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Part I.—Original Articles.

The Fourth Maudsley Lecture. Delivered by C. K. CLARKE, M.D., LL.D., Professor of Psychiatry, University of Toronto, Canada; Medical Director of the Canadian National Committee for Mental Hygiene, at the Quarterly Meeting of the Medico-Psychological Association of Great Britain and Ireland, held at the House of the Royal Society of Medicine on Thursday, May 24, 1923.

THE gracious act of the British Medico-Psychological Association in asking me to deliver the Maudsley Lecture for 1923 is thoroughly appreciated, not only by myself, but also by the medical profession of Canada, showing as it does a further development of the relationship steadily increasing between the Mother Country and the Dominions, I shall not say Colonies, as this term has long ago become unpopular with the rising generations beyond the seas. We feel that we occupy a modest place in the list of nations, we yield to none in our devotion to King and Country, and regard a United Empire as absolutely necessary in preserving the ideals essential for the highest development of the human race.

To speak to this audience is an honour, perhaps undeserved, but my excuse for accepting it must be that it will enable me to tell something of the progress, the aims and aspirations of Canadians in the care of the mentally handicapped. I have laboured in the psychiatric vineyard since 1874, beginning as clinical assistant in the Toronto Hospital for the Insane under Dr. Joseph Workman, whose name is inscribed on your rolls as an honorary member. Dr. Workman doubtless had one of the most brilliant minds Canadian medicine has known, and as a psychiatrist had few peers. He was content to be a pioneer in a new world, but his influence has lived and produced practical results of inestimable value. He was a good pathologist and research student until he died at a ripe old age.

In a developing country where population is sparse and territories enormous, it is almost inevitable that the cost of building and main-

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taining institutions necessary to care for the mentally ill was a heavy burden on a population lacking wealth, as so much had to be undertaken in a short time. The wonder is that anything was accomplished. Then again, when it is remembered that the hosts of immigrants drifting from the old world, always contain an undue proportion of defectives and mentally diseased, looking to a *terra nova* to find a solution of their troubles, or being urged by solicitous and penurious relatives, to say nothing of promoters, to search for pastures new, it may be understood that our problem has been by no means a simple one.

Sometimes resentment is shown in Great Britain because we take exception to certain types of immigrants, and deport many individuals who wish to become citizens. Why not give them a chance it is said? Remember that the success of a nation depends almost entirely on the character of its population, and there is no reason why a young country should overburden itself with the weaklings of other nations. Indeed a reading of past history makes it abundantly plain that if we are to preserve the rugged qualities which have characterised our people in the past we shall scan the immigration coming across the seas very closely. It is a normal defence reaction. The work of the National Committee for Mental Hygiene takes us into every hole and corner of each province, and we know accurately what has been good and what bad, what we need, and what it is best to reject.

It is all very well for Rudyard Kipling and other enthusiasts to say that what Canada must do is to pump in the population. That is true, but at the same time it is necessary to put up the suction pipe in waters not polluted by defect, physical degeneracy, and social failure. Of course, it must be frankly admitted that our public men are at times greatly influenced by American ideals, and our politicians are following the footsteps of Uncle Sam closely, in the endeavour to rob Europe of its needy millions, with little attempt to sort out the types. Anthropology is not recognised as a science by these enthusiasts, and the history of the rise and fall of other nations is rarely suggested as a topic worthy of the study of the parliamentarian. He shouts from the housetops that we must have immigration—lots of it—little realising that the intelligent study of emigration, not immigration, is the most essential thing in Canada to-day. The United States long ago discovered that Canada as a whole was occupied by sturdy Nordic types who produced efficient and capable people, and to the descendants of these they extended a warm welcome, with the result that we have suffered enormously by the loss of many of our best. The story of the Canadian in the United States marks indelibly the fact that the kind of democracy we have developed has

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had little heed of the national tragedy it has seen enacted, without doing anything to prevent it. So called democracy, unfortunately, is not always directed by the sane minority, but by the average, or below the average individuals. Canada has not increased in population rapidly, simply because we have been bled white by the emigration of our best to the south, and those we have induced to take their places have not always measured up even to the average. If the immigration had been made up of hardy Nordic agriculturalists such as we had a hundred years ago all would have been well. Unfortunately, that is not what happened and apparently is not likely to happen again. The United States have learned their lesson, but realise that it is too late to profit by it. Their best thinkers feel that the damage has been done, and whatever their idealists injected into their original constitution, they are now convinced that all men are not born equal, and it is possible to scale down to a new depth rather than rise to greater efficiency. Canada, though, is now entering an era when our greatest hope is in the importation of splendid Nordic types from the United States, and the movement of these people from the South to the North is becoming more and more extensive. They have succeeded in the South and are bringing their money to the North to take up the land we still have to give away.

Possibly child immigration needs more careful supervision than any other, as it so frequently includes physical and mental weaklings. Child immigration would be invaluable if of the right kind under rigid psychiatric inspection, as the children grow up in touch with our ways and of course adapt themselves easily, but if they are of the wrong kind, they simply add enormously to our burdens and troubles. To show you that the danger is real, let us scan accurate statistics regarding some 5,800 children referred for examination to a national mental hygiene psychiatrist. These were special cases, and 1,386 were mentally subnormal to such a degree that they were incapable of acquiring an ordinary school education. Of this group only 25 *per cent.* were Canadians, 33 *per cent.* were foreign born, and the remainder, children of recently arrived immigrants. Look what a burden this meant to a young country! In one clinic alone in a short time 107 girls and 24 boys of the most defective and degenerate types, brought by one child immigration society, have come before my notice. Nearly all of the girls were persistently immoral, the majority unmarried mothers, many earning a living on the streets, and altogether a serious menace to the health and happiness of the community. It is said, of course, that they had been residents of the country for some time before they went astray. The reply is, that a careful inspection before sending them, and a rigid sorting at the port of arrival would have weeded them out. To carry on the latter

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inspection is most difficult, but the point is that it should not be necessary.

The matter is merely spoken of to show you the other side of the picture and to prove that we are forced to be careful in the matter of immigration. However, this is a controversial subject, and is spoken of merely because it is a burning psychiatric question that is not always clearly understood even by Canadians, who wish to look big and think in illusionary speculations worthy of the general paralytic.

That research should have fallen by the wayside is not to be wondered at, and that psychiatry as a subject should for many years have occupied only a subordinate position in the medical curricula of the universities was inevitable. The relations between general medicine and psychiatry have been anything but intimate, and, as a rule, provincial governmental control of institutions resulted in a lowering of standards, as well as the recognition of the policy labelled " to the victors belong the spoils." Superintendents of Canadian asylums have too often been politicians who received their reward not because of their psychiatric knowledge, but on account of their influence with the government in power. Their ambition commonly has been to acquire a sinecure with a modest stipend, and they have had little thought of the welfare of humanity. The results have, of course, been tragic in many instances.

We passed through the various stages which marked the trail of the self-educated psychiatrist all the world over, and only too often adopted the thousand and one classifications which emanated from the fertile imaginations of those exploiting them. It was not an unusual thing to find an enthusiast who had a new classification for every case he met—indeed history is now repeating itself along these lines—and a panacea for mental disease was discovered a dozen times a year. To-day it was meta-physical or pseudo-psychological—to-morrow, gynæcological for the women and something else for the men, and so on. Recoveries were rated all the way from 50 to 75 *per cent.* or more, all depending on the enthusiasm of the superintendent, but the greater the politician the more brilliant the result. Even pathological findings were not ignored, and some of the knockout blows administered to the localisation theory are fresh in the minds of those who heard them given. It goes without saying that most of the pathology was evolved in the fertile imaginations of those offering plausible theories as facts. Some of the political heads were men of brains, but on the whole the " spoils to the victor " theory destroyed hope of great progress.

On the other hand, it must be admitted that medical education ignored psychiatry to a great extent, and provided little or no

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instruction for the student. Of course no really ambitious young man cared to remain long in a service where the rewards were so few and political preferment the usual means of advancement—indeed the promising ones generally disappeared after a brief experience.

While governments continued to squander money lavishly, even extravagantly, on palatial buildings, the medical and nursing services were almost invariably starved, and the majority of institutions struck the dead level calling for custodial care alone. In spite of this a few bright spots kept the feeble flame of hope alive in the breasts of those who wished for better things. The service compared favourably with that to be found in most of the United States, where the trail of the politician was to be found only too frequently.

With these handicaps in existence some notable things were done by the real enthusiasts. In London the non-restraint movement began under Dr. Bucke in 1881, was followed by Metcalf in Kingston, and occupational therapy was developed on a large scale at Rockwood, not only as a substitute for restraint but a promising addition to the routine treatment of some acute and many chronic cases of mental disease. The results were striking and nearly every patient at Rockwood was occupied daily. The occupations were many and the movement became widespread, attracting so much attention that the institution was regularly visited by American and English workers anxious to learn our methods. We never believed that a panacea for all the ills the mind is heir to had been found, but there was developed a most useful adjunct to the ordinary methods of treatment. To read some of the modern writers on vocational training and industrial pursuits in hospitals for the insane one could almost believe that these things were recent discoveries, and yet, in October, 1862, Dr. Jarvis, of Dorchester, Mass., read a remarkable article before the Association of Medical Superintendents of American Institutions for the Insane, entitled "Mechanical and other Employments for Patients in the British Lunatic Asylums."

This showed conclusively that in many of the British Asylums, occupational therapy (as it is now grandiloquently styled), was developed in a thorough manner. It proved that the experiment was carried on in Britain about 1840, or even earlier, and was continued with increasing confidence for many years.

The training of nurses was begun at Rockwood, Kingston in 1886, and a small hospital built. It was one of the seven pioneers in America. A small psychopathic hospital, too, was established, but as it was without proper staff and equipment could not cope with the exigencies of the occasion.

In 1907, Ontario sent a Commission to Europe to investigate the management and development of psychiatric clinics, with the result

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that a report was drawn up recommending the building of such an institution in Toronto. The Hon. Mr. Hanna carried a vote in the legislature and plans were prepared, but a group of little Canadians, who feared that their personal glory might be dimmed, succeeded in blocking the scheme, and it remained for the West to establish such a psychopathic hospital at Winnipeg, an institution that has justified itself a thousand times.

The West has proved progressive in psychiatry and has shown enterprise to a commendable extent, spent money freely and abolished abuses.

It is gratifying to know that under Dr. E. Ryan the work at Rockwood continued to progress, and at the present time conditions there are as near the ideal as possible in an institution under Provincial control. Rockwood being in a university centre (Queen's University), and alive to the necessities of the occasion will, under the influence of its Professor of Psychiatry, adopt the idea of co-operation between psychology and psychiatry, establish a psychopathic clinic, and develop research to the greatest extent possible. The modern trend is carefully followed, as it is at Whitby, where Dr. Forster, a skilled psychiatrist, rules, and in several centres both in the east and west. At Halifax, Nova Scotia, most interesting developments are taking place—at Winnipeg in Manitoba—Battleford, Saskatchewan—New Westminster, British Columbia, and several other centres where advanced ideas prevail.

After the failure of our psychiatric hospital scheme in Toronto, we felt that if the best interests of psychiatry were to be preserved, it would be well to fight for ideals, outside of a public service. It seemed, too, to be the moment to scan psychiatry from a new point of view, to lay the foundation for the broader teaching of students, and to educate public opinion along better lines. We established a psychiatric out-door clinic at the Toronto General Hospital, and interested every social agency in the city—Juvenile Court, Public Health Department, Police Department, Social Service Agencies of all kinds, school physicians and nurses, Immigration Departments, Industrial Homes and Schools, etc. In a short time we had the whole city working for us, and the clinic has become a powerful factor in the control of juvenile criminality and prostitution, as well as the education of the public to the modern attitude of medicine towards the prevention of evils which have been so manifest and yet difficult to deal with heretofore.

Always believing that psychiatry was too reluctant to admit that any good could come out of Nazareth, it was felt wise to interest the department of psychology in the University of Toronto in the problem of mental defect. Psychology was ranked as a sub-department of

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philosophy, and it did not seem possible to emancipate it from philosophy and physics. Eventually the tide turned and we succeeded in getting not only the co-operation of the psychologists, but their hearty backing, and a great deal of the measuring of intelligence of certain groups of children is being done by them in our Clinic. Psychology is coming into its own, and while the wave of excitement caused by the discovery that psychology has a part to take outside of abstruse speculation, has carried the hyper-enthusiasts too far, yet the well balanced group, who always save such a situation, realise the true *rôle* psychology is to play in the future. No matter how much some psychiatrists may resent the claims of certain psychologists to divine inspiration along special lines of mental investigation, it must be remembered that psychiatry itself has a good many sins and failures to answer for. Even with all of the aid given by pathological and clinical investigation, as well as research, can we truthfully assert that psychiatry has kept pace with general medicine as a whole.

The fact that some criticism of psychology and the enthusiasms of psychologists is indulged in does not mean that the importance of psychology is not recognised, on the contrary it is believed that every psychiatrist should be thoroughly grounded in psychology and psychological methods. Now that psychology has been placed on a footing which makes it rank as a valuable contributor in the study of mental action and behaviour, its claims to recognition cannot be denied, and we should make use of everything it has to offer.

We had our outbursts of enthusisam in certain circles over psychoanalysis, Freudian theories and sex problems *ad nauseam*, but it was when the war broke out the neo-psychiatrists, neuro-psychiatrists, near psychiatrists, psycho-neurologists, and psychological healers of all kinds, found themselves. They grew over night and the younger they were the more knowledge they claimed to possess. They made the discovery that the world had been waiting far too long for their arrival, and they must now make up for lost time. Shell shock was their particular fad, and as each performer recited his recoveries, quite oblivious of the truth that the other fellows who employed totally opposite methods of treatment had also a 100 *per cent.* of recoveries, the public stood in amazement at the miracles being performed, and wondered what psychiatry had been doing during all the centuries it had existed. Of course there were some *poseurs*, but many of the young men were self-deluded, and, confounding cause with effect, really believed that they could set the whole topsy turvy world straight in a few weeks. Even yet the truth has not dawned on a moiety of perfectly honest observers.

Our experiences with " shell shock " were similar to your own, and when conscription came into force the cases became more and more

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common. Dr. Clarence B. Farrar and I saw the majority of the Canadian military cases committed to asylums, and in Military District No. 2, to which I was psychiatrist, there was ample opportunity to see how easy it was for inexperienced observers to fall into error and to claim to make discoveries that would have startled the world in an age when the casting out of devils was an every-day occurrence. It made more and more evident the fact that we must teach psychiatry thoroughly from a broader standpoint, and it also demonstrated the truth that the psychological side of medicine must be cultivated as never before. Conscription in Canada bore heavily on groups of mental defectives and mildly insane young men who had found their niche in simple farm work or occupations of a routine nature, and the change resulting from the removal to a new environment requiring more mental agility than they possessed resulted in disaster after disaster.

Possibly, though the most valuable fact gleaned from the experience was the discovery that there are many mentally diseased and handicapped persons capable of becoming useful hewers of wood and drawers of water in communities where, in the past, many were too regularly institutionalised. It shows, too, that by a more intelligent study of industrial misfits and occupational wanderers, far more may be accomplished than was heretofore thought possible. It means a further linking up of psychology and psychiatry and the using of men trained along psychological lines as applied to vocational and industrial fitness. We have recognised this side in our mental hygiene experiences, and have used with advantage a well trained official in connection with the development of this part of the work.

Emancipation from asylum life soon makes it plain that the institution physician is living in a contracted sphere, because, after all, his medical association is largely with terminal cases; he sees nothing of the evolution of mental disease, particularly in childhood, and is out of touch, to a great extent, with general medicine. Heads of institutions are necessarily occupied to a great extent with administrative duties, and taking the world as a whole, staffs of the great majority of asylums are so small that research and study cannot be carried on in the best way possible. No wonder psychiatry has not progressed as it might have done, and if the mountebank often obtained a hearing, it was because he delivered a message apparently full of promise, while the honest man stuck to the truth. It is in a sense a pity that such things should be, and yet the disease carries the germs from which the anti-humbug serum will eventually be prepared.

The lesson to be learned here is that the public is really looking for the guidance we have denied it, and when in the past psychiatry

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has vouchsafed to respond to the request for further light, it has covered its message with a mass of scientific verbiage that no one without the pale could understand. In other words, the aloofness of psychiatrists shut up within the walls of custodial institutions, has simply added to the popular misconception of mental disease and given a mysterious tinge to something that should be much better understood by the man on the street. It is only by following such lines as this the amateur dispensers of auto-suggestion and so-called psycho-analysts of similar type can be kept within bounds.

When one thinks of the mass of magnificent work done clinically by those who have had time to study the brilliant pathological findings by such investigators as Mott and others, it is a matter of wonder that so little has been accomplished in the way of actual cure. We must frankly confess that the progress made is not what might have been expected. Experience proves that we have neglected the first principles of preventive medicine, and certainly since taking up the work of National Mental Hygiene, investigating thousands of school children all over Canada, and working in a large clinic, it is only too evident that the road to complete success—if such a road exist—is in the early prevention of mental disease.

Let me congratulate you on the establishment of a Mental Hygiene Association in Great Britian which, under favourable auspices, and with a brilliant and distinguished personnel at its head, should accomplish great things. We have had several years of experience with our own Association, and realise that it is the most powerful influence imaginable in placing advanced psychiatry and mental hygiene on a proper basis. We have learned that with this organisation at our backs it is possible to speak the truth without being subservient to those who are content to jog on in the old rut and are opposed to reform.

It is recognised by the people, when the facts are placed before them, that many of the methods of the past are simply the outcome of a hopeless and pessimistic attitude that accepts the curse of mental disease as an inevitable and incurable disaster, not far removed from the realm of criminality. Governments not only look to Mental Hygiene Committees for advice, but depend on them to outline and direct many public enterprises. It is true that while the better care of the insane was the inspirational motive of the work of Clifford W. Beers, who developed the original Mental Hygiene Committee in the United States, it has been found that this is only a small part of the work to be done. Psychiatry has never before had such an opportunity to prove its worth, or to show the reason why it should become a powerful factor in educating people to lead better and saner lives. Psychiatrists must no longer be mere custodians of

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people overtaken by a dire calamity, but aggressive leaders ready to show their mettle in a great cause.

It is abundantly plain that the greatest good psychiatry can do for humanity lies along the line of the proper teaching of mental hygiene in the way of prevention, or if necessary, early treatment. This is a complex requiring the minimum of psycho-analysis to elucidate.

More good has been done by the Mental Hygiene Movement in Canada in five years in the way of improving the care of the insane, the study of defectives, the education of public opinion to a realisation of the importance of these problems, than was accomplished in half a dozen decades preceding that period. Of course the movement has its critics and detractors, but any one who has time to read the surveys made and learn of what has followed, must agree that not only has the result been satisfactory but also realise that Mental Hygiene's usefulness will grow as time goes on.

To illustrate briefly what happens when the people are educated to understand the importance of certain things: a psychiatric clinic was established in Montreal and officered by the Canadian National Committee. The expense was borne by the Committee. Success attended the efforts of the trained workers from the beginning, a new point of view, both educative and practical was established with the result that the clinic has been taken over by the Federation of Charities who now finance it, and will be responsible for its further development. Already there is an outcry for an international organisation to afford opportunity for the different bodies in existence to compare notes, to co-operate in finding the best methods of dealing with the thousand and one new problems coming to view, and to keep the psychiatric workers as we say in Canada "on their toes." What an opportunity for research and philanthropy to show a practical altruism that will help the world solve many of the difficult questions of vice, criminality, defect and disease. Canada and the United States are already arm in arm on this question. I represent them in Great Britain, and hope it will be possible to carry back a message to the effect that we shall be permitted to associate in a confernece with the older nations in an effort to make a distinct advance in the interests of humanity.

To look at this from a practical standpoint: Take an analysis of 3,442 cases under 16, met with in our clinic, and we learn that no less than 8 *per cent.* could definitely be classed as suffering from mental disease or so-called psychopathic inferiority. There was, no doubt, about the diagnosis. Some hair splitters would perhaps dismiss the evidence and take refuge under the term psychopathic in some cases, but would have difficulty in defining what they meant. Other

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theorists might maintain that malnutrition was the origin. Certainly a disturbed metabolism could be demonstrated in many and the malnutrition apparently was merely an accompaniment, not a cause of the psychosis. We may recognise the existence of well defined chronic disease and pathological conditions in mental diseases, but we are not always in a position to make clear the evolution and explain the why and wherefore. Psycho-genesis has not fully yet proved its case.

If we are honest we must confess that psychiatry is merely at Alpha in its book of knowledge, and brilliant as has been the work done in pathology and clinical investigation by some of the best minds the world has known in the realm of science, can an increased recovery rate justify us in saying that we have solved or even guessed at the causes of mental disease or indicate just how the law of prevention is to be applied?

Take the scrap-heap called dementia præcox. Experience during recent years leads one to believe that careful investigation carried on in schools, psychiatric clinics and juvenile courts, will demonstrate the fact that the victims of the psychosis may nearly always be detected at an early age. Whether they are doomed from birth, or even before it, is by no means certain, and it is most important to learn how much prevention can do to steer the patients clear of the tragedy ordinarily awaiting them. Whether it can do much or little has not yet been satisfactorily determined, but at all events it is apparent that biochemical problems, studies in metabolism, study in the endocrines, in fact a whole series of laboratory investigations along the most advanced lines are required. It may satisfy some to hitch their wagon to the psychological star when studying these cases, but much as the psychological element is to be considered, the realm of physical disease cannot be ignored.

Some of the younger group of enthusiasts who scoff at the influence of heredity, and who talk learnedly about environment as the cause of the majority of misfits, pooh-pooh the occurrence of dementia præcox at early age, and assert that nearly all of the children who show the symptoms of this disease clear up eventually. I wish that such were the truth, but unfortunately have seen too many cases during their developmental stage eventually decline into complete dementia; so am not carried away by optimistic theorising.

One is forced to the conclusion that we are not yet in a position to determine how much medicine may accomplish in the way of anticipating and preventing the occurrence of some of the most intractable of mental diseases.

Of course it will be pointed out that after all eugenics will do more than anything else to solve the problem, but no matter how wonderful

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eugenics appear in theory, as long as human nature remains as it is, the application of eugenics as taught by some ultra modern teachers will prove not only difficult, but impossible. Extreme methods invariably produce violent reactions, and it is a simple matter to acquire the label " crank " if enthusiasm interferes with the sentiment tradition has woven about marriage. It is difficult to steer between the Scylla of tradition and the Charybdis of eugenistic enthusiasm.

The very fact that so little satisfactory work has been done on the psychoses of children is in itself evidence that the matter has escaped the attention of most psychiatrists. The physicians in hospitals for the insane are, as a rule, without practical experience in the matter, and those who are innocent of psychiatric training overlook what is obvious to the skilled observer. Careful investigation shows that in very early life the evolution of many cases of mental disease may be studied—it is to be hoped with advantage to the patient. As we all know, an immense number of patients admitted to asylums are already beyond hope, and even many of the so-called recoveries are simply cases restored to what has been the patient's normal for years. It must be frankly admitted that the psychiatry of the past has on the whole proved sadly disappointing. Has the ratio of actual recoveries increased in the last fifteen years?

The relations between law and medicine in psychiatric matters in Canada are most unsatisfactory. Our judges are of the highest type, men honoured and respected. The legal profession is, generally speaking, beyond suspicion. At the same time, the well-advised psychiatrist hesitates long before appearing in court to give eivdence in criminal cases. He realises that the dice are loaded against him, because law has not waked up to the fact that mental disease is ordinarily a distinct entity, rather than an abstract something that can be explained by a few metaphysical or psychological speculations, or even by a merry jest, ill advised and often heartlessly cruel. In murder trials the McNaghten decision still works overtime, and if the law has been responsible for a large number of judicial murders in the case of crimes committed by insane or defective individuals, it has not realised the responsibility. Perhaps medicine has not been without blame, as so many untrained and poorly qualified practitioners, without knowledge of psychiatry, have been willing to pose as experts and to air their ignorance before equally ignorant juries. Psychiatrists of the new school must force the issue, and law must be taught that there are realms it cannot invade with success and do what it sets out to do, that is administer justice.

Already the thin end of the wedge has been driven in, and in one of our juvenile courts a psychiatrist advises the judge in all cases where mental defect or mental disease may be suspected. It is at

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this moment the Mental Hygiene Movement steps in and points out to communities their duty in such matters. Nothing has produced such a reaction before, and law is being forced to assume a broader minded policy in spite of itself. It cannot continue to play the *rôle* of the ostrich and hide its head in the sand with success. A careful and regular study of gaol and penitentiary populations by the judges would convince them that there is something askew in their kingdom. If Maudsley's *Responsibility in Mental Disease* could be made a legal text-book there would be a much saner policy developed in dealing with mental disease and mental defect, and the individual rather than the crime would be considered.

It is one of the problems the new psychiatry must deal with, and law would be well advised to meet the psychiatrist more than half-way and devise a method of dealing justly and sanely with those who require care and treatment, rather than punishment.

What of the psychiatry of the future? Are the psychologists, the psycho-analysts, the Freudians, the Jungians, and a dozen other theorists to effect a complete revolution? Can they with their sometimes attractive, and sometimes repulsive theories, sweep away all experience and substitute something far more vague and even more unsatisfactory? It appears that the time has come to revise our methods of educating psychiatrists. So strongly do we feel on the matter that in the University of Toronto, we have developed an optional course covering five years in psychology and psychiatry.

It has always been obvious that the young men entering asylums as clinicians and junior assistants did not go into the work with any degree of enthusisam, and as a rule merely used the appointment as a stepping stone to something else more lucrative. There were few prizes worth striving for, and the quotation "all hope abandon ye who enter here" was only too frequently written over the door. The young graduate was ill equipped as far as psychology and psychiatry were concerned, but full of surgical, medical and laboratory training. If he pretty regularly deteriorated the fault was not his. General medicine and psychiatry have always been too far apart, and asylums have too long been closed corporations where the officials have instituted mutual admiration societies and looked down on those who fortunately escaped from the iron fetters of what too often becomes a narrow specialty. The war, of course, shook up the dry bones of psychiatric isolation and opened the eyes of the Rip Van Winkles who had been asleep so many years. It showed most conclusively that psychiatry must change its educational methods completely. It might be advisable for many young psychiatrists to get most of their preliminary training in out-door clinics and psychopathic hospitals rather than in large institutions where

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the herding of chronics so often interferes with research and the study of the individual.

After much thought we have outlined a course of options in the University of Toronto, and already a group has advanced to the fourth year of the six years' course. They are receiving sixty hours a year of special training in psychology and psychiatry during five years. Out of eighty who applied for the option some thirty-five of the most brilliant were selected, and this group has been carefully weeded. During their second year in medicine they received a training in elementary psychology. In their third year a course of sixty hours in more advanced as well as experimental psychology is being given, and the students advised to take additional training in chemistry and physics. The fourth year has had sixty hours devoted to abnormal psychology, the exposition of the modern attitude of psychology towards mental defect and mental disease, taking in of course the theories of the Freudians, the psycho-analysts, etc. Practical work in the way of applying mental tests to normal and abnormal children has been given, and the work checked up with the idea of making the student familiar with the true value of mental tests, but showing also how they often fail to reveal the whole story. The fifth and sixth years of the course will be largely clinical, the work being carried on in the psychopathic hospital and psychiatric clinic at the Toronto General Hospital. These institutions are certain to offer no end of useful clinical material, which under our law is always available.

Such a course will, we hope, equip a band of young psychiatrists with a training of the most useful kind, ready not only to undertake institutional work if necessary, but to carry on practice among mentally diseased persons who do not require treatment in institutions. Such men will not fall easy victims to the thousand and one fads which have wrecked so many neurologists and psychologists, whose little learning has so frequently made them mad. The adoption, too, of the caravan clinic system of educating the public will prove invaluable. We shall, of course, follow your lead in the establishment of post-graduate courses in psychiatry, which have proved so stimulating and admirable with you. It is useless to condemn the failures of the past, the time has come to produce a new order of things in psychiatry, to break up the isolation of these institutional monarchs who have talked grandiloquently, if not always wisely, and who have in their ignorance delayed the progress of one of the most important departments of medicine.

The realm of research must be invaded as never before, and here we feel that research must not be limited to institutions but be put on the broadest basis possible and include persistent investigation

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of mental development and mental disease in child life. Such a plan as that adopted in the Toronto Schools must eventually become a common one, and means intelligent co-operation between School Boards and Public Health Departments. Here, for example, we find the Public Health Department assuming full authority for the inspection of children and laying out the programme to be followed by the educational authorities in dealing with abnormal types. A psychiatric department exists, and is gradually being developed to such an extent that it is proving a powerful influence for good, and when its industrial and farm schools are in operation, further advances will take place. There is the closest co-operation between the Board of Education and the Board of Health on the subject of the mentality of the abnormal child, and it is clearly recognised that the question is a purely psychiatric and medical one, rather than pedagogical or psychological. Psychology only too often arrogates to itself the sole right to deal with the abnormal child, feeling certain that it is able to prescribe the proper treatment. Much as we are indebted to psychology for the splendid work done among the children of low intelligence, it is only too evident that it is incapable of understanding school pupils suffering from mental disease. To admit otherwise would be to recognise charlatanry as justifiable and advisable.

Our experience with different intelligence tests has now been so great that we are in a position to estimate their value as well as appreciate their inadequacy. Unfortunately their apparent simplicity and ease of application have resulted in the stimulation of the ambition of hosts of amateurs, especially teachers, whose work is harmful, being limited by lack of vision and knowledge, or a proper conception of the significance of the tests. They cannot understand the danger of accepting a standard of intelligence telling merely a portion of the story, and ignoring the part of it necessary to complete a picture of the child's mind and personality.

Group tests have proved of little value as they are ordinarily applied to school pupils beyond the age where tests of any kind reveal much of the complex of the individual. It may be said that the edge of the enthusiasm for tests of all kinds has gradually been dulled, and already there is a reaction against their indiscriminate use.

An outburst in another direction, though, is under active development, and in psychological and pedagogical circles the discussion of the supernormal child waxes warm. The term supernormal is unfortunate and unscientific, as it gives a false impression and by too many psychologists is loosely applied to a group including well-developed children above the average in intelligence and physique, as well as a group of physical and mental weaklings measuring high by the Binet Simon scale. In them precocity is the outstanding

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feature, and their doom under ordinary circumstances easily foretold. What will happen to them under the forcing process so frequently recommended is well known to asylum physicians who constantly see these wrecks stranded early in university and scholastic careers. Possibly there is little chance of saving them under any circumstance, but there is no argument in favour of hurrying the calamity.

A year or so ago the truth of this was exemplified in a Canadian school where several brilliant pupils were paraded before our psychiatrist. He pointed out the fact that while the majority of these children were far above the average both in intelligence and physique, the most brilliant, whose intelligence quotient soared several years above his chronological age, was evidently on the verge of a mental and physical collapse. The authorities ignored the advice given to remove him from school for the time being, and to build up his bodily health, and as was to be expected his complete mental and physical downfall took place in a few months. We may easily agree on a plan looking to the speeding up of children above the average in physique and mentality, but it is a mistake to make a classification of supernormals without looking to the psychiatrist for advice and direction.

The most important part of the work of the Canadian National Committee for Mental Hygiene is to educate people to a knowledge of the importance of having well educated psychiatrists abroad in the community, with the idea of helping to keep the importance of prevention ever in mind, and to scan school populations with skilled eye with the hope of forestalling a thousand and one tragedies such as one sees to-day. In other words, psychiatry is no longer an ornamental appendage to a medical curriculum, but one of the most important branches of mental hygiene and preventive medicine and its development must be carefully undertaken by all live and progressive teaching bodies in universities and colleges.

It is plain that the psychiatrist of to-morrow must be educated along very different lines from those heretofore followed, and even the institutional physician must become something more than an administrative figure-head. His training must be of the kind to enable him to grapple with problems concerning individuals who are social misfits, as well as to analyse behaviour problems of all kinds. In other words, he must be in a position to give advice regarding the mental hygiene of the whole community. If he be content to narrow himself to the purely routine care and treatment of the forms of psychoses to be met with in certified cases in the wards of an asylum, he is simply sinking in the mire which has swallowed so many of the psychiatrists who have gone before.

It is obvious that outdoor departments or dispensaries should

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exist in connection with many institutions near urban centres, although this is more easily accomplished in general hospitals or psychopathic clinics, where facilities for thorough examination exist and laboratory findings are obtainable at the minimum cost. Possibly there is more red tape here in connection with institutional matters than is the case beyond the sea, but the persistent attempt to break down the barriers imposed by tradition and ignorance is bearing fruit with us. The clinics have robbed the institutions of much of the stigma formerly attached to them. Voluntary admissions are growing in number. At the magnificent hospital in Whitby, Ontario, a large proportion of the admissions are voluntary, and so on through the different provinces. At the Westminster Military Hospital, London, Ontario, almost an ideal condition exists. The majority of the patients are voluntary admissions, and the organisation with its trained vocational teachers, its numerous industries, and its elaborate staff have robbed the asylum of many of its traditional terrors as well as helped its recovery rate.

So much might be said along these lines that one hesitates to open the subject. It is obvious, though, that if the psychiatrist of the future is to hold his place in medicine he must wake up to the fact that his kingdom is slipping from him and passing into hands far less competent to deal with the problems of prevention and cure than he. In other words, he must be a leader and assert himself as the final court of appeal in the guidance of the public in important questions of social rehabilitation of many cases now regularly institutionalised, as well as the cure of early disease wherever possible.

Then, again, the importance of prevention must never be forgotten. To do all this it is evident that psychiatrists must be emancipated from a great part of the administrative work which they are frequently ill trained to do efficiently. They must be given large staffs of specially trained social workers and nurses to carry on follow up work as well as make investigations of home conditions. Unless all of this is done the kingdom of psychiatry will be usurped by a host of faddists whose knowledge of medicine is *nil*, and who parade their speculative theories as facts before a non-discerning and gullible public. For example, take the exploitation of the Binet Simon tests in schools by all sorts of incompetent and unqualified individuals, whose sole claim to recognition is the fact that they have some tuition in psychology. Frequently they have not had even that. Great as has been the good following the proper application of intelligence tests in schools and the development of special classes for the subnormal, at the same time an infinite amount of harm has resulted from the ill-digested conclusions and recommendations of these tyros in experimental psychology. The reaction against the purely psychological

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point of view in school adjustments of mentally handicapped pupils has already shown itself in certain centres, and if the greatest good is to follow the survey of school populations, psychiatrists must equip themselves to carry out this work in the best way possible, for after all it is distinctly a medical problem. How can a psychologist for example, diagnose and prescribe for a developing case of a manic depressive or a dementia præcox psychosis? There never was a time when psychiatry needed to take stock of its assets and liabilities as the present. There never was a moment in its history when the possibilities of this splendid department of medicine had such opportunities to come into its own. From a narrow specialty it may broaden into a mighty force to dam the streams of disease, vice, and social failure at their very sources, but it will never accomplish this by simply pooh-poohing the thousand and one fads which threaten the very foundation of our specialty.

Psychiatry must show the public its just reasons for existence, its readiness to adjust itself to the new order of things, and a constructive ability to do something more than merely provide custodial care for those who have fallen by the wayside. In other words, the psychiatrist of the future must be a man, not necessarily living in institutions, but found in every day life, ready to apply the ounce of prevention in preference to the pound of cure.

Histological Examination of the Pituitary Gland in 110 *Asylum and Hospital Cases.*

By Sir FREDERICK W. MOTT, *K.B.E.*, LL.D.Edin., M.D., F.R.C.P.Lond., F.R.S., and ISABELLA McDOUGALL ROBERTSON, L.R.C.P.Lond., M.R.C.S.Eng.

THE material dealt with in this investigation was collected from 110 cases dying in the London County Mental Hospitals and various General Hospitals and Hospitals for consumptives.

Twelve presumably normal cases—7 from cases where death was due to an accident and 5 from military cases—were taken as controls.

Ten cases were taken from general hospital patients, dying as the result of either an acute or chronic disease, and 16 cases from patients dying as the result of either acute or chronic tuberculosis.

Of the 72 cases obtained from the London County Mental Hospitals, 20 were cases of dementia præcox, 30 general paralysis, 22 other psychoses such as manic-depressive insanity, paranoia, etc.

In 10 of the cases of dementia præcox the testes or ovaries and the adrenal glands had previously been examined.

In all the cases the pituitary gland was weighed and examined by the following histological methods:

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