

### Whither General Practice ?

SIR,—In reference to the letter of "F.R.C.S.," appearing in the *Journal* of December 8th, 1934, under the above heading, mention might be made of a scheme that is usual in this Dominion. The parents are invited to be present at the time of the examination of their child at school. It is obvious that the consultation is then of increased value, more details can be obtained of the history of ailments and tendencies of the child, and difficulties can be more fully discussed. When defects are discovered that can be emended, or that call for special provision, a note to that effect is handed to the parents, or, if they are not present, sent to them through the child. Advice is given to seek medical or dental attention, with a request that the note be handed to the medical or dental attendant for his signature and then returned to the school nurse. A record is kept of the note, and if this is not returned within a reasonable time the nurse makes a visit to the home to urge the necessity of the care demanded or, where necessary, to make arrangements for the child's attendance at the hospital or school clinic appropriate for the particular case. Thus a certain responsibility rests with the parent and an opportunity is given for consultation with the family physician. In those cases where this is known to be impracticable a short cut to the clinic may be made, but every effort is made to obtain the co-operation of the parent. As is probably well known, all children, with few exceptions, attend the public schools—that is, those supported out of the school tax. Routine examinations are usually made in the first grade (age 6), in the fifth (age 10), and in the eighth or ninth (age 14–15).—I am, etc.,

Brandon, Manitoba, Dec. 25th, 1934.

D.P.H.

### A Mental Hospital Clinic

SIR,—Dr. B. H. Shaw (*Journal*, December 22nd, 1934, p. 1177) seems to misunderstand the objection raised to the subordination of the "mental" or "nerve" clinic to the mental hospital, as represented by "A Medical Superintendent." Any "animus" that exists is directed by "authority" against "psychology," not vice versa, as Dr. Shaw's letter conclusively shows. He writes:

"In the matter of the milder neuroses no specialist can or should take the place of the family physician, whose good sense and scientific training should enable him to set at their proper value such subtleties as pseudo-psychology, psychoanalysis, dream symbolism, etc."

According to him the family physician's task is to secure for his patient "rest, care, and further investigation, if desirable, away from possibly disturbing home influences."

Merely remarking that the medical, and even the D.P.M., curriculum affords no training whatsoever in psychotherapeutic practice, let us see what happens to the severer cases, where the symptoms cannot be comfortably ignored under the guise of "rest" treatment. Dr. Shaw considers the principal function of a mental clinic is to enable the practitioner "to obtain another opinion as to the suitability of his patient for treatment, away from home." In effect, then, the clinic is to be merely an alienist's consulting room, a recruiting station for the mental hospital, a unit which does not charge itself with the task of increasing the "suitability of the patient to remain at home"; although, after all, this is the aim and essence of cure. By this organization Dr. Shaw has eliminated the professional psychotherapist (as, no doubt, he intended); but, since neither the clinic nor the mental hospital will help in "home" treatment and its responsi-

bility, hospital is the only alternative. Perhaps this is why Dr. Shaw declares (against all evidence): "It is quite impossible for a mental clinic to function satisfactorily if not in immediate touch with a mental hospital." In hospital the patient will apparently receive no attention to personal, domestic, and social problems, but rather an intensive study of bodily processes. "Balance of ions," "diffusibility," "hormones," "chemical mediators," and "intracellular oxidation" are a fair sample of the factors which alone Dr. Shaw considers worthy of attention. He lays it down that "the lesion is primarily physical" and that "stress and strain . . . acting on varying metabolism is the *fons et origo* of mental disorder." We are told that "disordered function is not possible" (my italics) "without some underlying physical basis," which basis is obviously conceived as pathological—that is, organic disease.

Allowing that "mental activity is a result of physical process," it is still logically possible that abnormalities of the former (that is, departures from the cultural mean of behaviour) need not be due to defect, damage, metabolic disturbance, or infective disease of the organism, but might be due to the persistence, as habit, defence, etc., of normal reactions to former abnormal stimulation. We psychologists hold, rightly or wrongly, that the latter actually happens, and that psychopathy therefore falls into two categories—first, a group of deterioration or disintegration syndromes due to somatic disorder; and second, a group of "psychogenic" and purposive syndromes due to faulty social adjustment and maturation and consequent conflict and dissatisfaction. Dr. Shaw's remarks seem to us to apply to the first group only. Even the second group has, of course, its neural correlative, which, however, is not pathological, and is totally unknown and probably unknowable. Psychology therefore takes "engrams" and "neural traces" for granted, and neglects them by correlating directly the "dispositions" and behaviour of the subject with his life-history and environmental setting.

The issue, in any case, is one of fact and of method, to be settled by investigation and by argument, and not by the fiat of an "authority" which, in the last resort, is derived from "lay" appointment and legal enactment, and which has no parallel in the general and teaching hospitals. Our alleged "rebellion to all forms of authority" is merely an objection to the *ex officio* (N.B.) appointment of medical superintendents to the charge of clinics ostensibly for out-patient treatment. We believe that if such appointments were the rule it would in many cases introduce a traditional bias prejudicial to the freedom of scientific approach and to the professional prospects of those who persist in "psychological" investigation. We fear that the monopoly of the mental health service, by the mental hospital bureaucracy, will have lamentable results. The public will distrust the clinics, and the latter, anxious and pressed for time, will too readily refer patients to hospital for closer supervision, investigation, and treatment. The "physiological bias" will be favoured, and classes of patients, unfamiliar as yet to the mental hospital physicians, will be studied and treated by them on irrelevant lines, to the neglect of their real problems and to the further discredit of psychiatry.

Notwithstanding what Dr. Shaw and others say, we submit that psychopathology is a "whole-time" specialty; and that the first line of defence, therapeutic and prophylactic, for mental as for physical disease, is the home and not the hospital. We protest, therefore, against the clinic being merely a subsidiary offshoot of the hospital.—I am, etc.,

London, W.C.1, Dec. 31st, 1934.

IAN SUTTIE.