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Inquiries as to Lectures, etc., should be addressed to "The Director of the Central Pathological Laboratory," Maudsley Hospital, Denmark Hill, S.E. 5.

Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C. 1.—A Short Course of Lectures on Functional Nerve Disorder for practitioners and students will be given at the Tavistock Clinic, beginning February 14, by W. Langdon Brown, M.D., F.R.C.P., J. R. Rees, M.A., M.D., S. Roodhouse Gloyne, M.D., D.P.H., James Young, M.D., and H. Crichton-Miller, M.A., M.D. For further particulars apply to the Hon. Lecture Secretary at the Clinic.

MENTAL HYGIENE: AN ADDRESS.

By the Rt. Hon. H. P. Macmillan, K.C., LL.D.

[*Delivered at a Public Meeting of the National Council for Mental Hygiene at the House of the Royal Society of Medicine on November 17, 1926, the Rt. Hon. Lord Southborough, G.C.B., presiding.*]

My Lord, Ladies and Gentlemen,—I am fully sensible that my only title to address you this afternoon lies in the fact that for two years past I have been a humble inquirer in regions in which so many of my audience this afternoon are practised experts. One thing which has been borne in upon me is that it is much easier to seek for truth than to find it, and another is that it is much easier to find it than to expound it when you have found it. (Laughter.) But I am also embarrassed by another circumstance, which is that the Report of the Royal Commission—the authorship of which I share with my fellow Commissioners—already contains all the best things I can say upon this subject, and therefore it is somewhat difficult to address you upon matters upon which we have already delivered ourselves at such length. In the two hundred pages of that Report we have covered to the best of our ability all the topics to which our attention was drawn. I can scarcely hope that even at the figure of 3*s.* 6*d.*, at which the Treasury values our labours, our Report can become one of the best sellers of the season, but at least it does represent an honest endeavour to grapple with the problems which I know everyone in this room has so much at heart. (Applause.)

Your Chairman has referred in flattering terms to the labours of the Royal Commission. I notice, however, that in the printed report of your Council it is referred to with a little more reserve. It is stated, with a caution which appears to be almost Scottish, that "In so far as the recommendations of the Royal Commission fall short of the views expressed by the Council, it will be its duty to secure modification by appeals both to the Legislature and to the central and local lunacy authorities. As far as these recommendations satisfy the aspirations of the Council, the latter will need to supply its quota of the stimulus which will undoubtedly be necessary before the Legislature can be persuaded to adopt them." Speaking for myself, and my colleagues, I am glad to have even that qualified measure of approval from so august a body as the National Council for Mental Hygiene, but you are perfectly right, if I may say so, to observe a critical attitude, and you are perfectly right to recognize that we have not been able, in every one of the matters placed before us in your valuable contribution to our investigation, to adopt every one of your suggestions. Reformers must always be idealists. Their aspirations inevitably outstrip at the moment what can be within the realm of practical achievement. I have no sense of grievance at all that the National Council expresses itself in this way. It will be left for my successor in some subsequent investigation, no doubt, to express all that you desire.

What is to me so gratifying is to find myself this afternoon among those who are devoting their energies to carrying into practical effect projects of which I fear I can only regard myself as a theoretical exponent. The aims and objects of your Council are of a practical character. The Report of the Royal Commission

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or any other body of investigators is of no value if it is merely put in a pigeon-hole. The task now passes from the hands of the investigators into the hands of those who, if they are so minded, will put our recommendations into effect, and the National Council can do valuable work in stimulating the Legislature to address itself to the task of carrying out our recommendations, at least in so far as they commend themselves to the National Council. (Laughter.)

I should like on this occasion to address myself quite briefly to two main topics, and I am encouraged to do so by the fact that they are both matters which you place in the very forefront of the objects of your Society. The first of these two topics is the preventive aspect of your work. It was borne in upon us in the course of our inquiry, almost from the outset, that in this great department of social service prevention seemed to be the last thing thought of, and the passage which your Chairman has read from our Report puts in succinct form our view upon that matter.

It is contrary to the canons of modern remedial science that you should wait until misfortune and disaster have done their worst before you proceed to apply the remedy. Such a course carries its own condemnation, and I am happy to find that your Council has recognized that reform is more generally required along these lines than in any other direction. The matter is not merely one of preventive medicine in its ordinary acceptation. The prevention of mental disease is a matter of far-reaching scope. It involves not merely the medical man, but also the social worker. The causes of mental illness are still obscure, but if we are to tackle the problem we must do so not merely in the mental hospital, not merely even, may I say, in the clinic, but it must be tackled at an earlier stage still. The law hitherto has provided only crude implements with which to deal with so difficult a subject. It is incapable of recognizing fine shades, and has contented itself with drawing an unscientific distinction between the sane and the insane. Human nature and human experience do not fit themselves to any such precise division. It may be well enough for the lawyer and for the Courts to rest upon distinctions of that sort—indeed they must do so—but on the other hand, those of you who have studied these problems know how infinitely subtle are the gradations which mark the passage from complete mental health to complete mental breakdown, and all of us have, I think, marked the distressing and unhappy symptoms of mental ill-health falling short of certifiability, and yet productive of much misery, and possibly leading ultimately to disaster.

I take it that your Council is concerned, therefore, not merely with the medical aspect of this matter, but also with its widest social aspect, and that you address yourselves to the problems of the mental ill-health of the community from the very outset as a problem of public health. You are desirous of investigating the cases in their homes, of studying the circumstances under which these cases occur, and of collating the results of those studies with a view to attaining your main object—an improvement of the mental health of the community.

The prevention of national mental ill-health may be approached in various ways. It may be approached educationally, and when I say educationally I think of two points of view. There is, first of all, the professional point of view. There, again, I find myself in sympathy with one of your aims. It is a strange thing that the study of mental instability and mental disorder should for so long have occupied in the medical curriculum the position of a Cinderella. None know better than you do how crowded are the five or six years of the medical student's curriculum, and how much he has to undertake during that period. But surely there must be something wrong with the system which launches into the world doctors who have to deal with these problems of mind with practically no preparation in some instances, in other instances with an inadequate preparation, to enable them to diagnose and to cope with that most distressing of all forms of illness. I think I would sacrifice—I may be talking heresy—but I think I would sacrifice a little of the botany and zoology in favour of a little more knowledge of mind. (Applause.) Far be it from me to belittle these subjects, but I would rather be attended in my hours of mental distress by a doctor who knew about psychology and psychiatry than by one who knew about the habits of the tadpole, or had an intimate knowledge of the flora of his native land. (Laughter.) I feel, therefore, that you do well to put in the foreground of your case the importance of the teaching of this subject. You will do well, I think, to urge in season and out of season that the medical curriculum ought to make

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provision for this great branch of study in a way it has not done in the past, even should it involve the sacrifice of certain other studies which at present find their place there.

That is the academic side, but there is a much wider aspect of the problem; you have to educate the people of this country. It is only within recent times that we have been passing out of what I might call the dark ages in regard to this subject. Whether it is due to a certain natural repugnance which mental disorder induces in the healthy, or whether it is due to lingering superstitions of the past, for some reason or another those who have been mentally afflicted have always been set apart from their fellows, and have undoubtedly suffered from a stigma which is as cruel as it is unjustified. (Applause.) I cannot see why a person whose misfortune it is to be ill in mind should suffer a stigma, and the person who is ill in his appendix incurs no such stigma. (Applause.) But you have an uphill task, because the old traditions linger, and the inculcation of a proper attitude to mental disorder in all its forms is a task well worthy of your Council's best efforts. It is a matter on which you can educate the people of this country.

Now that is, in a sense, a branch of prevention, because you must, first of all, bring about knowledge of the disease, knowledge of the causes of mental ill-health; you must bring about a proper public attitude to these matters before you can address yourselves specifically to particular reforms designed to eliminate, so far as you can, the causes of mental disorder from our midst.

There are other matters more purely scientific where again the stimulus of your Council ought to be directed. The whole subject of psychological medicine is really still on the threshold of discovery, and we have learnt within the last few years that the new spirit which has animated the medical profession in this matter, and particularly those who have devoted their lives to it, has already been productive of immense advantage.

We are now realizing that this branch of medical science requires all the apparatus of the laboratory, all the investigating apparatus which is at the disposal of other branches of medicine, and fruitful results have already been attained through the development of inquiry along these new lines. We want to see the scientific side developed by the institution of more laboratories where research work can be carried on, but we want also to see the clinical side developed by the institution of clinics where mental ailments may be studied in the same way as other ailments are studied. We want to get the whole subject removed from the atmosphere of suspicion and distaste which invests it—we want a new and sane outlook upon the whole problem. (Applause.)

There is, as I say, the educative side of prevention; there is the treatment side of prevention; but there is a further side, there is what I would venture to call the "social side." You want to investigate the conditions of the people; you want to find why cases arise; in almost every instance there is some social circumstance which, could it be discovered by the inquirer, would throw a flood of light upon the cause in any particular case. You want to see what are the conditions in our modern life which lead to mental disorder. Why have we in our midst over 133,000 people who are certified lunatics, and as many more I fear who, although not certified, are mentally afflicted, and cause unhappiness not only to themselves, but to those around them? Those people impede the efficiency of the nation, and there is no study more worthy of the philanthropist than the study of the circumstances out of which mental ill-health arises.

All of us know from our own experience how readily and how easily this wondrous structure, the human mind, may be upset. There are all manner of causes; we classify them roughly as physical and mental. You may have grief and distress and anxiety; you may have overwork; you may have unhappy surroundings; you may have mere physical disabilities; insufficient food; want of privacy in your life—all manner of conditions may unhappily reflect themselves in mental disturbance. We want these social conditions to be studied; we want your society to carry out a work of investigation along these lines, because I am satisfied that if the general condition of the people can be improved, and if these causes can be, if not eliminated, at least modified, we would find a remarkable result in the improvement of the mental health of the nation. (Applause.)

One of the matters for which I may, perhaps, claim a little originality in our Report is related to what I have been saying. We found ourselves on the

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Commission—which I may say was a most happily unanimous Commission—all in favour of the provision of early treatment. (Applause.) Whenever the earliest symptoms of mental ailment are seen they ought to be treated and dealt with just as you deal with the earliest symptoms of any other illness, and we thought that if it were possible to remove the deterrents which at the present moment prevent people in mental distress from going at once for help, we should do a good piece of work. The tendency is to hush up these matters. Ladies and Gentlemen, we do not hush it up when we have a cold in the head. (Laughter.) We generally make it unpleasantly prominent, not only to our relatives, but to all our friends. (Renewed laughter.) Why is it, then, when a so much more dangerous ailment is threatening there should be a tendency to pretend that things are what they are not—to hush up things as if a mental complaint were some form of disgrace? That is entirely a wrong outlook. These matters should be dealt with by early treatment and without the menace of certification in the background. (Applause.) I do not say that our recommendations are perfect, but they are the best we could propound. They will operate in two directions. We contemplate the great development of voluntary treatment. A great many cases of mental disorder are not truly cases of insanity at all. People are able to realize often that they are mentally ill, just as they are able to realize that they are physically ill, and such people ought to be able to resort to the best possible treatment without the necessity, first of all, of allowing their disease to progress so far that they become certifiable. Not only so, but we think that even in those cases where a certain measure of control is unhappily required, it should still be possible for persons who are really recoverable to escape certification, and the scheme we have proposed in our Report is designed to achieve these ends. I do not say our recommendations are perfect, but along these lines it may be possible in the future to enable many cases where a measure of control is required, and where the law has to be invoked, to avoid certification, to avoid the situation which is brought about now when a person who for a brief period only is under detention—a purely transitory case—must for all the rest of his life labour under the stigma of having been a certified lunatic, with all that that entails.

Now the other matter on which I wish say to a word or two—again a matter intimately within your province—is this: it is the preservation of contact with the outer world in the case of patients in our mental hospitals. All of us know the admirable work that is done in our general hospitals by visitors from without. I am sure many a patient has been grateful for the kindnesses received at the hands of hospital visitors. Philanthropy has always done a great deal for the patients in our general hospitals—little attentions of all sorts, so welcome when one is feeling down and out, such as entertainments, means of communication with the outside, little services of one sort or another. You cannot over-estimate the importance of those things to a sick person.

Now why is it that in the case of our mental hospitals so little has been done in this direction? Why is it that the general public take so little interest in what goes on inside the walls of our mental hospitals? I am afraid again it is just a relic of that age-long feeling of repulsion and aversion from those who are mentally afflicted. It is right to say that it is not everyone's work; it is work, perhaps, of a more difficult character than the pleasant task of going round the wards of a children's hospital. It is most difficult work, and calls for greater qualities of mind and, perhaps, a deeper sympathy with human misfortune, but I would very strongly impress upon you the desirability of encouraging the visitation of our mental hospitals by unofficial persons from the outside. It is intensely interesting to visit these places, and no one can visit them without seeing how welcome are visitors from the outside.

A large part of the population of the mental hospitals of this country consists of people who, notwithstanding the fact that they are suffering from some form of mental aberration, are still very largely able to appreciate kindness, and are susceptible to the pleasures of a visit from a sympathetic friend. Many of them are anxious about the state of their home affairs, and their anxieties can be relieved and a more contented frame of mind induced by the news brought them by friends from outside. We took note in our Report of the admirable work that had been done at Claybury Hospital by a lady visitor there, but I am happy this afternoon to be able to make good an omission from that Report. I fear we failed to do justice to one who, after all, has been truly the pioneer in this work; I refer to

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your Honorary Secretary, Lt.-Col. Lord. (Applause.) It was really through his instrumentality that the first lady visitor was introduced into Horton Hospital, and since then, I believe, in the case of no fewer than seven out of the nine London County Council Hospitals there is a lady visitor, who makes it her business, her pleasure, her vocation, to go in and out among the patients, to render to them just those forms of service of which I have spoken. Col. Lord could tell you very much better than I can of the value of that service. It is a form of contact between the outer world and the patient which is of inestimable value. The most distressing thing to many patients is the feeling that they are cut off from the world, that the world no longer cares for them, and that they are a people set apart as if some strange curse had fallen upon them.

Now a visitor from outside can do an immense amount to help in that respect, and I think lady visitors are perhaps the best. Why is it we like and admire hospital nurses so much—(Laughter)—and why is it that Dr. Robertson has recognized how important it is to have women nurses to as large an extent as possible in mental hospitals? It is because of the sympathy and the refining influences which they can bring to bear that their services are so intensely appreciated in all circumstances of sorrow and distress, and therefore it is to the woman who may be disposed to take up that branch of work that I make a special appeal on this occasion. And it is a rewarding form of work, it seems to me. Sometimes it is distasteful, sometimes depressing, sometimes discouraging, but all who choose to take it up will find an exceeding great reward in the gratitude of those to whom they minister. They are also able to contribute something to the medical side, because by getting in touch with the homes of the sufferers they are able to find out many facts which can be communicated to the medical officers, and thus often facilitate the diagnosis of cases which might otherwise seem obscure. This organization of mental hospital visitors which is springing up ought to be as little official as possible. We do not want the lady visitor to be an official in the ordinary sense. The patient prefers to see someone who is not stamped with officialdom. It should be rather a labour of love than any official duty, and I would commend that form of social activity as perhaps one of the most valuable contributions to the treatment of the mentally afflicted which your Council might stimulate. (Applause.)

Now, I must not detain you further; I cannot over-estimate the value of services which a Council such as yours may render to society. After all, the Collect with which we are so familiar seems to me to rank human afflictions in their true order. You remember how we are exhorted to bear in mind those who are afflicted or distressed in mind, body or estate. I am, perhaps, more conversant with those who are afflicted in their estates—(laughter)—and you can be very seriously afflicted in your estates, particularly in these days. But affliction in your estate is as nothing to affliction in your body, and many of us have come through experiences when we would gladly have given up all our estate merely to secure comfort of body. But the Collect puts them in their right order. Surely affliction or distress of the mind is the worst of all. Distress of the body may sometimes be conquered by human will, but distress of the mind goes to the very citadel of the soul, and seems to me to be above all things worthy of every endeavour which can be made to remedy it or to alleviate it. Illness of the mind upsets the whole human fabric, and by its attack upon the reason of the human being, renders him truly an object of commiseration. Any society which devotes itself to the elimination or the alleviation of afflictions of the mind seems to me to be addressing itself to one of the greatest possible forms of social service.

I like the title of your Council; you are devoted to the promotion of mental health—*mens sana*—and I would venture to call it a branch of public health. Let us have it dissociated from Poor Law—(applause)—and all the degrading elements which come from that association. Your efforts to promote the mental health of the community—and the lessons I myself have learned during the past two years lead me to say it—God-speed you in your labours! (Loud applause.)

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