within the next year or two this expansion will be accelerated. I do not mean that the teachers will teach more subjects, though this is probable, nor am I concerned with the fact that they will have their pupils for a longer period of time. What is important is that the work of the teacher will impinge upon the life of the pupil at an even greater variety of points. In the old days the school was expected to impart only the simple skills of communication and calculation; but arts and morals, sports and hobbies have all been added, and it now seems likely that within the current year a new development may take place. I refer to the Ince Report on the Juvenile Employment Service, the adoption of which will ensure that nearly all youngsters between the ages of 14 and 18 receive some sort of vocational guidance. This guidance is to be given by the Ministry of Labour, but local education authorities have certain powers which will enable them if they wish to take over the guidance in their own areas.

The main objects of this vocational guidance are stated to be three in number:

1. To fit juveniles to jobs according to their aptitudes, qualifications and interests.

2. To divert them from jobs harmful to their health or character, or those leading to no suitable career.

3. To ensure that the limited supply of juveniles is distributed in accord with national needs.

In parenthesis, if someone were to ask me, " What have our young people—our juveniles—done that we should grade them like so many potatoes and distribute them in accord with the national needs? " I might call him a sentimental old fogey. If some vocational guider were to try and distribute my children in accord with the national needs I—well, I might say something quite different.

One thing seems clear, however, and that is that the main weight of the task will fall upon the teacher. This will be true even in areas where the guidance itself will be given by the Ministry of Labour, since an essential instrument in the scheme is to be a record, kept as a confidential document during school life and passed on to the juvenile employment service. This record will include physical qualities, assessed presumably by the school medical officers, intelligence, educational attainments, special aptitudes, interests, and what the report calls qualities of disposition. That is quite a formidable assessment, and to ensure that it should be made and used efficiently the report recommends that there should be careful training of the teachers and juvenile employment staff. In view of the crucial importance of the assessment and of the decisions which may be based upon it this is not an unreasonable recommendation. But no guidance is given as to what this training should include; and this is the particular problem which I wish to raise. It so happens that all graduates training for the Diploma in Education at Edinburgh take a course in psychology, and this course will have to adapt itself to the new tasks which teachers will be called upon to undertake.

In some respects the existing course is adequate, in others it can be modified. But if one looks at the report and considers the so-called " qualities of disposition " in relation to the declared aim of the Employment Service to " divert juveniles from jobs harmful to their health or character," then it would seem that this part of the work lies nearer to psychiatry than to psychology. Yet it is work that cannot be done, except from the physical side, by the school medical officers. Nor can it be done by the psychiatrists attached to education authorities. They are too few in number for their existing commitments in the child guidance clinics. It will have to be done in the first instance by the teachers. Only they are in a position to notice and report upon such " qualities of disposition " as might make some types of work harmful to a particular youngster. One hopes, of course, that a final decision of this sort would never be taken without an expert opinion; but the need for an

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opinion and some of the evidence on which to base it can only be known from the teacher's confidential report.

In view of all this I should like to suggest—though I do so with some diffidence—that teachers should include in their training some instruction in medical psychology alongside their present courses in normal psychology. The last thing I want to do is to recruit a new army of lay therapists. Indeed I assume that the scheme could not operate effectively without a considerable increase in the number of qualified psychiatrists available for consultation. But such psychiatrists, it seems to me, can only function as they should if the teachers themselves are trained to recognize the sort of case that calls for an expert opinion. Without a competent first filter of this kind only the very obvious problems are likely to reach the specialist.

Now a course in medical psychology for laymen is open to many objections, and some of these may be valid. Because a thing is desirable it does not follow that it is possible. To begin with it will almost certainly be said that a little learning is a dangerous thing, and that the teacher would be better advised to rely on his untutored judgment. This rather unsophisticated little sophistry has done yeoman service in defence of prejudice and *laissez faire*, but it hardly seems necessary to point out that the danger lies, not in the littleness of the learning, but in the failure to realize that it is little. Moreover, the choice in this case does not, unfortunately, lie between inadequate learning and no learning at all. Were that so there might be some grounds for leaving well alone. Instead we have a lay public, very much interested in psychiatry, striking a precarious balance between the Penguin Freud and some of the medical contributors to the Sunday Press, and developing a sort of psychiatric folklore upon which it is quite prepared to act. One of the primary aims of a course in medical psychology as part of the teacher's training should, I think, be to acquaint him with his limitations in this field, and to let him see where and why he should call in the expert.

But the same sort of objection may be based on other and much more valid grounds. It may be claimed that psychiatry cannot be taught to those whose previous training has not included certain basic medical subjects, just as surgery, for example, cannot be taught to someone who has no knowledge of anatomy. This is quite true, but not altogether relevant. The question is not one of training teachers to become psychiatrists, but of giving them enough psychiatric knowledge to carry out part of their new tasks in the field of vocational guidance. To become relevant the objection would have to imply a claim that no useful psychiatric knowledge can be imparted to a layman. Such a claim seems intrinsically improbable, and there are no good grounds for believing it to be valid. Teachers already do a course in hygiene without having attended previous courses in physiology and bacteriology. A course entitled mental hygiene seems a not unreasonable addition, covering a wider field than that with which I am at present concerned, and in this case the students would at least have had a course in normal psychology.

One thing would be essential, and that is some sort of opportunity for clinical instruction at a child guidance clinic. At present facilities are inadequate, but the sort of course I have been suggesting would be an additional argument for increasing them.

Granting all this, it may be asked, though probably not here, why should not instruction of the kind required be included in the course on psychology instead of forming an additional subject under medical auspices? In answering this question I am on delicate ground, for some psychologists would reply, Why not indeed? I do not think that a psychologist's training can or should equip him to give such instruction. A number of psychologists by reason of the sort of work they have been doing have become remarkably well informed on psychiatric matters. Several of them have no doubt become quite adept in diagnosis and therapy. But their presence in the clinical field seems to me undesirable; they are not equipped to deal with organic conditions; and it is difficult for the outsider to distinguish the experienced lay practitioners from the rag, tag and bobtail whose livelihood has come to depend upon the preoccupation of far too many people with their own mental health. Indeed, the mere fact that a course of the kind suggested was given by a layman might encourage the teachers themselves to minimize their own limitations.

But having once raised the question of the relation between psychiatry and psychology I cannot leave it at that. More and more psychologists are now going into the applied field, mainly in industry. They are doing the sort of work that on

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the Continent is called psycho-technics—selection, personnel management, and so on. It seems to me that a very useful purpose might be served by a committee appointed from among psychiatrists and psychologists to determine the boundaries of their respective fields. Agreement might prove difficult, but at least the issues would be raised and some sort of orientation made possible. Present developments might produce chaos if left to take place under no control save circumstance and opportunity.

To return to my main thesis : I think a case has been made out. The suggested course undoubtedly has its dangers. I have myself on occasion been rather shocked by the effects upon laymen of an exposure to psychiatry ; by the way, for instance, in which technical jargon has passed into everyday speech. You know the sort of thing : " I met old so-and-so to-day. Nice chap, but a bit paranoid," meaning apparently that so-and-so has strong views about something. Hysteric, psychopath and so on are all bandied about in the most lighthearted manner. I should hate to overhear a conversation in the staff common room about Smith Minor. " You know, that little schiz. in the Lower Fourth." But if the instruction is properly given I do not think that developments of this kind are likely. At any rate there would seem to be reasonable grounds, in view of the teacher's new commitments and the fact that in some respects he is not fully trained to cope with them, for giving him, experimentally if you like, some training in medical psychology.

Mr. D. CRICHTON-MILLER, M.A. (Headmaster, Fettes College) said : I would like to preface my comments on the papers we have heard by a story which may interest you because it will show how things have grown and changed in the last 20 years. I was at school at Fettes 25 years ago and my father, Dr. H. Crichton-Miller, had just written a book on the " New Psychology." My headmaster said to me, " I have read your father's book ; there is a lot of hot air in this medical psychology ; I do not think we shall hear much more about it." About 10 years later I went back and was talking about old boys. We talked about one little boy who had been in the school with me, who had mental ailments and disturbances, and eventually took his own life. The headmaster said to me, " You know, medical psychologists ought to have done something for that boy, but I do not think he ever saw one." Ten years later again I came back to take over the school from my old headmaster and we talked about one or two difficult boys in the school. I asked what had been done for some of them and he said, " Oh, well, there are two splendid psychiatrists in Edinburgh who have been doing a great deal to help with these cases. I don't know what we should do without them." That is characteristic of what has happened in all schools in the last 25 years.

I would like in a moment to tell you exactly what I want from psychiatrists in the community that I try to run at Fettes, which is characteristic of other public schools, and of approved schools too. We have the boys all day, we take them away from their parents, and we have all the tasks to face which Professor Gray so ably put before you. Before I briefly mention them I would like to mention one or two points in Professor Gray's paper.

The first point was that Professor Gray mentioned the fact that he thought there was considerable sense of frustration in children's minds to-day because they doubted whether there was any purpose in what they were doing very often. I would agree, but I do wonder whether it is true that in the days before Professor Gray and I were educated there was not also a great deal of frustration. I find it difficult to believe that there was not ; not so near the surface perhaps, in spite of the apparent readiness to accept things which were given to them.

Secondly there is much doubt whether these subjects which give the enrichments of life, the classics for instance, are actually the best means through which to develop the child's capacity for regular work, accuracy, neatness, clarity in expression, and so on. They are two different things, and I do not think Professor Gray was quite fair in talking as if they could be combined so easily as some people say they can be. As to sex, I think we would all agree with what he said about the importance of instruction, the importance of being frank, the importance of being early ; all these things are important—and I have no doubt there are many people who suffer from difficulties as they grow up because such instruction and frankness had not taken place—but I would remind you that with boys the fundamental difficulty is something much simpler than that. I suppose our best years of physique

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are 18 to 24. I do not know whether this corresponds with the years at which the desire for sex expression should be at its strongest, but it does appear to me that if during those years of very great physical fitness and physical maturity of some sort it is wrong, because of the economic state of society, for boys to get married, and because of the moral state of society in which we live wrong for boys to have sexual intercourse in other ways, we are presented with a very big problem. It seems to me the other sorts of problem which arise through wrong instruction fail before the significance of that one, and I and other schoolmasters are asked to say to the troubled individual, " You go on playing your games and being a healthy man, and you will not notice it until you earn £10 a week and then you can get married." But that is just not true, and that is one of the ways in which we shall want help from psychiatrists in the future.

I would like to conclude by saying what I want from psychiatrists. I want help with the boys; I want help with the parents. I want help with the boys because we do not try to produce boys to a pattern, as the expression goes in a play called " The Guinea Pig." We do not even try to take them in now on a pattern. There may be difficulties with almost every boy we take. Furthermore—and I would return to Professor Gray's paper; I cannot think how we could be anything else after hearing it—we are very humble people now in the teaching profession and we are very conscious of our failures. There is no boarding school which has not got its failures, and all we can say is that we hope and believe that fewer failures go out from our doors now than went out from the doors of the public schools 20, 30, 40 years ago, but they still go, and we are very conscious of that.

That, I think, is the first reason why we want more help, and the second reason is this: do you not think that it is a time at which people all over the country, and other countries, are less well balanced, less happy, less stable, than they used to be? Are there not more people about who are mentally disturbed, at any rate who are sufficiently unbalanced to be nervous and unreliable? If that is so, it is certainly true that there are more parents who are unbalanced, unstable, without faith, and if that is so, you may be very sure there are more boys and girls in that state. I cannot see how it can be otherwise. On top of the general points there are all sorts of small difficulties like parents being away from their children, and this very great difficulty of divorce. Our schools are full of children with parents who are divorced, separated, or do not live together, always quarrelling, or live in some curious *ménage* that must cause the children to be very puzzled. I will close with the story of a new housemaster, a friend of mine, who took over a house at a famous public school. On the first day of term the boys came in with their parents, and he was sitting in his study. The door was opened on one occasion and four people walked in, and a lady said, " Good afternoon Mr. So-and-so; I am Tony's mother and this is my husband, and that is Tony's father and that is his wife." And he did not know who " Tony " was!

Dr. T. Ferguson Rodger (General Board of Control) said: I am specially interested in the second of the primary aims of education enunciated by Professor Gray, namely, the establishment of the right relationship between man and his fellows, or, in other words, the man in human and social relations. I wonder how psychiatry can best approach this problem—what we can offer of a practical kind? I have been interested in a trend in psychiatry at the present time in this country and America to pay special attention to the examination of group behaviour, and to apply the knowledge gained thereby to treatment by using group methods.

With this new frame of reference we can view the process of adjustment through life as occurring through membership of various groups, the first in point of time, and the most important being the family group. Mr. Crichton-Miller drew attention to what might happen to children who have suffered from the break-up of the family relation. We can apply our knowledge of the interpretation of group behaviour as we observe it in a group of patients who form the therapeutic group. The phenomena of response and transference which characterizes the group can be seen in the larger group forms. In our revaluation of facts about good behaviour we in this country have practically discovered for the first time the contribution of the group of psychiatrists in America who have been writing about sociometry, the concept of J. L. Marano.

[Dr. Rodger went on to describe how psychiatrists became involved in officer selection, and imparted the conception of War Office Selection Boards for commis-

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sions.] In making assessments of leadership in the work of these boards we had in mind the need to examine the behaviour of candidates in situations as nearly as possible conforming to real life. We wanted to observe the spontaneous behaviour of candidates, realizing that it was likely to be of more importance than an artificial situation. The solution to the problem was propounded at Bearne. They were placed in a position of equality with their fellows in a group which had to carry out various tasks without leadership being given. The tasks were of various kinds, verbal, written, practical, demanding that the individuals comprising the group should co-operate to the full with each other, but the competitive situation in which they found themselves as candidates for a commission was antagonistic to the co-operation which the task demanded. The members of the group were therefore in a dilemma, each wishing to seize the leadership or to shine as an individual, but at the same time learning and realizing that only by co-operation and the surrender of a degree of self-interest could they reach an effective solution. This was a real life social problem, because there are very few situations in which we are not exposed to some extent to the same dilemma between self-interest and co-operation. There is a social situation in which a collection of individuals of equal status, previously unknown to one another, build up into an effective group. The observer has the advantage of witnessing the contributions which each member makes to the growing group structure, and he can, from the interactions of the members, judge the acceptability of each member to the group.

We learn a great deal from the observations; we see how the group attempts at domination, how far aggressive behaviour is tolerated if it has led to real competence; we see the craving of the group for discipline and creating its discipline and many other things, and, above all, we see how effectively the group can treat its members.

With these further views of the rather elementary facts of group behaviour we re-value the group approach to treatment and rehabilitation; two investigators with the insight gained, applied group methods of treatment to patients in an elementary psychiatric treatment. They did not mean mass treatment by lecture methods, but the use of social force in the group itself, forces which they believed would be activated by placing upon the group itself the problem of dealing with the neuroses which existed amongst its members. The group would then become an attack upon the neuroses, and each member would have to share the responsibility. Their method relied upon spontaneous co-operation, on the assumption that the group would deal with non-co-operators when the group recognized that they were sabotaging the group purpose. Such a thorough-going democratic approach was not more novel to the patients than it was to the staff; to encourage spontaneity among the patients was to come in conflict with the non-democratic disciplinary hierarchy of the hospital, and the misunderstanding and opposition which the experiment aroused had not been overcome when the experiment had to be abandoned.

A later experiment succeeded. Spontaneous activities were encouraged and an excellent therapeutic situation was created, and authority was persuaded that analytic group therapy could be complementary to the hospital community. Perhaps it is necessary to point out that the leaderless group was an experimental situation used for discovering leaders, and it is not suggested that the most effective society is one without leaders, but the community should be organized along the lines of the greatest participation by its members.

The democratic principle has been tested in the family field by Kurt Levene and his associates. Three groups of high-school pupils were organized to do certain tasks: one group had no fixed domination or leadership, but was marked by a high degree of individualism; a second group chose their own leader and engaged in discussion of the programme; the third group operated under definite and continuous action of the leader, who actively directed the work at all times. The *laissez faire* group wasted much time and energy in bickering, in lack of decisiveness and in suspicion of aim; the democratic group got the most done and showed the least internal friction; the autocratic group accomplished a good deal but was marked by considerable hostility to the leader, and had a lack of aim when the leader was absent. Experiments of this sort cannot be regarded as a proof that democratic principles are superior to others, because the experiments have been carried out on subjects with a cultural background. But in a democratic culture it is of particular importance in organizing all activities of life. In advocating spontaneity in demo-

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cratic organization, it is obvious that the best way to achieve it will be to do nothing about it and leave well alone. We would not wish to interfere with the healthy activities of families and groups of children or of teams, clubs, games and sports. There are situations in which spontaneity is impossible, and in which unhealthy social relations are liable to develop. We find these in various kinds of institutions, in residential schools, in children's homes, and in Borstals. Marano said the social organization of groups in such institutions could be found in the spontaneous choice made by inmates in regard to room mates, table partners, and so on. He found out a great deal about grouping of various ages, and with regard to schools about the way in which new entrants found their way into groups, about the intimidation of individuals. The techniques, which consisted of tabulating and grafting the choice which the members of the group made for one another and diagrams of group structure and tabulating and analysing these groups he described as sociometry, and he suggested improvements in community organization which he named societary. These methods were applied to the improvement of associations in abnormal communities, in rehabilitating prostitutes and in organizing a community of displaced persons in the first world war.

We applied these principles in the British Army to groups of cadets at a training school where they elected themselves into groups; they were creamed off, and gradually groups were evolved where the men were in most educative competition with their fellows. These principles were also in mind when the Civil Resettlement Units were planned for ex-prisoners of war, and which have been notable for their popularity with the men who attended them. From the start the emphasis has been in the use of spontaneity in the use of facilities, and there has been a great deal of constructive development which has largely been initiated and developed by the men themselves.

Marano has evolved another approach which is directly applicable to education. He started with written plays, and from those he passed to impromptu acting. He took this idea of the impromptu theatre to America in 1927, and in 1932 sociodrama was introduced into Washington by White. Since then it has spread largely in America and there is a good deal being done. In this dramatic presentation the patients can join in or remain spectators. It is said that there is a considerable catharsis; it has been used as a means of adjustment to life outside the hospital. The patient is confronted with the situation in which he meets his family or friends again, returns to the office or factory; it has been used as a means of educating feeble-minded patients and handling the simple social problems of such patients. Perhaps there is not a great deal in all this, but the growing acceptance of these ideas suggests that they should provide for us at least some food for thought.

Discussion.

The President thanked the speakers for the various points of view which they had been able to put forward. The various angles had been shown from which this topic could be approached, and they had been asked to define their ideas as psychiatrists as to how they might help the teacher, the psychologist, and the lay people generally in regard to these problems which had to do with the mental health of the developing child.

Dr. J. R. Rees said that he had enjoyed all the papers, but felt particularly that Professor Drever's paper dealt with one of the serious practical issues, and Dr. Rodger's paper raised an issue which was strange to psychiatrists in this country, but one which should make them think about their responsibilities. The concept of the tasks of psychiatry had to be widened very greatly, and psychiatrists would have to go beyond what they had accepted as part of their job and co-operate with local authorities in child guidance clinics and family courts. They must think out how they could make some real contribution to the educational principles and system of the country, and special groups and types of education.

Psychiatrists would have to enter all sorts of places, and invite the educationists to help in the task. A great deal could be learnt one from the other. Education was essentially one of the tasks facing this country at the moment to which not nearly enough thought had been given; there were all sorts of possible contributions to make, and they had to go much further than merely the specific question of sex education about which they had all thought for many years. They had to

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begin to think how to educate people for democracy, how to educate people as citizens of an international body and grouping. It was a task for those who were concerned with health, not merely doctors, because the health of the future depended upon co-operation between those who were in the medical profession, those who were psychiatrists, those who were educationists; indeed, all who were concerned with any form of human life and human behaviour could only function as a team.

Dr. MORAN said that there was one point in Dr. Gray's address which struck him forcibly when he said he reached the age of 22 before he realized the main factors dealing with human reproduction. From his own experience he knew that any intelligent boy reared in country surroundings knew all about the facts of reproduction at 11 years of age. This brought home rather forcibly the effects of the synthetic environment in which so many of our people were reared to-day. If it was such an important thing, and if the environment was such an important factor in education, that environment should be shaped along the lines which gave the most advantage.

Dr. A. POOL congratulated the President on the array of talent he had brought together, the contributions from the political economy, psychology and education points of view, but he thought there was rather a significant omission in that there was no representative of religious education included among the group, although there had been direct references to religion in the first paper.

He wished to speak primarily as an ordinary man rather than as a psychiatrist. He felt one of the omissions that day was the omission of the religious factor from the educational field. He would like to suggest that statistics could be produced to show that with the decline in Sunday School attendance, in other words, with the decline of religious education, there had been a steady increase, almost parallel, in necessary attendances at child guidance clinics. He was not suggesting that child guidance clinics were not necessary. Nevertheless he felt that if the personnel which at present was being recruited for child guidance work had remained in the Churches and was giving effective work through Church life, there might not be quite the same necessity for doing this remedial work.

Dr. MACKENZIE (Inverness) wished to join with other speakers in thanks to those who had introduced this subject. He was very much delighted with Professor Gray's address, and thoroughly agreed with him that children had changed during the last 40 or 50 years, though the more the children changed, the more they remained children. It seemed to the speaker that when it came to the question of the development of the child one could not lay too much stress upon the environment and the home life of the child.

Dr. MAYER-GROSS thought the ball thrown by Professor Drever should be picked up with regard to the teaching of the elements of psychiatry to school teachers. It was a most important point, and although he was most interested in the addresses, which put forward in many special and general terms the subject for discussion, to ensure something coming out of the discussion one should take up special points. The one he had mentioned seemed to be most important. Many people might have been horrified at the idea of school-teachers being taught a little psychiatry, and so was he when 15 years ago in pre-Hitler Germany he was asked to give such a course to school-teachers. But he thought the matter over, and for five or six years before he left Germany he gave such a course to the same school-teachers as he taught elementary psychology. It might be said that Hitler's coming and what happened afterwards was not a very good testimonial to the teaching of psychiatry to German school-teachers, but on the other hand, he found it possible to do so without creating schoolmasters who thought they could give psychotherapy. One emphasized, of course, how little psychiatrists knew, and how little someone who had not had the grounding of a psychiatrist could do in applying his knowledge in treating children or people as a whole.

In Glasgow there was a large child guidance clinic where there was only one psychiatrist; all the rest of the work was done by school-teachers with special psychological qualifications, but not school-teachers who had had a course in psychiatry; nevertheless he knew from his own personal experience that they diagnosed and gave treatment. He did not think it was a sound system to imitate,

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and whatever the results there should be a warning against anything similar in other places. Teachers and educationists should learn their psychiatry not only from the cinema or the Sunday Press, but should have some instruction pointing out the range and limitation of psychiatric knowledge.

Dr. SODDY wished to follow on Dr. Mayer-Gross's point. As a matter of information, it might interest members to know that instigated by the Ministry of Education the Provisional Council for Mental Health was starting a course for school-teachers in September. This was a new departure; recruitment to the course was voluntary and teachers who wished to go had their expenses paid. Two months before the course was due to commence there were some 350 applications for 90 places, which was some measure of the interest taken by teachers in this course. It was an experimental course and lasted a fortnight, and included mainly matters of emotional development of children and allied problems. No attempt would be made to teach them psychiatry, although that might come later. It was evident that this particular service would have to be expanded very much in the near future, and there was every reason why other people should go into it on an equally large scale.

In addition to this, many directors of education in England at the moment were running summer courses and refresher courses for teachers, and the Council was getting an increasing number of requests for speakers at these refresher courses on psychiatry, child guidance and allied subjects, so that it was not for want of encouragement from the teaching profession that more had not been done in this field in the past. He would utter a word of protest against it being thought that child guidance was an ambulance at the bottom of the cliff; he did not think that a child-guidance clinic of which that could be said would be one of which he would approve very heartily.

The PRESIDENT said that he did not want to enter into a discussion on some points which to him were extremely controversial, and in which he had completely divergent views from those which had been expressed, but he thought this whole problem of the question of how far medical education should be carried into lay fields was a very delicate and difficult business. He felt strongly that there was no more reason why teachers, ministers, and other lay people should not have instruction from the surgeon, physician, or any other person doing any other branch of medicine in relation to the early signs and symptoms of physical disorders, than they should have in relation to these very difficult emotional and distressing symptoms which psychiatrists dealt with. It would be almost more competent for the surgeon or physician to give far more instruction than he had given in the past with regard to physical health, and it would be infinitely less dangerous. He would not go further at present, but he felt he had very strong views in regard to these matters, and he would have no hesitation in stating them before they passed into it without thinking of the complications and difficulties which would arise from it.

Professor GRAY, in reply, said there were only two points on which he would like to make his peace with Mr. Crichton-Miller, who rather implied that he had been more unkind to Latin and mathematics than he meant to be, but what had troubled him throughout his life was that in that kind of subject there was a discipline not present in more vague studies. He would like to find something somewhere which would give the hard discipline but would be a permanent enrichment of life.

The other point raised by Mr. Crichton-Miller was a point on which lay people could make up their minds for themselves. He thought he said that the young wanted to get somewhere that they did not know, but he said that 50 years ago people were equally frustrated, perhaps in a different way. He would say that they were more unhappy; they never really thought that they wanted to do something different, they did not specially like doing what they did, but it did not enter their heads to ask to do something else. In that sense they were not frustrated because they had no sense to be frustrated. In these days the young had the sense to want something else. He would rather give a different diagnosis; they took what came, which was a lower stage perhaps than frustration.

Professor DREVER said that the only point which he would like to take up was contained in the President's own remarks, but he would have, he hoped, many years

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in which to thresh out these matters. He only wanted to say two things just now: the first was that teachers did receive instruction under the heading of " Hygiene " from a qualified medical officer in certain aspects of medical science; the second—and he agreed very strongly with the President in his feeling that knowledge of this kind in unpractised hands could be very dangerous—that, to take his own particular case, the task of deciding the fate of the country's children would apparently be carried out by the teacher, using what knowledge he possessed, and the knowledge he possessed could only come to him from a knowledge of psychology with its apparatus of testing and its statistical and mathematical procedures and, in his opinion, from the field of psychiatry, and if this knowledge was not at the disposal of the teacher he would do his job much less effectively than otherwise.

Mr. CRICHTON-MILLER wanted to take up the same point and treat it on a practical basis. Teachers in boarding schools had to look after children 24 hours a day, and those who were bold enough to send their children to such establishments expected the housemasters and masters who looked after them not to have medical knowledge, but to have at least some power of observation so that they would make further inquiries if they saw something unusual, both on the physical side and on the mental side. He felt that the housemaster should develop some special skill in noting that Jones was beginning to stammer a little, or had behaved rather curiously in the last two or three days or weeks, or the way in which he was behaving towards his friends, or the way other boys were treating him. As long as a schoolmaster could observe, then any question of further investigation or treatment should be in the hands of those who were qualified to give it. He hoped what he had said might bridge the gap between the two views put forward.

Dr. FERGUSON RODGER said that there was very little in the discussion which related to what he said. He felt as regards the teaching of lay people they should think of hygiene in other respects. They did not prevent typhoid by teaching people about typhoid; the water supply was arranged so that it was possible to get a good water supply, and prevention must be thought of along those lines. They wanted to see what psychiatry could contribute to social engineering; they were moving forward into the future, and had to suggest means of adjustment in this somewhat chaotic stage in the development of a society. There was no use in having a cow and a bull in the back garden in order to teach sex to young people, and the same thing was true about the religious side of things. It might be true that attendances at child guidance clinics increased in proportion to the falling off of attendances at Sunday School. People could not be driven into Sunday Schools, but they had to be guided, and psychiatrists must do their best to help people to adjust themselves in this tremendously difficult stage in a changing society.

Interval, during which the Members and Foreign Delegates were most hospitably entertained by the Lord Provost and the City Councillors to Luncheon at the City Chambers. The Lord Provost proposed the health of the Association, to which Dr. Masefield—President-Elect—replied.

Thursday, July 18—*Afternoon Session.*

The PRESIDENT in the Chair.

" The Legal Aspects of Psychiatry " (see p. 682).

Friday, July 19.

The PRESIDENT in the Chair.

" The Social Aspects of Psychiatry."

Miss NORA MILNES, B.Sc., Reader in Social Studies, University of Edinburgh: I come before a body of experts in psychiatry, and my ignorance on that subject could only be described as abysmal. I have been somewhat consoled, however, by reading and studying to some extent Dr. C. P. Blacker's Report on " Neuroses and the Mental Health Services," for under the heading " Post-War Psychiatric

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Services: Long Term Considerations," Dr. Blacker starts with these words: "Preventive psychiatry, a mainly sociological problem." I would, I think, claim to be a sociologist, which means that I am a student of social institutions, social forms, and one who attempts to discover how the changes in these forms affect the individual. Dr. Blacker also says: "The efficient conduct of a psychiatric clinic depends largely on the accessory psychiatric services," and then he adds: "among these the psychiatric social worker takes first place." If Dr. Blacker is here to-day I would like to tell him how intensely grateful I feel to him. It is in my department that recently we have started a course for the training of psychiatric social workers. That that course was necessary is abundantly clear when Dr. Blacker estimates that no less than 1,000 trained psychiatric social workers are required in England and Wales alone.

The psychiatric social worker then may be said to have arrived, and that being so, I think it is essential that we should try to consider what we expect of the psychiatric social worker. I have briefly summarized what I believe to be the functions of this individual as follows: to study the home and the general environment of the patients, to report to the psychiatrist and to the psychologist upon the conditions which they observe, but with this important qualification—that they are able to assess properly and interpret properly what they see, with the ability to sift what is relevant from what is not relevant. Then they have the job of making contacts with all the different social agencies with which they may have to work, to explain to those agencies why they require certain information, and generally to gain the co-operation of those agencies. They generally have to help (and this seems to me perhaps most important of all, especially at the present time) to deal with all those numerous social problems which are connected with the great questions of rehabilitation. Further—and I do not think we should forget this—they should be able to play their part in research, with a view to adding to the general knowledge of psychiatric problems, the cure of these problems, and their prevention.

I think probably the attention which is being paid to the question of rehabilitation has brought the psychiatric social worker to the fore, for it is recognized that rehabilitation schemes will never succeed unless the social aspects of those schemes are very carefully dealt with.

The social problems of rehabilitation are by no means new; we had them after the last war, we had them acutely during the great inter-war depression. Rehabilitation, for instance, may mean a change of occupation, it often means a change of locality, and that means all those numerous family problems which such changes imply. To expect the psychiatrist to solve these problems would be to waste his skill; to call in a social expert is to make the work of the psychiatrist easier. But rehabilitation is not just a matter of jobs. It brings in all those family problems, family jars, family frictions which at the present time are so numerous in consequence of the absence for years of so many men.

In his Address the President mentioned many of the writings of our great novelists. I want also to mention the writing of a novelist who in one of his works pictures the kind of thing which may happen. I refer to a little book by R. C. Sherriff called *Green Gates*. The man had just retired; he looked forward to his life of retirement. But it turned out that when he wanted to read the paper he settled down in the very chair in which his wife had always settled down for the same purpose after doing her morning chores. Hence friction and worse. I am not going on to tell you if you have not read the book how Sherriff gets out of the difficulty. One knows so well in family life that there are these endless grumbles; we all seem to think that we can be much more rude in our families than anywhere else. Some are understanding and some are not understanding, and to some, after all, these grumbles may be the beginnings of something very serious.

It is obvious that they are very small things, but I submit that the bigger things may never be cured if the smaller are ignored. It is arguable, I think, that the dealing with these conditions is the social worker's job. But it may also be questioned, and this is a question which is frequently put to us, "Why import specialists? Surely any social worker could do a job of that kind?" Let me repeat what Dr. Blacker says, that preventive psychiatry is a sociological problem, and if he is right then I would ask how it is possible to expect that the sociological side of the work could possibly be carried on by the untrained or semi-trained individual? After all, the other forms of social training are recognized. We have the almoner who is so well established nowadays in hospitals that I can hardly believe that I

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was at the beginning of the training of the almoner, but the stress of the almoner's work is still very largely on the social and the economic rather than the psychological side. The almoner is what we call a female case worker, and so also is the psychiatric social worker. All case workers are perhaps subconsciously aware of the psychological problems with which they are confronted; at times they find themselves up against a psychological situation, and so even the ordinary social worker who wishes to become a family case worker may soon be demanding some knowledge of psychiatry.

If we recognize that such may be the case it is obvious that the need will become very much greater when we are dealing with the female case worker engaged on psychiatric problems. One also has to notice that the psychiatric social worker to some, or to a very large extent, has come into being owing to the appreciation in the child guidance clinics that behaviour problems in children cannot be understood unless the sociological aspects are dealt with. In our child guidance work we have a team of three, the psychiatrist, the psychologist, and the psychiatric social worker, and what I find is that everybody understands the psychiatrist, everybody understands the psychologist, but what role does the psychiatric social worker play? That is the attitude towards my department. We have got to realize that our psychiatric social worker is an outward expression of a revolution which has taken place in case work, a revolution which very largely arises from a new philosophy of human relationships. Family case work originally largely dealt with poverty and its problems, and that being so generally the attitude of the case worker was that the person they were helping must, of course, fall in with the decisions of the helper. We have altered very much in that respect because poverty has become more the concern of the community, and the family case worker has found that he deals much more with the non-material needs, and so we find, if we take the words of Bertha Reynolds, that to-day the aim is not to make changes in the client's life and point to that as achievement, but to give the client something for his own development which he was not able to extract from life for himself, and which will increase his capacity for living with satisfaction in the social group.

I think we can therefore say that if this is to be the attitude, those of us who have made social studies our particular province have something to contribute. The social group is a very difficult problem. You may be able to live quite well and with satisfaction in one social group, but supposing it changes, are you going to live with the same satisfaction in the new social group? We are facing to-day, and have faced a considerable social change which has been brought about by an entire redistribution of incomes, and I think we are perhaps inclined to think that it is only those who find themselves the worse off who are likely to be maladjusted under the new conditions. But I think that is wrong. A higher standard of living, even higher wages, shorter hours at work, may produce very great psychological and psychiatric problems, or at least so I am inclined to think. It is essential that we should be most carefully on the look-out in order that we may, on the social side, be able to help in trying to interpret what may be the effect of this improved standard of life on the majority of people.

I think many have demanded security, but have not wished to pay the price which such schemes for security require. It is said the State should offer opportunity, and people have failed to realize that unless that opportunity is varied to suit different needs it may end in a dead level of monotony. A system where there is this freedom, this social security, is a system which appears to be so desirable for us all, a system of equality of opportunity; and supposing when you have your equality of opportunity you are still a failure, who then are you going to blame? It was comforting to be able to blame a system in the past, and now you have to face up to the situation that you have to blame yourself.

There are just a few further points I should like to mention. To my mind the psychiatric social worker must be made competent not merely to diagnose but to treat. But I mean " treat " in quite a different sense from the treatment afforded by the psychiatrist and the psychologist. If social medicine means anything, surely it means that we recognize the social causes of ill-health, and in dealing with those social causes, in diagnosing them, in getting rid of them or varying them, I claim that the psychiatric social worker is really providing a form of treatment, for unless these social ills are dealt with, much of the work of the psychiatrist and the psychologist is going to be entirely wasted. I think the psychiatric social

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worker has got to be recognized as one of a team of workers, a team in which I personally am quite prepared to see the psychiatrist at the head, but she is one of a team, and as such must play her part.

I have been talking of the psychiatric social worker as "she"; that is rather natural, because most of them are women, but I see no reason why this should be so in the future, and I am glad to say that more men are now coming forward to be trained as psychiatric social workers. If the psychiatrist can be a man or a woman, there is no reason why the psychiatric social worker should not be a man or a woman. In fact I can quite believe that there are many individuals who would rather explain their difficulties to a man than to a woman, believing as they do that the man will better understand their point of view.

The fact is that all social work, I am afraid, emanated from Lady Bountiful, who left us much that is good and much that is very tiresome because it left us with a tradition that we do our work for nothing. So long as the salaries are very low we cannot hope to attract the men, and until we get the man the salaries will not get better—a very nasty vicious circle which we shall have to break.

I have just mentioned training, though it is rather a dull subject. I think there is a danger that the trained psychiatric social worker may think of herself as a semi-trained psychiatrist. I do not think many of them do; they work in a team, and so the psychiatrist can keep them in their place. They have a clearly defined field of activity of their own; they have a real contribution to make, but that contribution is as a social worker and not as a psychiatrist.

Finally, may I refer to the Presidential Address, which I found astonishingly encouraging, one of those things which makes one feel one must go and do something about it. In that Address the President placed before us his ideas of the real meaning of psychiatry and more than once indirectly emphasized the importance of the social element, and therefore I feel the part which the sociologist or the student in social affairs has to play in the future is an important one. I can only conclude that as far as it lies in my power I shall endeavour within the University of Edinburgh to lay the foundations of a course of training for the psychiatric social worker worthy of its very much older sister, the Department of Medicine in the same University.

Prof. L. S. Penrose, M.A., M.D., M.R.C.S., L.R.C.P.: "*The Importance of Statistics*" (see p. 713).

"*The Place of Psychiatry in Social Medicine.*"

Prof. F. A. E. Crew said: My desire to participate in and learn from this discussion springs from two sources, one of ill-digested experience, the other of anxious anticipation. For six recent years and more I was a member of a close-knit community with its own peculiar system of social relationships—the Army. This Army in which I served consisted not of illiterate penurious serfs, commanded by landless squires, but was indeed a sample, though not a representative one, of the 20–50 age-group of our total population. Whilst serving I came to learn that in very large measure, and excluding the repercussions on the human mind of the peculiar military addiction to laudable homicide, the major problems of war were in fact very much the same as the more acute problems of peace, being such as arise out of the inter-relationships of individuals and of sub-groups comprising an organized community, and from the difficulties which relate to the needs for adaptation and adjustment on the part of individuals of various kinds to new and changing circumstances.

The real difference between war and peace in this regard is that in war the magnitude and social importance of these problems become greatly increased and the demand for their solution more clamant and urgent. I think it can be said that during the war and in the Army all obstacles that stood in the way of the application of developing psychiatric knowledge to the investigation and solution of these problems were quickly swept aside, with perhaps the notable exception of the traditional antagonism of the representatives of the more conservative branches of professional medicine itself.

On leaving the Army I returned to an academic atmosphere to find myself translated to a chair that is concerned with the study of those agencies and conditions within the group and within the external, physical and social worlds of the group which are propitious for the maintenance and exaltation of the public health,

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or which are evocative of reactions which are reasonably to be regarded as diseases of the body politic. I had changed my clothes but my interests remained the same.

Instead of deriving my information and ideas from the reports that must be rendered periodically by administrative medical officers in the field, I now turned to such publications as those of the Registrar-General, the Board of Control, the Ministries of Health and of Labour and similar bodies. Instead of estimating the health of the Army by means of the very many and mostly unreliable Army forms to which I had become accustomed, I now began to measure the state of health of the people by such diagnostic yardsticks as the birth-rate, the illegitimacy rate, the morbidity rates, especially those of the mental disorders, the death rate, the marriage rate, the divorce rate, the differential fertility rates; by the age-group composition of the population; by the incidence of child delinquency; by that of unemployment and of absenteeism; by the extent of urbanization; by the frequency of trade disputes and strikes; by the fluctuations in output in industry; by the kind of book and the kind of film that satisfies the public taste; by shifts in the I.Q. in the population as a whole; by the creed of the dominant political party of the time and by the programme that this party used as bait; by the place of the Church in the social structure or by the extent of the appeal of Buchmanism and Butlinism.

A review of the recent literature that depicts the state of health of our population must convince even the most romantic amongst us that all is not well. The Annual Reports of the Board of Control and of the Registrar-General and the Orr Report on infant mortality in Scotland are examples of the very best of cathartics that should be prescribed in cases of uncontrollable and unwarrantable social optimism. The signs and symptoms of the diseases from which we as a community are suffering have been abundantly recorded, and the search for their cure is afoot.

For our present ills the politicians, leaning heavily upon their Scientific Advisory Councils and Committees, are prescribing such medicaments as town planning, good housing, full employment, social security, family endowment, lengthened schooling, augmented meals, pensions of many kinds, and the removal of gross inequality in income levels. It is clear that in this diagnosis and therapy it is recognized that the human individual is a mind-body of which there can be no dichotomy, and that although much disease of social importance is caused by agencies in the physical external world of the individual and the group, there is much more that arises directly from the fact that in a community individuals do not exist as isolated individuals but as members of a group.

From the distillation of my experience whilst in the Army and from my ponderings since I left it some six months ago, I have come to the conclusion that man's most serious and dangerous pathogen was never to be found among the elemental forces of nature, nor among the many species with which man must share this earth; the greatest and most powerful evocator of human ill-health has always been man himself, especially so from the time when he began to congregate in communities of considerable size. That which to you has long been a commonplace was to me a discovery. Parents would seem to be more disease-provoking than *B. pestis*; marriage than *B. melitensis*; a sense of sin than the spirochaete; creeds than cocci. To me it now seems abundantly clear that a very great deal of human disability is nothing more or less than dramatised disinclination born of disharmony and cradled in discontent. I am becoming more and more controlled by the thought that in the consideration of any project that is concerned with the maintenance and augmentation of the public health there is nothing more important than an understanding of human motives, preferences, hopes and aspirations, their origins and nature. To provide for the people an optimum physical environment and an optimum dietary is merely to supply the material pre-requisites for health, happiness and efficiency. These must be provided, of course, but not to the neglect of the satisfaction of the emotional and intellectual needs of man.

Happiness, which I can feel even though I cannot define it, is surely a truer measure of health in a civilized man enjoying his full faculties than any instrument yet designed by the physiologist. The health of a group is therefore to be measured by the happiness of that group, this being the outcome of the condition of harmony existing between the individuals within the group and between the group as a whole and the constituents of its external world.

The birth-rate is not merely a measure of the capacity on the part of the group to reproduce; it is also a measure of the attitude of the group toward life and repro-

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duction, and a yardstick of social optimism. The infant mortality rate is not merely an index of the fragility of the dependent immature and of domestic insanitation ; it is equally a measure of the emotional and intellectual quality of parents. The marriage rate is not only a measure of social security and of the average income level ; it can also be an index of the faith of the people in its own future. The morbidity rates do more than display the incidence of preventable disease, they reveal also the imperfections of our social structure and flaws in our social policies.

It is my considered opinion that when the medical history of this war is finally written it will be recorded that the branch of medicine which made the most notable contribution to the application of knowledge to military affairs and also the branch of medicine which, as a result of the increased opportunities for its expansion provided by the war, most advanced its boundaries was psychiatry, particularly preventive and social psychiatry.

You are, of course, already aware of the magnitude of the manpower wastage in the Army that was due to psychiatric conditions. This wastage, great as it was, would have been infinitely greater had it not been for the activities of the Directorate of Army Psychiatry. To its members, as representatives of your branch of medicine, far too scanty recognition in my opinion has been given. As a means of providing knowledge that influenced policy, of maintaining and elevating morale, of rendering first aid, of restoring fire-power to the line with the least delay and in the best condition, and of rehabilitating the hurt and the fearful, the record of psychiatry in the war years surely equals, if not excels, those of the more firmly established branches of curative and preventive medicine. Is it not fair to say that the outstanding wartime developments in medicine and surgery owe more to instruments provided by chemistry—to atabrine, the sulpha drugs, penicillin and D.D.T.—than to any new concept or technique elaborated within themselves ? If psychiatry grew, as indeed it did, then the impulse to grow and the ingredients of growth were elaborated within itself.

So it is that this community now eagerly turning to the tasks of peace, tasks far exceeding in complexity those of war, can find, sharpened, tested and ready to hand, another potent instrument of social policy in matters affecting community health of the greatest possible value.

In all plans for human and social betterment there are three inter-related matters that have to be considered : (1) The aim in the continuance of *Homo sapiens* as a species ; (2) the environment in which this continuance is to proceed ; and (3) the nature of mankind and its possibilities in respect of further evolutionary development. Between these three there must of necessity be harmony. For my part I choose to be guided by the notions that man is now in sole charge of his own further evolution as a species, that he can by his own efforts create an environment of his own designing, and that by so doing and thus controlling the selective agencies in this external world he can, through time, modify his own constitution and achieve a far greater biological grandeur.

The terrestrial destiny toward which mankind will strive will be determined mainly by reasonable aspiration. Aims must, of course, be in tune with our own potentialities, but the ideal toward which we strive should ever remain just beyond our reach. In the days when the hope of personal salvation was the incentive to the good life, it was the claimed function of the Church to lead individuals onwards to their appointed futurity. But in recent times this notion of personal salvation has been giving place to one of social salvation, and now it would seem that it is this universe itself that is to be made by man into the heaven of his hopes, and man transmuted by man himself into a godlike creature. This change in objective may be reasonable or irrational, beneficient or otherwise. I would submit that it is for the psychiatrist to help to determine whether or not this is the aim which mankind should entertain. By adhering to it can our species achieve the greatest degree of human dignity ? If so, is it not for the psychiatrist to give aid derived from scientific knowledge to those who are proffering incentives attuned to human needs and reasonable hopes ? I dare to think that those among you who have been concerned with the problems of morale in the services will be inclined to agree that psychiatry must play a predominant part in the defining of the reasonable goals of human endeavour. It is not enough for your branch of the profession to restrict itself to the making and repairing of roads along which mankind shall travel. It is essential that there should be made available a map showing a destination which mankind may reasonably hope to reach.

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The environment in which we now have our being as a community is essentially man-made in so far as its major features are concerned. It was man who created communities through the exercise of his gregarious instinct. The coherence of individuals to form a community, with its resulting development of co-operative activity and division of labour, was undoubtedly of advantage to our species, since it yielded greatly augmented powers of control over man's environment. But with such coherence man became exposed to the action of two conflicting processes —individualization and socialization. Individuals differing widely among themselves in respect of temperament, innate ability and other human attributes became herded together in a developing social structure that favoured the more submissive, obedient and imitative, and in which there was restricted scope for the exercise of private thoughts, dreams and desires. It was mankind also who invented towns and cities, factories and mines, partly in order to satisfy his acquisitive urge. It was man who, knowing nothing of his own biological nature and caring less, created a social structure that at many points and in many ways has always been in conflict with his own fundamental needs. The socialization of man has created problems of a most serious psychological nature, and has demanded from all kinds and types of individuals adjustments and adaptations which are beyond the capacities of many. So it is that man's inhibitions and repressions, his ignorance, prejudices and fears, his intolerance and superstitions now constitute the main barriers to his own further evolutionary development. Man has subdued physical nature; he must now create a social environment that will cripple and confine none.

We are now about to refashion this environment, and the blueprints of the new social structure are now being prepared. Nothing is of more importance than that this new environment shall be one that will permit and encourage the full development of all the biologically and socially admirable attributes of mankind, these being viewed against the ultimate objectives. There is no problem in this grand adventure in medico-sociology which does not need for its solution the eager aid of the psychiatrist. For example, if we are to flourish biologically, the environment that we create must be such as will encourage parentage on the part of the intelligent and sentient. The falling birth rate is not a problem in sex physiology but in social and preventive psychiatry; it is not a matter of diminished fecundity, but of deliberately restrained fertility. We have built a house without a nursery. Marriage is a social institution devised in order that immature offspring shall receive the care and protection of adults of their own kind and organically related to them. The divorce rate—one divorce for every six new marriages—has now reached such proportions that it has become a problem of great concern to the sociologist. The institution of marriage is crumbling and the family grouping breaking down. But sociology can only begin to tackle this problem hopefully when it itself has been fertilized through intercourse with medical psychology. Ours is an ageing population: the relative numbers of the old among us are increasing. Old age is loneliness and the lonely need help. You who invented child guidance must prepare a service for the guidance of the senescent. Our world is full of the maladjusted, and of individuals in whom emotional difficulties lead directly to ill health, suffering and inefficiency. In school, university and industry, where the problems are nearest akin to those of the Army, it would seem that, in the national interest, there must be applied the techniques of pre-selection and selection with reference to special tasks. It is somewhat disappointing to learn that in this matter the medical faculties of the universities are not yet prepared to give a lead. Here in Edinburgh, as elsewhere, mental ill health is responsible for far more unsatisfactory performance on the part of medical students than is physical. Every year young men who, because of their psychopathic prognosis, should never have been allowed to pass the portal of the curriculum, are jettisoned, much to their own hurt and to the disadvantage of others. At the present moment some 1,400 applicants are competing for about 200 places open in October next. The methods of selection that are being used owe nothing whatsoever to the techniques that have been perfected during the war. For our students a part-time medical service of the general practitioner type is provided, but only the more serious cases of mental ill-health find their way to our much overburdened professor of psychiatry. We have our director of physical education, our director of social services, but as yet there is no adequate service of preventive and social psychiatry. To me it seems very strange that this is so, especially in view of the disturbing results of the exposure of

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medical officers to the usual army selection procedures and of the relatively high incidence of psychiatric conditions among such.

In medicine generally it is now coming to be accepted that no man can be ill to himself alone, since the sickness of an individual must affect the group to which he belongs. Moreover, with the advance of social medicine it is being more and more recognized that there is no one cause but always a constellation of causes operating in the aetiology of any condition, some pertaining to the individual or to the group, being genetic or acquired, and others being environmental in their origin, all being psycho-somatic in their effects. For too long now have medical certificates been content to state that men were not fit to work; all too often the work, the home, the group life, the whole way of life, have not been fit for men. In the search for the cause of disease the psychiatrist is the best equipped among his fellows to recognize the factors in the social milieu which evoke disharmony.

What I have attempted to show in this paper could be completely displayed only by someone better qualified and in a largish book, for in my considered view there is now no subject in any other branch of medicine, or indeed in any field of human and social biology, for the proper understanding of which a knowledge of the concepts and methods of psychiatry in its preventive and social aspects is not essential.

I commonly fail to find in myself much that I can sincerely regard as admirable. I do claim merit, however, for this. Long before very many psychiatrists of my acquaintance had left the institutions which had sheltered them to live and work among their fellow men in the open world, I had the wit to foresee that the branch of knowledge which in its rapid expansions would surely and quickly vitalize the whole field of human and social biology and bring great relief and greater hope to mankind was psychiatry, the discipline which you so proudly serve and which I now humbly salute.

There can be no growth in social medicine unless in its activities and development the social psychiatrist is actively engaged. For this reason it is my earnest hope that psychiatry, both as an academic discipline and as an instrument of social policy, may flourish. For my own part I turn to you for knowledge concerning the possibilities of man's social development, and for advice as to the ways in which men can best hope to achieve that ultimate goal of human endeavour—the universal brotherhood of man.

Dr. A. S. PATERSON said: It is appropriate that we should discuss some of the social aspects of psychiatry at the present time, because this subject is likely to assume increasing importance in the future. The Government will now have a permanent office for directing social surveys with a view to recording what the views, habits, reactions and desires are of different sections of the people in relation to various matters. This department will be working in close co-operation with the universities and commercial concerns. It will also wish to co-opt experts in various subjects.

This new development is likely to affect the psychiatrist in no small degree. The province of psychiatry has always been close to that of social case work, and since 1930 has been included in the curriculum for social workers at the London School of Economics.

It is probable therefore that some organization at the various psychiatric clinics will be necessary in order to collect information which would show how social habits and institutions are affecting the mental health of the people.

The Psychiatric Clinic and Sociological Research.

In the last seven years in the Middlesex Hospital sector we have had a card index system, admittedly on a small scale, in which have been recorded those patients with breakdowns which have resulted from unhealthy social conditions. In this way the coincidence of certain social conditions with particular syndromes became more obvious, and constituted a starting-point on occasion for more comprehensive field research. The effects on the factory worker of monotonous work or of irregular hours or of working overtime on precision instruments were noted. Other subjects were the suffering caused by public prejudice against those growing up under the stigma of illegitimacy; of the reactions of guilt and of hypochondria in women who have had a pregnancy terminated without adequate reason; or the isolation of the housewife in a new suburb; and so on.

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The first subject that was followed up by a comprehensive investigation (Paterson, 1943) was that of young professional men in the late twenties, who were above the average in character and ability, and who were breaking down in health from frustration in their emotional life. Many of these said that from 20 to 23 years of age they had been quite normal in their emotional life and had had the usual heterosexual fantasies, but that as marriage was impossible till well over 30, they had come to despair of satisfaction within a reasonable period. In many cases there was a reactivation of abnormal desires, often homosexual, which had previously been experienced only to a mild degree in their teens.

The problem therefore arose as to whether professional men did really marry on an average well after 30, and if so, whether the net reproduction rate in this group was above unity. It appeared from inquiries among demographists that while the working class had been repeatedly surveyed, this had never been done in the case of the professional class.

We therefore set out to collect some 4,500 cases, from reference books of 1940, and found that the ages on marriage of the various professions were: Medical men, artists and soldiers, between 33 and 34; the Civil Service, the Royal Navy and university professors, 32; the Bar, 31; actors 30, and headmasters 29. All these groups (bachelors being counted as childless parents) had average surviving families of less than two children. In each profession the most frequent figure for number of children was none at all. If in any particular family stock each member were to go into the professions, that stock would be likely to die out in a few generations. Pre-war marriage, therefore, in so far as it was an institution for reproducing the race, was signally failing in its purpose. In this matter we have not as a nation shown that common sense which has characterized the solution of other problems.

Neo-Malthusian Doctrines and Their Effects on the Birth Rate.

The decay of family life is, however, unfortunately not confined only to the professional classes. The report of P.E.P. 1946, which has just been published, states that "with the continuation of pre-war trends, we shall be faced with a Britain shrinking within its skin, becoming too small for its buildings, its equipment or its responsibilities, a society of families of one or two, whose children miss the advantages of growing up with several brothers and sisters, a society tending to become stuck in the rut of decline."

It is of interest therefore to study the philosophic outlook of many writers during the years preceding the war.

From 1874 onwards, at a time when the birth rate was falling pretty steadily, the medical profession as a whole was dominated by what has been called the neo-Malthusian school of thought. This school was afraid of over-population, believing, with Havelock Ellis, that 2 or 3 per family were enough. They sympathized with working-class mothers, who were apparently enslaved by having "an unending torrent of babies," but in time arguments against families of 12 came to be used against families of 4. They believed that parents should have a child only if they were assured that they could give it an education appropriate to its social status, although such a policy always leads to inadequate families. As long as the death rate was falling, the birth rate, they thought, could safely fall also—a patent fallacy of which even H. G. Wells was guilty. They feared an excess of children as leading to wars, and they talked of "cannon fodder." They preached in the slums the virtues of contraception immediately after marriage; and in the earlier years at least, wrote of the advantages of childless marriages. They wrote of women worn out and prematurely aged by child-bearing, and contrasted the ever youthful woman who refused to have any children at all. They widely publicized an article by Woodbury (1925), who erroneously stated that babies born less than two years after the last were unhealthy and that the mother's health also suffered—a fallacy recently exposed by Eastman, on the basis of 38,000 cases. They believed that the refusal to have children, rather than emigration, was the cure for over-population, a view which has recently been criticized by Carr Saunders.

An account of contraceptive measures used throughout history was written showing how measures had always been necessary to limit size of families, while neglecting to recognize that vigorous nations have always demanded the strictest laws to ensure sufficient fertility within the family.

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In the last decade, however, most sociologists have come to believe that the danger to the community is not over-population but under-population. This view has resulted mainly from the new demographic technique devised by Kuczinski, who invented the index known as the net reproduction rate. It was found by this means that the birth rate has been falling to a degree now considered to be dangerous. The Royal Commission which is now sitting is therefore likely to recommend measures for stimulating the birth rate, and for encouraging a more vigorous policy for protecting the family as an institution for propagating the race.

Now it is true that the fall in the birth rate is to some extent caused by economic factors. There is a limit to the hardships which a young couple will endure in order to bring up a family. Yet the record of recent governments in this respect has shown a remarkable degree of apathy on this subject. No new houses are being built with more than three bedrooms. The New Towns Bill has nothing to say about the problem. The large family has still to pay more rent than the small one. The Day Nursery grant from the Exchequer has been halved. The revised arrangements for service pay abolish children's allowances, so that in future the married man with four children will get the same as the childless one, nor has anyone thought of early payment of post-war credits to families of three or four children, but only to old people. (See *Lancet*, July 13, 1946.)

The Psychological Effects of the Falling Birth Rate.

Yet the problem is not entirely an economic one. Economic inducements alone will not raise the birth rate, as some countries have found. As a leading article in the *Times* said, " Perhaps the problem is in the last resort a spiritual one." It is at any rate worthy of the closest study by psychiatrists. Our specialty, as Prof. Crewe has said, has done much more than was hoped in solving the psychological problems of warfare. We may hope therefore that it may do even more to solve the very different problems connected with frustrated parenthood.

Sociologists such as R. M. Titmuss (1942, p. 90) have stated that the apparent increase of mental breakdowns and suicide are related to the decay of family life. Certainly one finds very little in the text-books, except those of McDougall, regarding the parental urge and its relation on the one hand to the individual's previous education and development, and on the other hand to his emotional satisfaction in middle and later life. Freud seems to trace the objects of the libido to the stage of the honeymoon, but stops there. Most medical psychologists think in terms of adaptation to environment, of the effects of conflict between mother-love and love for wife, but not so much between love for children and competing urges. There is much talk of the dangers of inhibition, with the implication that the sexual act itself gives satisfaction, without any inquiry as to whether coitus persistently separated from desire for parenthood in a healthy adult may not cause frustration.

It appears to me that a new formulation is necessary of the development of a healthy emotional life such as would result in a greater desire to have larger families, and the following is the result of a tentative effort to provide one.

First of all it is generally agreed that the readiness with which a man of normal physique will make a satisfactory adjustment to marriage depends on his previous relationship to his mother. It is as if the son must graduate successfully in mother-love before puberty if he is to qualify for the experience of falling in love with his life's mate. If as a child he has known affection and security in his home, and has consciously or unconsciously striven to emulate his father's abilities and virtues, so as to be loved as his father is loved, then he becomes emotionally mature and his marriage is likely to be successful. Up till puberty Woman for him means Mother ; in adolescence, however, he puts some distance, as it were, between himself and his mother, and when later he meets a woman of his own generation, he hopes for a love from her that will satisfy him as deeply as his mother's has done, although in a different way. During this period Woman changes from meaning Mother to meaning Wife. The son-mother relationship of dependence is changed into the husband-wife relationship of dominance and comradeship.

Now men who show abnormal relationships to marriage, those who fear women or the marriage bed, and who adopt a son-mother relationship to their wives, do not appear to have lived through the drama outlined above. Either the mother

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died while the boy was young, or the mother betrayed him by becoming a drunkard, or by running off with another man, or by quarrelling with her husband and directing her love energy in excess towards her son during his adolescence. Where such conditions have been present, the individual after marriage is still longing for the normal mother-love which he has missed. He is apt to confuse in his mind the figures of Mother and Wife, and is found on the one hand to be repressing sex in relation to his mother, while, on the other hand, he behaves towards his wife in a manner which would be normal if she were his mother. The same principles of course apply *mutatis mutandis* in the case of the girl.

The importance of the Child Guidance Movement therefore for the preservation of the healthy family life of the next generation becomes obvious. Perhaps, however, the custom of creating godparents for the many children made fatherless or orphaned by the war should be more widely employed.

So far we have traced in this simple formulation the love-life up to marriage, but very little appears to have been written regarding what constitutes the fullest emotional life in middle age and later.

First of all it is necessary for the mental health of the adolescent that he should clearly see the goal of mastering a skilled occupation and of having a home of his own at an early age. Seeing that many athletes consider themselves to be past their prime by 24 or 25, it would seem reasonable that marriage should be possible at that age instead of some seven years later, as at present in the professions. It is not sufficiently emphasized that continence is much easier for the youth if he has a clear picture of himself as soon doing a man's job and having a home of his own. This arrangement, however, might necessitate in the professions graduation at an earlier age, supplemented by leave for post-graduate study at a later date. This would obviate those long formal educations in adolescence, except for those intending to be professional scholars, criticized by Simon Flexner and by Leyburne and White (1940) which, by making the youth despair of earning his living by a reasonably early age, intensify any schizoid tendency to retreat into a dream world of fantasy. It would be well if some opportunity for travel through military service or study leave abroad could be given in many cases at this stage, as this would enable a spirited youth to settle down more contentedly on return to married life. Early graduation in a skilled occupation is also desirable for the young woman, for if she is, for instance, an S.R.N. at 21 instead of at 25, she has acquired a means of livelihood, which acts as a sort of insurance policy against non-marriage or widowhood.

It would seem best if husband and wife were to attempt to have a child as soon as they are married, for there is danger in separating the idea of sex from that of parenthood. There is evidence that the maternal urge is relatively weak at the time of marriage, especially if the woman has had little contact with young children. It is therefore advisable that it should not be allowed to become still weaker by postponement of children. Later on, however, the same danger does not hold, for the instinct becomes strengthened by her suckling the child, so that it is strongest about a year after her confinement. If a new child is not started at that time, then the urge may again become feeble. More research is required to ascertain whether marital love is strengthened by the advent of children; whether married women to whom children are denied become hypochrondriacal and neurotic, and whether the urge does in fact become stronger if the woman has children at intervals of 18 months to 2 years.

Under ideal conditions the man and woman proceed to have four children in the first eight years of marriage as an act of faith. It would seem unwise to advise married couples to have children only when it is convenient. Perhaps the biggest problem connected with the psychology of marriage is that women can be so unwilling to have them, putting forward the most trivial of excuses, while once the child is there the woman's whole life is enriched by it. One seems to meet a great deal of frustration and guilt among married women in the late thirties, who greatly regret not having had more.

The married pair described are at least fulfilling the maxim for mental health that they should live an emotional life appropriate to their years. Although the decay of marriage has been a serious matter for the country, it would have been still more serious if it had not been for a small number of cultured women who have persisted in bringing up children in spite of two major wars and three major trade depressions. It would seem that such women are not troubled much by neurosis.

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The Consequences of a Genophilic Policy.

A policy which welcomes the advent of more healthy children has been called genophilic, one that fears them genophobic. What, then, would be the consequences of adopting the former policy which hopes for more children ?

Much has been written to describe how family limitation increases the standard of living, but there is another side to the question.

The type of family where the children are about the same age, and which consists of four or more, makes for mental health in the child. His young mother can supply more and richer milk. Hitherto there have been too many families of one or two children, so that the child does not have the advantage of possessing a sibling of either sex, if indeed he has any at all. The ability to get on with such siblings is an important factor for later adjustment in marriage.

Another result of this type of family is that children who have brothers and sisters and numerous cousins tend to adopt a positive, confident and optimistic attitude. Many of us who come from fertile stocks feel that Canada, Australia and South Africa are near to us, not in the sense that a jet-plane can reach them in a day or two, but because that is where many of our nearest relatives live. In such a stock the fear of personal disaster becomes less because it is known how strong the bonds of kinship are. Some members are relatively successful, and these serve as a source of inspiration and even of material help to the younger generation. Again, the ambitious father is more likely to have a successful son if he has four sons. For by the law of averages he will more probably have one who will be of scholarship standard. How often have we seen a father who restricted his family to give his only son the best education, only to find that the child was of subnormal intelligence !

Children of large families may be brought up to study the family tree, and feeling themselves to be members of a prolific stock, they are ambitious to emulate their forbears. The spirit of optimism engendered is such as to favour further large families. It is different with the only child of parents who perhaps are only children also. Such a child, coming from a stock that is dying out, alone in the world and full of vague anxieties, adopts a pessimistic attitude to the world which precludes any chance of his having an adequate family.

It is still a matter for research how many per cent. of families ought to consist of 2, 3, 4, 5, 6 and 7 or more children. Much more needs to be known before any planning can be carried out. It can be said, however, that the most striking feature of the latest surveys is a huge drop in the number of families of more than 3. It would also seem advisable that the Government should build more houses with more than three bedrooms.

There is little doubt that full satisfaction of the parental urge makes for mental health and contentment in middle age and in old age. Married men live longer, and children act as a stimulus to work, while encouraging moderation and thrift. Mental health depends on self-expression and contentment, and where a man fails to be eminent in his profession or occupation, he may still derive satisfaction from seeing his grandchildren by the age of 50, and by seeing his progeny flourishing before he dies. The common state of affairs where a man of 70 has merely one or two unmarried children does not make for such happiness in later life.

It is not sufficiently realized that these two pictures of later life constitute the difference between a stock which is dying out and one which has a potentially vigorous future.

Another point is that in the working classes, the man with a relatively large family has a greater chance of improving the standard of living of himself and his family on two grounds. As already mentioned, one of his sons may be so intelligent as to win scholarships and so to reach professional status, while again the family may become relatively affluent during the decade when four or five children are all earning money between leaving school and settling down in a new home.

The Need for Marriage Clinics.

Seeing that psychiatrists can help the Government with the problems of mental health in time of war, why not also in this, the most urgent problem of peace time ?

The encouragement of healthy marriages at an early age would be greatly helped by a multiplication of the few marriage clinics at present in existence, which are collecting material on the problems—medical, psychological and economic—

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which face young married people. Through them, the State can obtain valuable information regarding those causes which make healthy young couples postpone having more children, causes for which it is essential that the State should find a remedy. The clinic can also encourage those who are well endowed, physically and mentally, to have large families, while helping those less well endowed to prevent children which are not wanted. If we can breed from our better stocks to a greater extent than at present, most of the next generation will be intelligent enough to benefit by higher education, and the standard of living will rise; for that depends, not on material things alone, but also on the mental endowment of the citizen himself.

Discussion.

Dr. Moran said that he was particularly interested in these papers. The first point which struck him was that Miss Milnes mentioned that in the court in Chicago the Irish had a place. He thought that the Irish were a perfect example of people who had been badly affected by the four horsemen—poverty, ignorance, intolerance and waste. These Miss Milnes recognized as being important factors in the creation of social problems, and he would suggest to her and her co-workers that they should not place too much importance on dealing with the results rather than attempting to eradicate the causes. Prof. Crew had said that man's greatest danger came from man, and this reminded him of Burns's line, "Man's inhumanity to man makes countless thousands mourn." Prof. Crew also said that creeds were more dangerous than cocci; if one creed was adopted there might be less of man's inhumanity to man.

Prof. Kraus also wished to express his great appreciation of the addresses and discussions throughout the meeting on behalf of himself and the Dutch delegates. He also wished to thank the Association for its hospitality and warm welcome. It had not been easy to arrange the visit owing to the aftermath of war, but he and his colleagues felt a strong tendency to come to the British Isles after living so many years in a suffocating atmosphere to breathe the air which had remained free.

He wished to say a few words on behalf of the Netherlands Association for Neurology and Psychiatry, and requested the honour of a visit from members of the R.M.P.A. to the meeting of the Netherlands Association in Amsterdam next year. There should be a very strong contact between the workers in the field of psychiatry of Great Britain and Holland, and he hoped it would be possible for a large contingent to attend. The official language would be English, and the Dutch Government were making special arrangements to enable the Dutch Association to receive as many guests as could attend. He hoped to see many English friends in Amsterdam next year, so that they could give their help to making the conference a success, and consolidate the friendship between British and Dutch psychiatrists which had been founded in so many meetings of the Royal Medico-Psychological Association.

Dr. Jan Christian Smith (Denmark) said that it was not possible for the Danish Association to accept the invitation to attend the annual meetings of the Royal Medico-Psychological Association last year, but this year it was possible and he would thank the members for their kind invitation. Some of the delegation had attended meetings before the war and they were very glad to be in Great Britain again. During the war Denmark and other places had passed through a very bad period of their lives, but they came through. Among the things which helped them was their contact with the outside world; they could not come of course, but they could hear. He did not think the citizens of a free country could realize what it meant to listen to the British Broadcasting Corporation. At the beginning of the war they listened very often; in the latter part of the war they listened every hour. The words, "This is the B.B.C. Home or Forces programme; here is the news," were very familiar and comforting. Now they were here as psychiatrists, and as psychiatrists it was natural for them to understand what had happened, and to pay a tribute to the power of the British soul and the British mind. On behalf of his Association he would thank the R.M.P.A. for the invitation to be present, to thank them for what went before to make it possible for them to again cross the sea.

There was to be a conference for Scandinavian psychiatrists in the last days of August this year, and if the R.M.P.A. would send delegates they would be warmly welcomed.

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Col. PETRIE asked if they could be told when Edinburgh University was likely to help the London School of Economics in providing the numbers of psychiatric social workers.

Miss MILNES gave an account of the difficulties that existed at Edinburgh; they were hoping that with the close co-operation of Prof. Henderson and Prof. Crew and the help of the practical agencies the problem would be solved.

The PRESIDENT said that throughout the morning he had been greatly impressed and greatly interested. So many problems had been presented from this social angle that he was very glad that it had been possible to have a meeting of this sort in Edinburgh. Throughout the discussions the emphasis has been laid essentially on prevention. They knew their problems as far as the mental hospitals were concerned pretty well, but he was sure that for the future they had to develop the preventive aspect whereby all the aids that they could get from the church, from the law, from social aspects, from educational aspects and other outside agencies could be brought very much more closely in touch with the branch of medicine to which they belonged.

In the discussion this morning something had been given which they could handle in co-operation with Miss Milnes, Prof. Penrose, Prof. Crew and Dr. Paterson. They should be able to get together on these problems; they should see far more of each other in their various departments. More and more he was impressed in his clinical work by the genetic aspects which dominated so much of the case material. He was grateful to Prof. Penrose for his paper on this aspect. He was glad to see him back in this country, where men like him were needed. With Penrose in the Department of Genetics and at the head of the Galton Laboratory the right man was in the right place.

He would say the same about Miss Milnes, and he would thank all the speakers once again for their contributions that morning.

VOTES OF THANKS.

Dr. K. K. DRURY, Hon. General Secretary, said that the last item on the agenda for the annual meeting was " Votes of thanks for hospitality received." That was a very bald way of putting down what he would enlarge. The first thing noticed in Edinburgh was the sense of hospitality and kindness received—persons of all degrees, from the boots, the lift boy, the head waiter, everybody everywhere seemed pleased to see them. The members were glad to be able to return thanks; they were glad for the quality of what they had received, and it was sad to return to the more austere life away from Edinburgh's hospitable regions. It was good for the first time after seven years to get back into a boiled shirt and feel care-free, and to feel that once more it was possible to have an annual meeting where one could meet friends and make personal contacts.

The special people he wished to mention were the President and Council of the Royal College of Physicians of Edinburgh for the use of their magnificent hall. The chief janitor was an excellent man and loved every stick and stone in the building, and he and his subordinates had looked after the Association very kindly. He had to thank the Lord Provost and the Chief Magistrates and Councillors of Edinburgh for a most excellent lunch; they were very kind and their ceremonial and function was most enjoyable. He would thank the Board of Managers of the Hospital and Mr. Leggatt who provided a beautiful fork lunch and made everything as happy as possible. Thanks were most certainly due to the Grand Master and the Council of the United Grand Lodge of Scotland for the use of the Masonic Hall.

Mrs. McAlister and Mrs. Henderson provided a most enjoyable afternoon for the ladies of the party; the British Council provided a great deal of help and assistance in arranging for the foreign guests to come.

There remained one more, and perhaps it was one of the earliest examples of lease-lend, Mrs. Henderson; whether she came to this country on lease-lend he did not know, but " Thank God she came over." A month ago she took him under her wing and showed him everything that was to be seen; she had provided everyone with happiness; nobody could have been kinder than Mrs. Henderson. Then there was the President, Prof. Henderson: he would not say more than that this had been a very great Annual Meeting under his presidency.

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In conclusion he moved that the thanks of the Association be tendered to those who provided such great hospitality to the Annual Meeting in Edinburgh, 1946.

Dr. G. W. SMITH seconded the motion. He had attended a great many annual meetings and it was not profitable nor appropriate to make any comparison between them; each had its own landmark and the members treasured the memory of each. Prof. Henderson had many natural advantages in Edinburgh, a University, a magistracy, and a mental hospital of old and enviable repute. He had a very attractive personality, and the Association had been flattered by the obvious and affectionate regard in which he appeared to be regarded in the city of his adoption, and it was through him that hospitality had been extended. Edinburgh was a city famous for its culinary skill, and that had been at their disposal all the time. This had been one of the most memorable meetings he had known in the Association.

The vote of thanks was accorded by acclamation, and the President, in acknowledging, said that he had enjoyed the meeting very much, and was very grateful to all those who had taken part and for the regular and punctual attendance of the members.

The Annual Meeting at Edinburgh then terminated.

WAR EXPERIENCES OF HONORARY AND CORRESPONDING MEMBERS OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

The following are replies received to a letter sent by the General Secretary of the R.M.P.A. asking the Honorary and Corresponding Members to write and give an account of the conditions of psychiatry in their country during the war 1939–45.

Prof. V. M. Buscaino reports from Naples:

I thank you very much for your kind letter. I am . . . still alive and in good health; no longer in Catania, but directing the Clinic of Nervous and Mental Diseases in the University of Naples.

During the next month my book about *The Neurobiology of the Perceptions* will appear. I hope that it can be translated into English.

Also next month I will publish a new Italian journal (*Acta neurologica*).

Dr. René Charpentier reports from Monte Carlo:

Thank you for your nice letter. During the past sad years, when only regular listening to the B.B.C. has served as a link between us, I have often thought of our English colleagues and friends; of your ordeals, and have set my hopes on the evidence of your tremendous strength. I always knew the day would come when relations between our scientific societies and "Reviews" could be resumed and would become closer than ever. I never doubted that the Royal Medico-Psychological Association, to which I have had the honour to belong since 1927, would still be active and have gleaned much knowledge from the troublous years. So that it was with pleasure, but not surprise, that I read your letter.

As far as I am concerned, I have been living in Monte Carlo since 1937 and have entirely confined my professional activities to the *Annales Médico-Psychologiques* and to various scientific societies. Despite the numerous difficulties I have managed, without interruption, to publish our Revue, and

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