TREATMENT AND ACCOMMODATION FOR THE PSYCHO-NEUROSES.*

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THE advantage and desirability of early treatment in all forms of mental disorder are now generally accepted. The treatment of general paralysis of the insane by malaria, of schizophrenia by shock therapy and of the neuroses by psychotherapy covers a wide range of different methods, yet no one would hesitate to stress the importance of starting the treatment in each case as early as possible. Nor must the necessity of prophylaxis be forgotten, with the consequent importance of child guidance.

In order to obtain the best possible early treatment adequate accommodation and experienced personnel is essential. The type of accommodation needed is :

1. Adequate provision of rooms for out-patients, so that both a diagnostic and therapeutic clinic can be established. Only too often the clinics are chiefly diagnostic.
2. Provision for beds for in-patients.
3. Suitable " homes " for delinquents, as envisaged by Hubert and East.

The personnel that should be aimed at wherever out-patient and in-patient treatment is being carried out is a senior physician who not only possesses diagnostic acumen, but has also had practical clinical experience in all forms of psychotherapy, and sufficient assistant physicians to give the patients attending adequate psychotherapy. In big clinics some of the assistant physicians may, of course, not have much experience, but be learning. Whenever possible the team should include a psychiatric social worker, educational psychologist and occupational therapist. There is not time here to consider the nursing of in-patients, but it is, of course, all-important. With regard to in-patients it is interesting to note that there seems to be a rapidly increasing demand for beds for the milder psychotics, especially the depressives and early schizophrenics, while the number of patients suffering from a pure neurosis who seek admission seems to be less. This is our experience at

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Woodside Hospital. Presumably patients suffering from a neurosis are getting even earlier treatment as out-patients.

To what extent can the mental hospital provide suitable in-patient and out-patient accommodation, and will the public use it? In considering this point I think we must carefully separate theoretical ideals from practical facts. I worked sufficiently long in a mental hospital to have a very real ideal of making every mental hospital capable of dealing with every form and phase of psychological medicine, and I hope that the day may soon come when every mental hospital will have proper and pleasant accommodation for the earliest forms of mental disorder, and when the public will have such a clear understanding of mental health that they will readily go of their own accord to mental hospitals. At the present moment, however, from a practical point of view, I feel that the following points must be considered.

(1) After the 1930 Act, many authorities made no provision whereby the voluntary patients could, if desirable, go to a quiet admission block rather than to the ward where all the most acute cases are admitted. This made many people chary of going as voluntary patients. This difficulty is being overcome with the addition of admission blocks to many mental hospitals. Nor does the above criticism mean that the voluntary patients should necessarily be separated from the certified, like the sheep from the goats. It is merely a plea that the organization of every mental hospital should provide means whereby quiet and reasonably sociable patients should be admitted apart from acutely noisy and restless cases, which has been a common procedure in the past.

(2) In spite of the effort that has already been made I fear we must realize that a large number of the public—especially employers—still regard it as a stigma to have been in a mental hospital. We ourselves know how wrong this idea is, but one must take public prejudice into account when considering the problems under discussion.

The result of this is to prevent many psycho-neurotics going for treatment if a mental hospital only is available.

(3) Only now is adequate training in all forms of psychological medicine being given to the medical staff of mental hospitals. For many years those of us who wished to gain practical as well as theoretical knowledge of all forms of psychotherapy had to do it at our own expense and often even with some opposition. It seems to me essential that those who are in charge of clinics should have adequate training in every branch of psychological medicine. The old attitude of ridicule and veiled hostility that prevailed, and even now to some extent exists between those who respectively style themselves psychiatrists and psychotherapists, has done much harm. Each of us who is specializing in this subject should, with all humility, attempt to gain as much experience as possible in every direction, recognizing how meagre is our knowledge of the whole subject.

Bearing all these points in mind I should like to stress at once the importance

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of educating the public in all questions of mental hygiene. We must help them to get a friendly knowledge, rather than a horror, of "asylums"—to go back to the good old term. Moreover, it is essential to bring psychological medicine more into everyday contact with general medicine, in such a way that it is not looked upon as a subject apart about which other members of our profession rather enjoy stressing their ignorance.

There must be adequate teaching facilities for under-graduate and post-graduate students alike, and no assistant medical officer in a mental hospital should fail to get adequate teaching in psychotherapy and clinical experience in it. Nurses also should, as part of their training, work for a period amongst those suffering from mental disorders.

In order to attain these ends without delay it seems to me essential to have—

1. Special hospitals devoted entirely to the care and treatment of the psychoneuroses.
2. Clinics for the treatment of such cases.
3. A department for psychological medicine in general hospitals, especially the teaching hospitals.

The special hospitals such as The Lady Chichester, Cassel Hospital, The Maudsley and Woodside Hospital will provide accommodation for all the neuroses and such psychoses as the milder depressives and schizophrenics.

They should be staffed by men who have had experience in mental hospitals as well as in psychotherapy, and the closer their liaison with general hospitals and mental hospitals the better. The public will send their relatives to such hospitals and the patients will come more readily than to a mental hospital while the process of education concerning mental illness and mental hospitals proceeds. Then later the day may come when such special hospitals are no longer needed.

Clinics which are being run by the County Council authorities should have an adequate personnel who themselves have the necessary clinical experience as already mentioned.

Finally, departments of psychological medicine in the general hospitals should aim at having a certain number of beds for in-patient treatment, and arrangement whereby out-patients can receive treatment along psycho-therapeutic lines after the diagnosis has been established, and a child guidance clinic. In this way, particularly if it is a teaching hospital, the students can familiarize themselves with the idea of psychological medicine, and so lay a foundation for post-graduate training in psychotherapy should they wish to do so.

There are no better means of bringing to the notice of the future medical world the value and importance of psychological medicine than to show it to them when students in their own universities and hospitals, alongside all the other departments of their great profession.

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Discussion.

Dr. DORIS ODLUM said that one thing which had struck her was the high agreement which existed between the respective teams of speakers. They had got to the stage where they had established a creed in relation to psychotherapy, and although they had not quite thirty-nine articles, they had a few. They might say as a fundamental basis of agreement that they believed in the psychoneuroses. Not very many years ago it would not have been possible to say that.

Secondly, they believed in the early and preventive treatment of the psychoneuroses, of the mixed case of psychoneurosis and psychosis, and of the milder psychoses.

The third article was the belief in child guidance as one of the most important preventive therapeutic measures; fourthly, they believed in out-patient clinics as a method of preventive treatment, and all the speakers had emphasized how important it was that the out-patient clinic should not be a mere diagnostic centre, but should supply therapy. It should be staffed by people fully trained in every branch of this field, and should afford to its patients not merely a stone, but real psychotherapeutic bread. Even though the treatment available was not of the long or deep kind, although it might be brief and apparently superficial, it did work, and had an extremely high recovery value, because probably most of the people seen in the out-patient departments were not of the psycho-analytic types; they were people with a certain amount of stability who had hit up against difficulties and who with a little help could readjust themselves and return to life. Contrary to popular belief, the psychoneurotic was not necessarily a poor, feeble, spineless creature, but a person who would continue to make an extremely valuable contribution to the community.

They believed in the necessity for in-patient facilities. That had not been nearly enough stressed. Now it was established it was realized there was a proportion of patients who could not be treated in any other way, and there was the question of exactly what those in-patient facilities should be. The speakers had agreed that it must be a specialist environment, a few beds in a general ward were not enough. There must be a special hospital apart from the mental hospital, or there must be special blocks, but in any case the patients must be able to have the benefit of a full specialist team, not only of doctors, but social workers and every kind of social interest so as to bring them back to the normal. Indeed, one might say that one of the most valuable psychotherapeutic factors in the treatment of the psychoneurotic was Woolworth's. With depressed patients who had lost interest in their appearance, in life in general, it was a sign of returning interest when they were sent to Woolworth's with sixpence and a nurse and enough money to have their tea, and they came back with some little thing to improve their appearance. Such treatment was very valuable, and began to awaken interest in reality and in the coming and going of normal life.

The psychosomatic approach had been very strongly stressed, and they might add it as article six of their creed. They believed in the importance of the psychosomatic approach, and the corollary was that there must be a close association between the general hospital, with its team of people dealing with physical medicine, and the psychological clinic.

From this point there were no more absolute credos, they were in the realm of controversy, and the question was the locale of the special hospital. So many people had said that they felt it could be in the mental hospital, but it was obvious that the consensus of opinion seemed to be that it should not be in the mental hospital, but rather in a special building in close association with a general hospital. This did not mean that the whole question of early treatment was going to be taken out of the hands of the mental hospital staff, but there were indications that they should come out of the mental hospital " purdah " system into the open. It was well known that they had exercised a sort of " purdah " system—she did not know their motives, but up to now some mental hospitals had lived a kind of closed life

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and it had been very difficult to get them in touch with reality or with the outside world.

The valuable discussion by Dr. Davies and Dr. Hingston had been of great interest and was a subject one could not go into deeply in a brief discussion. Dr. Flind had discussed lengthy versus short treatment, and Dr. Odlum wished to endorse everything he had said on that. Dr. Flind had said that in five years he had only had to send 50 patients as in-patients, and that approximated to her own experience.

Dr. Harris had spoken of the importance of early clinics for delinquents, and had stressed the importance of the nursing in in-patient treatment; the nursing was about 75% of treatment and the doctor 25%.

Dr. McCARTAN (Haywards Heath) was at one with Dr. Odlum on the high standard of agreement. He said that with certain reservations, perhaps, because the question of psychotherapy was a very difficult one as far as the mental hospitals were concerned. At his own hospital they had a new hospital for the reception of early and recoverable cases, and their experience, at least in part, refuted Dr. Odlum's fear that the mental hospital was not a good place to have such a unit.

Dr. McCartan then proceeded to give a few figures. In the Brighton area the voluntary patient admission rate to his hospital was 62% of the total admissions, 7% temporary, 31% certified. When they were 54% the hospital was fifth in England; last year they went up to 62%. Running a unit like Hurstwood Park Hospital involved an enormous amount of work for the medical staff. They could not cope with the amount of psychotherapeutic work required, and although they did their best, they were not satisfied with it. Dr. Kimber, in his work at St. Albans, had supplied the answer, and there again there were "snags". Not long ago he heard a psychotherapist express the view that the treatment of early cases not referred to mental hospital practitioners was that of people who were liable to pull down a gas bracket, and he need hardly say that while he was medical superintendent of that hospital he should take good care not to have a psychotherapist holding those views on his staff.

This question of inadequate psychotherapy held not only in mental hospitals, but in special hospitals and out-patient clinics. Most out-patient clinics were held once a week, and, as had been pointed out, a lot of the time was taken up with diagnosis, and the rest was devoted to treatment. Apart from the fact that the doctors had not time to give adequate psychotherapy, the patients required it more than once a week. How was that going to be done? The municipal hospital or voluntary hospital did not usually want to allot rooms more than one afternoon or evening a week for the purpose of an early nervous disorder clinic, but surely as soon as the diagnosis part of the work had been done the patient could be referred to some other site for the purely curative part of the treatment. It was not necessary that this should be undertaken at the general hospital, and if further investigation was needed the patient could be returned to the clinic.

The difficulty was staffing, medical staff at the clinics and medical and nursing staff for in-patient beds. The nursing problem was a very real one, for a silly and tactless nurse could play havoc with a sensitive neurotic. It was said that many clinics had not got the services of a trained psychiatric social worker, but that was essential. There was another point which had not come up and that was the utilization of the services of the local public assistance department. That might come as a shock, the taint of the poor law was still very strong in the minds of some, but if they had any prejudice against using the services of a sympathetic public assistance department the sooner it was got rid of the better for the poor patients. His own psychiatric social worker not only went to the Public Assistance Department, but had a desk there, and had access to all the files and direct contact with the various officials, which was most important if it was agreed that social and economic problems had any part to play at all in causation and aggravation of mental disorders.

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As a result of the revolution, as one might call it, in psychiatry, which had been going on for some years, there had been an unfortunate sectarianism. There were people, on the one hand, who expressed views about "psychiatrists" and, on the other, there were mental hospital practitioners who saw no good in the psychotherapist. Could not something be done to end that unhappy state of affairs? Unless something was done the gap was going to widen and they would be working along different lines. He thought if there were co-operation the future in psychiatry would be bright, if not, the future would be black indeed.

Dr. SESSIONS HODGE said it needed considerable courage for him to address such a community because he thought he was the only general practitioner present. He spoke, however, as one who had been a general practitioner for nine years and as a psychotherapist for the past five, during which time he had visited a mental hospital and a mental defective colony. For the last two years he had been on the visiting staff of the West End Hospital concerned with the care both of in- and out-patients.

He found himself in complete agreement with the previous speakers, and found it difficult to be controversial, but he would try to link something of the general practitioner attitude with that of the specialist. If they agreed that disease was the result of an ætiological constellation that produced in time or conditions a particular pattern in a particular patient, then surely the family doctor—he called him that as embodying the best principles of general practice—was in a favourable position to see the formation of a constellation and he might play his part in prevention by timely advice, and if he were willing (and the younger generation of medical students might be), by observation and recording to act as it were as a natural historian of disease—become a field worker. Dr. Sessions Hodge thought it true to say that they knew little of the natural history of disease, and as some other allied sciences had their field workers and pioneers who recorded and observed in the natural habitat, the general practitioner, were he willing and able to act as the natural historian and field worker, would enhance his value tremendously.

That brought him to criticism of the out-patient clinic. If they believed that it was concerned with those patients who were emotionally unadjusted, with disintegrated personalities, his feeling was, both from experience and from observing the patients who returned to him as it were in the capacity of family doctor, that wherever possible the treatment should be out-patient. In other words, the case should be treated in the milieu in which it broke down, and resocialization was helped if the patient was in constant touch with the difficulties which caused his breakdown. That was not always possible, especially with poor patients, and it had often been necessary to admit them as in-patients from the clinic; but as a general practititioner he could criticize himself as a physician in an out-patient clinic when he got a child away from the environment in which it broke down and afterwards felt that he had now got the process of resocialization to go through.

On the question of beds, from the general practitioner point of view, he suggested that they should be attached if possible to a general or special hospital. The stigma of the mental hospital, try as they would, was still present amongst all classes of people of every degree. In the rural area in which he lived in the West of England there was a geographical difficulty, for the mental hospital was in a very inaccessible place. He thought that the general hospital atmosphere of short-term disability could be an aid in cases of psychoses or neuroses. There was that atmosphere of short-term recovery in patients admitted for so-called purely physical diseases.

On the question of staff he would endorse Dr. Kimber's remark on the question of part-time paid workers, and he would further suggest—he was being controversial now—that the worker in the out-patient clinic should be psychologically-minded rather than psychiatrically-minded. He realized he might "get shot at" for this, but he felt that there was a difference, and he thought his family doctor patients felt that difference too. If they were psychologically-minded they would require

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time for their work which at present was not provided in the clinics with which he had come in contact. The clinic he had in mind functioned once a fortnight for an hourly session, and the average number of patients seen was six in the hour. He would not work like that, for he felt it would be useless. He suggested that clinics should work to appointment as in one's private practice, and he would re-emphasize that from the patient's point of view it was necessary to divorce the clinic from the mental hospital—at present. It might not be necessary in the future, but it was while the stigma still remained. He saw from his records taken from a general practice which was a mixed rural and urban one, that he had under his care 363 cases of what one might call psychoneurosis and psychoneurotic reaction types in five years, and 32 cases of psychoses. If that was the case in a practice of that type then he suggested his family doctor colleagues were in a like state and their cases required recognizing in the way he had tried to recognize his own. The general practitioner clinic was an essential mechanism, but he would like to stress that while he would never subscribe to what he had heard said by some of his colleagues: "My boy, we are all psychologists"—thereby being absolved from ever studying the subject at all, he thought that the pursuit of general practice, as he tried to pursue it, which meant living by and with one's patients, even to sitting in the next pew at church, was of the greatest use in an ultimate specialist study of psychotherapy.

Sir LAURENCE BROCK said he had listened to the discussion with very great interest. Speaking as a patient—not a mental patient, but as a dermatological patient, and, incidentally, he thought it would add to the interest and value of medical discussions if they had a little more of the standpoint of the patient than they usually got—he wanted to say something in the nature of a footnote to Dr. Twiston Davies's paper. He had suffered for many years from psoriasis and had noticed that periods of acute anxiety had been marked by a very acute exacerbation of the symptoms, and they would last very much longer than the normal four or five days. It was possible that the exacerbations became acute some time before he noticed it; the patient was not always a ready observer of the earliest symptoms of his own case. If he had been wise he would have sought early treatment, but it was difficult to persuade a patient to seek early treatment, particularly when it involved payment of heavy fees. Another thing he noticed was that the period of stress was followed almost immediately by very marked symptoms of acidosis, and it made him wonder whether what really happened was that the anxiety upset metabolism and the disturbance of metabolism in its turn produce exacerbation of the skin symptoms. He put this forward with humility and merely in the nature of a footnote, and ventured to interpolate it rather by way of asserting the right of the patient to an occasional hearing of his own experiences.

Dr. R. THOMPSON (Armagh, Northern Ireland), said there seemed to be such universal agreement that perhaps a little disagreement would not be out of place. The subject of early treatment of mental trouble had interested him for a great number of years, and he had been dealing with such cases for the past fifteen years in mental hospitals. He was in full agreement with what Dr. Kimber said about the help physicians and surgeons could obtain from psychiatrists and neurologists. He remembered seeing a case in the Bethlem Hospital of a hospital sister who had had seventeen operations on her abdomen for symptoms simply due to delusions. She was removed by her relatives and later committed suicide. He had seen amenorrhœa in young women patient when the condition was due to early melancholia, and many cases of dyspepsia, due to nervous trouble, had undergone X-ray examination and treatment and so on. These were only a few of the many physical states where a psychotherapist could give invaluable help.

But the reverse was not quite true. He did not think that in dealing with their cases they were going to get all the help which was suggested from this team of

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workers. He had seen surgeons and consulting physicians of eminence called in repeatedly in special cases where they were not of the slightest benefit.

Another point dealt with was the admission of mental cases to general hospitals. There was a little confusion in this because obviously the cases Dr. Noel Harris and the others were seeing psychiatrists did not see. He himself had not seen three hysterics in all his practice, and they went in hundreds to out-patient departments—they were wise enough to avoid mental doctors.

For early psychotic cases he could not imagine a place where they were less likely to recover than in a general hospital or nursing home. He thought they had taken a wrong turning in recent years in rushing to fill their posts with generally-trained nurses. He had seen the greatest upsets of patients making a good recovery, and being completely put off by an officious assistant matron who had had excellent training in taking temperatures or recording on charts, but who knew absolutely nothing about the art of mental nursing, which was the art of a lifetime. He submitted that an early psychotic case was a medical emergency and that the temptation of the psychiatrist to call in all sorts of people to give their opinion was a remarkably easy way out of his difficulties. If he did not realize the case was a medical emergency he was in for a lot of trouble, and the patient was going to suffer.

He thought they were a little too complacent about themselves. They talked about the various forms of psychotherapy which should be used, the injection treatments, and the great advances which were being made in mental treatment, but the fact remained that the recovery rate had gone down and they should be ashamed of it.

Dr. E. F. SKINNER (Sheffield) said he was a general physician in a general hospital and would like flatly to contradict the last speaker. He had had the courage, or temerity, to take early psychotics into the general wards and they did very well. Their recovery rate was very good, and they got better more quickly than similar cases in a mental hospital.

He was interested in the educational problem. They were all members of the Association and there had been an enormous amount of agreement in the matters under discussion. They agreed amongst themselves and they wanted to make their agreement noticeable to their colleagues outside the Association. He wished to make a concrete suggestion. He was a member of the Association of Physicians, and he would like the Council of the R.M.P.A. to consider arranging a joint meeting or discussion with that Association. It was not enough to have a joint meeting with the British Medical Association, that was only one aspect of the profession. If the Council would consider a joint discussion with the Association of Physicians, all of whom were members of teaching staffs, some good might accrue and the points of view which had been raised might possibly be got across to their hospital colleagues.

Dr. GORDON MASEFIELD (Hon. Secretary) said his own opinion was that with the proper treatment the patient would get well anywhere, and he was surprised to hear Dr. Noel Harris say that voluntary patients should not be mixed with certified patients. He did not believe that they should talk about the difference between the voluntary and certified patients. Every magistrate should be told that no patient should be certified unless he was satisfied that it was impossible for the patient to be admitted on a voluntary basis or as a temporary patient. He therefore took up the cudgels to say that he believed a properly built admission unit in a properly run mental hospital was as good a place as anywhere to treat these patients. Dr. Harris wanted special hospitals; he also wanted early schizophrenics, and he wanted early and mild depressives, but these were the sort of people they wanted in the admission hospitals as well.

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Dr. McCartan had told them that 60% of his patients were not certified ; there were only about 30% which should be certified. It looked as if the admission hospitals were not going to be wanted, it would all be special hospitals if they were to get only the certified patients. His view was that it was a question of proper structure. There had to be segregation, and a considerable comparing system in the admission unit, and if there was he did not believe there was anybody who could say that it was not the proper place for treating early cases.

To people who had said that the stigma was still present he would say that he thought it was unwise to mention "stigma" in an assembly like theirs, and it would continue as long as they talked of it as such.

Dr. HARRIS said the only reply he would make was that he and Dr. Masefield were not in such disagreement as might be thought. Dr. Masefield would agree that in the past there had been some rather tragic occurrences as a result of mixing patients.

Dr. K. C. BAILEY (Warlingham) made a plea on behalf of medical officers in mental hospitals for more opportunities to be afforded them for psychotherapeutic training. Dr. Harris had emphasized or at least suggested that they might be employed in such treatment, but it was very difficult to obtain adequate training in the work. It could be afforded by allowing them to attend out-patient clinics. Already there were some, but they were very few, and medical officers tended as a whole to be relegated to the task of supervising the chronically insane patient. At a recent meeting of the British Psychological Society the employment of non-medical psychotherapists was discussed, and he felt that such employment would occur if the medical profession did not supply the need. There was a growing demand for psychotherapy and lay psychotherapists were doing some of the work. It seemed to the speaker that this was not wholly desirable, although he did not think it wholly undesirable, because they employed non-medical technicians in the laboratory and in massage and if they could not supply the need of psycho-therapy it would automatically pass into the hands of non-medical therapists, who would then present a problem as to whether they would work under the psychiatrist or independently. He therefore put in a plea for medical officers in mental hospitals to be given more training and experience in psychotherapy.

Dr. W. C. M. SCOTT (London) asked whether they were really agreeing, or what disagreement were they hiding when they came to talk about the role of deep psycho-therapy? They had to see how it had developed and the best comparison was with brain surgery. As medical students they all learnt to become surgeons, but there was a vast difference between opening a boil or sewing a cut and doing an operation in brain surgery. In the last forty or fifty years there had come to be as much difference between what was called minor psychotherapy and major psychotherapy as there was between the opening of a boil and brain surgery. He was absolutely amazed to hear so many speakers contribute to the discussion without mentioning what was happening in other countries, or in this country, concerning the gradual development of standards of medical education for psychotherapy, not only pre-graduate, but especially post-graduate, and until larger staffs were available there would be difficulty because first things must come first. He had spent many years in mental hospitals and out-patient departments and had had the chance of doing intensive work with patients who could only be dealt with when an attempt was made to adjust their anxieties in a psycho-analytical way.

Dr. Flind mentioned the patients who were not helped. The speaker hoped he would publish such cases, and the psycho-analyst would be very pleased to co-operate with him, because psycho-analysts got the patients who had been under other types of therapy unsuccessfully. He himself had a patient at present for whom he was the eighth doctor.

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Dr. S. A. MACKEITH (Graylingwell) felt it was essential that there should be a psychiatric social worker on the staff of any kind of out-patient clinic. With regard to Dr. Hodge's remark as to the desirability of appointments for patients at such clinics, he said it was quite workable, and in the Warwickshire clinics all the patients attended by appointment. There was an immense improvement in the work of the psychological treatment clinics in Warwickshire when they were held in the evening. The attendance was rather scrappy when they were held in the afternoon, but in the evening the regularity of attendance and the improvement in results was very gratifying.

He suggested it would be a tremendous help to workers running clinics in the provinces if the Association, or perhaps the Tavistock Clinic, would from time to time hold meetings chiefly concerned with the selection of cases which were likely to need short methods of therapy and those which needed longer methods.

Finally he would like to appeal to young medical men who were starting practice to volunteer for work in the clinics. They would find the hospital superintendents very willing to help them in this direction.

Dr. HAROLD PALMER (Woodside Hospital, London), said that in the discussion on the early treatment of mental disorders no mention had been made of the service which existed in other countries. The gap between the middle-class patient and the patient who found it difficult to leave his occupation and could only attend possibly not more than once a week at a general hospital was a wide one, and they should consider the provision of diagnostic survey services in which the patient could go for intensive observation by a psychiatrist for three weeks or so. He personally would fight against any relative of his own going to a mental hospital for such observation, but he would be prepared to see them going to a clinic for three weeks for such intensive survey and be passed on to a psychiatrist. If they studied the clinics which had the most organic growth, they would find that they had this service.

Dr. SESSIONS HODGE said with regard to the stigma he could only repeat what he was told by his patients, and what he noticed in their reactions and lives. As a family doctor he lived by and with them; he did what he could to remove their prejudice and thought it was getting less.

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