

## *Editorial.*

### PSYCHIATRY.

THE increasing realization of the importance of Psychiatry justifies the publication of a number of the *Journal* mainly devoted to that subject.

Both Army Psychiatry and Army Psychiatrists have been the targets of much criticism. Much of this has been ill-informed and prejudiced but some outspoken critics have subsequently recanted and made a confession of their conversion. A certain amount of justifiable criticism from experienced critics was constructive. All this was only to be expected as, hitherto, the study of Psychiatry in its relationship to the problems of everyday life has been limited, in the main, to the eclectic few.

This is widely recognized and a Joint Committee of The Royal College of Physicians, The British Medical Association's Group of Practitioners of Psychological Medicine and The Royal Medico-Psychological Association have recommended; *inter alia*, that, "Medical Students should be taught a suitable Psychology in the Intermediate Stage as well as the Principles of Psychological Medicine in the Final Course." The report of this Committee strongly stresses the intimate connexion between Psychological Medicine and General Medicine and Surgery.

One early, and possibly valid, criticism was that many Army Psychiatrists were young and inexperienced both in Life and their special subject. This has been admitted by one who felt that he was "at least ten years too young."

After five years of war is this point of view now tenable? The younger Psychiatrists have learned more of Life, and of Death, than would have been possible in many years of comparative sheltered civilian existence in peace. They have seen men under the severest psychological and physical stresses and, in many cases, have shared such experiences. One lost his life when his unit was over-run by the Japanese.

It is agreed that, once the Army takes the Field, the Psychiatrist does his most valuable work as near the front as is possible.

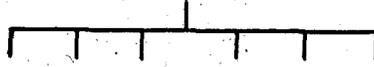
It was early recognized that prevention was better than cure, so selection came into being. Both in officer and in other rank selection our Psychiatrists play an important part. The scope for future research in principles and methods of selection is immense.

Another urgent field for research lies in the relationship between physical illness and mental illness especially, in view of our future commitments, in tropical diseases. Why should certain tropical diseases appear to be associated with certain types of psychological disturbances? Present evidence seems to suggest these are apart from, although maybe conditioned by, the personality reaction of the particular individual. We find malaria associated with protean types of mental states. Sandfly fever is traditionally followed by a pure depression. Bacillary dysentery is frequently associated with an anxiety state. The sprue patient develops an obsessional state. The first sign of heat exhaustion may be a mental irritability and confusion. Why is anti-rabic treatment so often followed by an acute depression occasionally suicidal? We know that there may be an actual myelitis. Is the mental depression the result of organic changes or is it purely psychological with the fear of

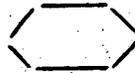
rabies in the background? Recently writers have called attention to the mental reactions in trypanosomiasis.

All this opens up a great field for research by Psychiatrists, Physicians and Pathologists working in close liaison.

The future success of Psychiatry is dependent upon an intimate and harmonious relationship with other branches of Medicine as well as with the other branches of the Service. It is quite impossible to have watertight compartments. All too often this relationship may be represented diagrammatically as:—



instead of as:—



The realization of *mens sana in corpore sano* can be realized only by co-operation.

