

RECURRENT THEMES IN THE HISTORY OF PSYCHIATRY*

BY

DENIS LEIGH, M.D., F.R.C.P.

Physician, Bethlem Royal and the Maudsley Hospitals

PSYCHIATRY deals with the study and treatment of mental illness, and its history differs sharply from the history of medicine and surgery. Medicine and surgery have advanced as often as not, by advances in technique, by a borrowing from the physical sciences, and at least from the seventeenth century onwards, the history of science is inextricably linked with the history of medicine. But in psychiatry this is only very partly true. Dealing largely with intangibles, such things as feelings, words and ideas, psychiatry has run its own course. Its history is the story of a long struggle against the forces of prejudice, superstition and fear; its substance compounded of a bewildering mixture of philosophy, science, magic, religion and medicine. The history of psychiatry therefore presents special problems. It is difficult to be concise. Its forms of reference are so varied, and the history of ideas are so liable to personal interpretation, that the individual prejudices of the amateur historian must be taken into account. I have, therefore, decided to try to present to you the history of certain recurrent themes in psychiatry which have a bearing on our approach to both research and practice in psychiatry.

There are, I believe, four main recurrent themes. The first is concerned with faith, belief and disbelief. The second is the theme of punishment. Both are closely related to, and derivatives of, religion. The third and fourth are derivatives of science, and relate specifically to the themes of personality, and the influence of the mind on the body. I shall deal briefly with each in turn, although entering here and now the *caveat* that none of these four themes stands alone and isolated from the others—I hope perhaps as I continue that you may see the greater unity underlying them all. Indeed, the first two themes are inseparably linked together.

The thesis is as follows. To be healed it is necessary to have faith, to believe. Moreover, to believe, one must accept authority, and so the patient must enter into a close relationship with a person in authority. The relationship is explained in whatever terms are culturally acceptable at the particular time—demons, devils, magnetic fluids, Freudian psychology or modern

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science. Once belief gives way to disbelief, then punishment must follow, either for the patient or for the healer.

What is the historical evidence for these two themes?

In primitive man, to this day, the mentally sick person is a person possessed by devils, to be dealt with by the priest or witch doctor. In Saxon times the treatment of the insane was largely an ecclesiastical affair. St. Guthlac, the founder of Croyland Abbey in Lincolnshire, was a noted exorcist. There is an illuminated manuscript showing him healing a lunatic. Guthlac has wound his girdle round the sufferer's waist, and staring fixedly at his face, he is rewarded by the emergence of a horned, winged and spotted devil from his patient's mouth. A similar scene is depicted in the painting of the life of St. Zenobius which hangs in the National Gallery. The saint wears the expression of a man exhausted from intense concentration, the onlookers shield their eyes from the sight of the two lunatics, from whose mouths issue forth the customary devils.

The Church laid down prescribed methods of exorcism, and trained certain of its members in the Order of Exorcists. Psychological healing was the first line of attack, but drugs were also used. For instance, treatment might include the singing of seven Masses over various herbs, which the lunatic then swallowed, or a visit to one of the holy wells to drink the water. The essentials of the treatment were faith, and the direct influence of a person in authority on the sick person. And that authority was an ecclesiastical one. Although much help and comfort was derived from this type of treatment, many of the mentally sick stubbornly refused to be exorcised or unbewitched. Faith was not enough. They presented as difficult a problem as they do today.

Some went to other sources—to kings to be touched, or to people like Valentine Greatrakes, the stoker, who discovered his healing powers in the mid-seventeenth century. But others encountered a different form of treatment—the rod, and the whip, the chains, and ultimately the stake. The fact that Faith had not been enough was interpreted, both by the Church and by the lunatic's fellow-men, as evidence of heresy, and the work of the devil. Punishment was indicated. The fifteenth century, which saw the magnificent flowering of the Renaissance, heralded the dark ages for psychiatry. The growth of heterodoxy and the increasing interest in the natural sciences threatened the established structure of the Church, and with it, that of the State. Deviants, such as the heretic, the alchemist and the insane, became grouped together as the earthly agents of the devil, thus becoming legitimate objects of persecution. So began the great witch hunt, which in this country persisted until 1736.

The psychiatric knowledge, so slight and yet so slowly and painfully gathered together, was now brushed aside with the intensification of this

VIVA BARBARAE VNNENSIS
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Fig. 1

An illustration taken from Johann Weyer's *De Lamiis*, 1577

belief in the link between the devil and the lunatic. The *Malleus Maleficarum* or 'Hammer of the Witches' was published some time between 1487 and 1489 and went into nineteen editions over the next 300 years. The work of two German Dominican monks—Johann Sprenger and Heinrich Kraemer—it dealt exhaustively with the whole subject of witchcraft, from the different types of witchcraft and witches to the punishments which should be meted out. But a German physician, Johann Weyer, courageously opposed these concepts and in 1563 published his *De Praestigiis Daemonum*, in which he maintained that witches were sick people—mentally sick people. He has

been considered by Zilboorg to be the 'true founder' of modern psychiatry. His name was put on the Index by the Church; not a line of his writings was to be read by good Catholics. Here is a picture of one of Weyer's patients, Barbara, the girl from Unna (Fig. 1). She was said to have neither eaten, drunk, urinated or defaecated for six months—a living wonder. Weyer was able to show that this was quite untrue and that the girl was what we would nowadays call a hysteric.

On the European continent no one was safe from the Auto-da-fe, the Inquisitor, and the Law. In England, the greater cultural unity, the break with Rome, and the influence of enlightened minds like Sir Thomas More and Erasmus did much to militate against these continental excesses. Witch-hunting there was: James I himself was the author of a book proving that witches should not be regarded as mad, and that pleas of insanity should be rejected by the courts. His *Daemonologie*, published in 1597, was written chiefly to refute the opinions of Reginald Scot, the author of the *Discovery of Witchcraft*. Scot was not a physician—but was nevertheless the first Englishman to recognize the witch as a mentally sick person, and to hit out at the persecutors. He has left us clear descriptions of melancholia, delusions and hallucinations. His book, published in 1584, is a curious mixture. Magic, as we understand it today, is thoroughly described, as is astrology and necromancy. Scot's attitude towards mental illness was that patients must be treated as though they were physically sick. He records many examples of faith healing, but tends to regard them as on the same level as juggling or necromancy. The scepticism or disbelief he shares with Weyer was a useful antidote to the excesses of the religious faith, and his emphasis on the physical aspects of mental disorder was a forerunner of the ideas soon to be current in the next century.

Heralded by William Gilbert, physician to Queen Elizabeth, whose excessively rare book on the magnet was published in 1600, the seventeenth-century physicians—notably Willis and Sydenham—began to emphasize the importance of observation and the collection of facts. Theological and demonological speculation became outmoded and, although treatment became largely of secondary importance, psychiatry owes these men an enormous debt for breaking the hold of the Inquisitor and the Judge.

So far we have seen an era of belief replaced by disbelief—kindness and religious tolerance by harshness and intolerance. A kind of emotional neutralism now ensued, until with the rise of the Encyclopaedists in France, and philosophers such as Berkeley and Hume, a new attitude began to make itself felt. The eighteenth century is the century of the development of moral treatment. Man was a reasoning, rational creature—God was largely fashioned in the shape of the best English country gentleman. In spite of the continued harsh treatment, there was an increasing tendency for moral

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suasion, as we might now call it, to be used. The care and treatment of the mentally sick had passed into secular hands. Reason was the keynote—although in practice moral suasion was somewhat of a euphemism for the type of treatment employed. A harsh discipline was exerted by the physician or his keepers, the basic element of treatment still consisting of an authoritarian relationship between the patient and his custodian. The Reverend Dr. Francis Willis and his treatment of George III is a good example of the condition of psychiatry in this century.

Francis Willis had for long treated insanity along novel lines in his Lincolnshire village of Gretford, near Stamford, and was a most remarkable character. In obedience to his father he had taken Holy Orders, but even as an undergraduate had such strong leanings towards medicine that he studied and attended lectures, first practising without a licence, and later obtaining the M.B. and M.D. of Oxford. His system relied on a wholesome sense of fear, together with individual attention. The patients worked, took long walks, and dined with the doctor. Great attention was given to dress, cleanliness and exercise. Willis was called in to care for George III in 1788, and began to exercise his moral management—so that in five months the king was well on the way to recovery. The king was allowed more latitude than under his previous physicians—allowed to shave himself, walk in the garden, with either Willis or his son John in constant attendance. The secret of the treatment seems to be best described in the report on Willis's cross-examination as to his treatment of the king by a hostile Committee of the House of Commons. Burke and Sheridan were members, and for once found an adversary who was more than a match for them. Burke criticized Willis over allowing the king to have a razor and asked what Willis would have done had the king suddenly become violent whilst these instruments were in his hand. Willis deliberately placed the candle on the table between himself and Burke, and replied, 'There, sir, by the EYE. I should have looked at him thus, sir—thus!' Whereupon Burke instantly averted his head and made no reply. Willis, incidentally, received one of the largest fees in medical history when he was called to see the Infanta of Portugal—a sum of £20,000.

The rise of the concept of Moral Management has been excellently described by Alexander Walk. He has shown that discipline and fear were strongly represented, although again the basic element is an authoritarian relationship between two persons, the physician or his 'keepers' and the patient.

The eighteenth century also saw some interesting mass phenomena; two in particular concern us here. One is a derivative of religion—the cult of Wesleyanism; the second has its roots in medicine and science—the cult of Mesmerism. Both appealed to man's longing to believe. John Wesley's

book, *Primitive Physic*, published in 1747, was enormously successful, and in it he discusses at length the treatment of mental disorder. He recommended largely what we might call physical methods, such as dieting, shaving the head, and washing it with vinegar several times a day. A sentence from his book has a strangely prophetic ring—‘I am firmly persuaded that there is no remedy in nature of nervous disorders of every kind, comparable to the proper and constant use of the electrical machine.’ Undoubtedly the chief impact of Wesleyanism was its emphasis of group behaviour, and William Sargant has written about the implications of the conversions which swept the country. Many mentally ill people gained solace and relief from their experiences with the powerful band of preachers Wesley gathered around him.

Mesmerism has been considered by Zilboorg as a major event in the history of the psychoneuroses and of psychotherapy. He points out that it was largely the psychotic with whom the church or the doctor had so far concerned themselves. The great mass of patients, as today, were the psychoneurotics and, on the whole, they had been treated by physicians by physical methods. Mesmer’s discovery marked the beginning of a scientific interest in the care and treatment of neurosis. Mesmer, whilst practising in Vienna, became interested in reports that a Jesuit priest, Father Maximilian Hell, was performing remarkable cures with a magnet. He began to co-operate with the priest, and was soon enthusiastically magnetizing. He theorized that a magnetic fluid passed from the magnet to the patient—later discarding even the necessity of a magnet when he discovered that substances other than iron possessed a similar property. The whole fascinating story cannot be told here—what is important is that for the first time a theory, built up, however erroneously, on contemporary scientific knowledge, was put forward in explanation of what took place during the treatment of certain nervous conditions. Faith was now being subjected to analysis in scientific terms. The disreputable aspects of mesmerism should not blind us to the importance of this step. And interestingly enough, it was not now the patients who were punished by the authorities, but the doctor. Mesmer was disgraced and died in poverty—his followers, somewhat removed, in England, such as John Elliotson, the Professor of the Practice of Medicine at University College, suffered a like fate; Elliotson, for instance, had to resign his appointment. This interesting shift of hostility from the patient to the doctor is to become more marked as the nineteenth century progressed. Nowadays psychiatrist and patient are considered about equally peculiar by the more tolerant, but the prejudice against the psychiatrist is still widely held.

For all its bizarre theorizing it was clear that psychiatry could not avoid the implications of mesmerism. The therapeutic aim and the results were too



Fig. 2

JAMES BRAID (1795-1860)

*From an engraved portrait in the possession of
the Manchester Medical School*



Fig. 3
The Visage of Satan
From Lavater's 'Physiognomy' (1783-7)

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impressive. The astrological and magical tradition implicit in Mesmer's original theory could not be accepted in the rationalist society of the nineteenth century. James Braid (Fig. 2), a hard-headed Scotch surgeon practising in Manchester, was, characteristically enough, the man who realized the importance of subjective factors, and the relation of the mesmeric trance to sleep. In 1843 he published his *Neurypnology, or the Rationale of Nervous Sleep*, wherein he introduced the term hypnotism. From now on hypnotism was on surer ground, and although we do not fully understand the mechanism even today, hypnotism is an established therapeutic weapon in the treatment of mental disorder. Braid received very little recognition at home, but was widely appreciated in France and Germany. It is of great interest that Freud, who brings us to the modern era, began his therapeutic attempts using hypnotism, and his early work on hysteria with Josef Breuer is now a classic. Freud's greatest contribution is, I believe, his analysis of the relationship which develops between patient and doctor, what he called 'the transference'. The vagaries and obscurities of this relationship have been studied by the psychoanalysts in more detail than by any other psychiatrists, and modern psychiatry owes a great deal to their findings.

But to be a psychoanalyst, one has to undergo a personal analysis oneself, for unless this happens it is almost impossible (so it is alleged) to understand the workings of the unconscious mind. Psychoanalysis has been likened to a religion by some of its opponents. A novitiate has to follow several years of intense study of the method, undergo a personal experience and digest Freud's writings before being accepted as a member of the group. It seems to be a *sine qua non* of the analysts that unless this course is followed none can really understand or practise the method. Needless to say, this provokes a certain amount of hostility. Freud was isolated from academic circles in Vienna, and it is interesting to speculate on what might have happened had his early academic aspirations been fulfilled. Psychoanalysis has its bitter enemies who denigrate its contributions to psychiatry. These critics say that psychoanalysis is only a nineteenth-century substitute for faith. The psychoanalyst is trained to accept the theory, and he in turn, owing to the particular nature of the psychotherapeutic relationship, trains his patient to accept similar beliefs. The religion is there, but it is a different variety. The critics relegate psychoanalysts to positions of comparative isolation; for instance, there are to the best of my knowledge no more than two university departments of psychoanalysis in the entire world.

But the argument runs deeper than that. Psychotherapy in general is nothing more than an act of faith depending on man's need for a relationship with others. The very theme I have illustrated running throughout the years is still very much in evidence. Beginning with religious faith, it has passed through faith healing, moral suasion, mesmerism, hypnosis and

psychoanalysis. The scarlet thread is the cardinal relationship between a figure in authority and the patient, and a belief in that authority and what he represents. Punishment comes in when belief fails—originally it was the patient who suffered, later it became the doctor.

The third theme runs as follows. There is a relationship between mental disease and a man's temperament and character. What kind of man, mentally and physically, develops this or that mental disorder? This has been a recurring preoccupation in medicine, let alone psychiatry. What is its historical development?

Now you are probably all familiar with the classical doctrine of the humours—Hippocrates listed four: Blood, Black Bile, Yellow Bile and Phlegm. The Greeks associated each one with a corresponding temperament—Sanguine, Melancholic, Choleric and Phlegmatic—terms we all use today. The combination was what we might now call somato-psychic, although the Greeks well knew that this dualism was nothing more than a convenient artefact. Certain temperaments were liable to certain diseases—both physical and mental—and a man's temperament had an important bearing on his reactions, again both physical and mental. A choleric man, for instance, was liable to apoplexy, the sanguine to attacks of excitement. This typology was to dominate medical thought until well into the eighteenth century, and like Freudian psychology today, had a wide influence on literature and art during this period. The eighteenth century, when psychiatry was largely in the hands of the physician, abounds in works describing the influence of the humours on mental functioning and mental disorder.

At the same time much attention was given to the outward appearances in their relationships to the personality and temperament. The face, above all, was regarded as the mirror of the soul, although the body build too was not neglected. Physiognomy, as it was called, was studied along three main lines, concerning first the resemblances between men and animals, secondly, the influence of race, and thirdly, the influence of the emotions on facial expression. Illustrations in Porta's well-known work, which appeared in the sixteenth century, show how, for instance, a man who looks like a goat must have the same characteristics—the Roman nose gives a man the qualities of an eagle, and so on.

Physiognomy has remained popular to the present day, both amongst psychiatrists and charlatans, although in Queen Elizabeth's reign and again in George II's time, Acts of Parliament deemed all persons pretending to have skill in physiognomy, rogues and vagabonds, to be publicly whipped, or sent to houses of correction. But towards the end of the eighteenth century, the scientific approach of which physiognomy was undoubtedly a part, began to make itself felt. Johann Kaspar Lavater published his magnificent three-volume work between 1783 and 1787. He brought method to the

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subject, and although many of his conclusions reflect the moral, political and theological ideas of his day, the great care which he devoted to his work laid the foundation of a scientific approach to these problems of personality and temperament.

Lavater's book is of the finest typological standard, and the illustrations are beautifully done. They illustrate facial variation, for instance the Visage of Satan (Fig. 3) represents the extreme pride of the fallen angel, the violence, the anger, and yet the nobility that was originally present. Another most interesting engraving represents an important observation of Lavater (Fig. 4). He writes: 'Let us establish an observation which seems to me of major importance. There are three types of children—three types of men, into one of which each individual can be placed. Our body is either "roide et tendu, ou lâche et mou, ou bien il tient un juste milieu et alors il joint l'aisance à la précision".' Prophetic words, as we shall see.

Lavater's great work aroused much interest, his book being published in French, German and English and passing through several editions. Its effects, as you will see, were to continue until the present day.

Now, at about the same time an attempt was being made to study the problem from a different angle, this time by a medical man, Franz Joseph Gall, the founder of phrenology. Gall was a neurologist and neuro-anatomist, and produced together with Spurzheim a most sumptuous book on the anatomy and physiology of the brain and nervous system. This work, which has been very much neglected, was probably the best book on the subject which had been produced to date, and alone would entitle Gall, whose work it largely was, to a considerable claim to fame.

Gall had noticed how different men were. 'From my earliest youth,' he wrote, 'I lived in the bosom of my family, composed of several brothers and sisters, and in the midst of a great number of companions and schoolmates. Each of these individuals had some peculiarity, talent, propensity or faculty, which differentiated him from the others.' These differences he sought to understand, and worked indefatigably, studying skulls, crania, patients, criminals and animals, with his attention focused on the head. He soon came to link up certain mental characteristics with certain cranial configurations, ultimately distinguishing twenty-seven faculties. His map of the skull, as Sir Geoffrey Jefferson amongst others has remarked, was an early forerunner of the magnificent work on localization of nervous function which still continues. Some of his work was quite remarkable. For instance, you know that the temporal lobe at the moment is the focus of interest for psychiatrist and neuro-surgeon. Gall put down the selfish propensities in this area—destructiveness and what we might call oral drives—a desire for liquids, solids and alimentiveness—not a bad guess in the light of what we know today. Phrenology came in for a good deal of ridicule, as with almost

any new development in psychiatry; its chief importance was the thesis that definite areas of the brain were related to different functions of the mind—Gall was more concerned with mental functioning than with mental disease. But phrenology had its effect, as had physiognomy, and in the early nineteenth century we find our mental patients having their portraits drawn, their skulls measured, their brains examined. The theme is still the same; what kind of a man has developed this illness?

Unfortunately, the initial wave of enthusiasm for both physiognomy and phrenology was unjustified and towards the middle of the nineteenth century a different kind of classification began to make itself felt. This was the era of an observational science directly descended from physiognomy and phrenology. The psychiatric patients' symptoms, signs, behaviour, body configuration, skull measurement, face, ears, etc., were carefully measured and recorded and correlations attempted. Ultimately several groupings began to appear. Kraepelin, the German psychiatrist, is generally held to have made the clearest and most meaningful groupings. Now in the text-books began to appear the photographs and line engravings illustrating these different categories—almost always bizarre or comic. The pictures speak for themselves. Mental disorder is so bizarre, comic and disgusting that it can only occur in grossly abnormal creatures. Compared with Lavater's or Gall's illustrations these pictures are vulgar in the extreme. This denigration of the psychiatric patient is exemplified in the theme of the Italian psychiatrist Lombroso with his stigmata of degeneration, and this approach continued to be popular until the First World War, and indeed still exists today. But in 1921 another German psychiatrist, Ernst Kretschmer, published a remarkable book called *Physique and Character*. He pointed out that in the population of a mental hospital, schizophrenics were usually lank, thin individuals, whilst the manic depressives were short, round and tubby. The terms he gave for these two types of body build, asthenic and pyknic, have now passed into psychiatric language. The attempt was renewed to link body build with certain characteristics and tendencies, and an enormous amount of time was devoted to research along these lines. Sheldon, the American anthropologist, with tremendous industry has photographed and measured thousands of individuals. He distinguishes three main types—the mesomorph, the ectomorph and the endomorph—and attempts to find various correlations between these different body builds and all kinds of mental and physical disorders. The wheel has come full circle from that work of Lavater in the eighteenth century to present anthropological psychiatry.

Personality, character, temperament—whatever you like to call a man's nature—is still as difficult to study as it ever was. What is so interesting is the persistence of this theme, and the relatively minor modifications in the methods of study which have occurred over at least four centuries.

A D D I T I O N O.



Avant que d'aller plus loin, établissons une observation qui me paroît d'une importance majeure. Il y a trois classes d'enfans, trois classes d'hommes, dans l'une desquelles chaque individu doit être rangé. Notre corps est ou *roide & tendu* — ou *lâche & mou* — ou bien il tient un juste milieu, & alors il joint l'*aisance* à la *précision*. Dans notre espèce les extrêmes ne sont que des demi-hommes ou des monstres. Au contraire plus la nature est dans son centre, & plus ses formes sont précises & aisées. — elles ont de la précision sans dureté, de l'aisance sans mollesse. La même distinction a lieu au moral. Un caractère tendu accable les autres; un caractère lâche est facilement accablé lui-même; aisé & précis, il n'est à charge à personne, & il a le ressort nécessaire pour résister au poids. L'assemblage d'un grand nombre de lignes droites, ou de celles qui en approchent, suppose nécessairement une humeur opiniâtre, un esprit difficile à manier. L'arrondissement complet des contours est l'indice infaillible de la sensualité, de la paresse, d'une constitution en un mot où tout est donné à la chair aux dépens de l'esprit. Enfin là où les lignes droites se confondent doucement avec les courbes, là il n'y aura ni tension, ni relaxation. Jetez les yeux sur les emblèmes de la vignette ci-dessus, & faites vous-même l'application de mes principes.

Fig. 4

The three types of body build

From Lavater's 'Physiognomy' (1783-7)

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The fourth and last theme I want to mention, and only briefly, is that recurrent preoccupation of psychiatrists with the body, and its mechanism; their search for the bodily seat of the soul, of the emotions. Sir Geoffrey Jefferson has again given much thought to this topic. Despite the pre-eminent role of faith and religion until the seventeenth century, there were always physicians who paid more attention to the bodily than to the spiritual care of the mental patient. Remedies abounded, first founded on folk-lore and then following advances in pharmacological knowledge. Sydenham's iron medicine was greatly in vogue for the treatment of hysteria, and black hellebore was the standby of psychiatrists until the late eighteenth century. Bleeding, purges and diaphoretics were the chief therapeutic weapons, literally weapons, for the unfortunate patient was often brought near to death by these therapies. But the physician contributed much more than therapy—Willis and Sydenham in this country have left masterly descriptions of mental disorder. During the eighteenth century the bulk of the psychiatric literature is the work of physicians. There was a strong 'organic' flavour in their writings, although the 'passions' did not lack their followers. Certainly in the first half of the eighteenth century the brain and nervous system had not yet come to preoccupy those concerned with mental disorder. The old humoral theories held the field; Boerhaave (1668–1738), for instance, described mental disorder in terms taken straight from Hippocrates. But the scientific temper of the time was to have its influence—and it was towards the dead body that the psychiatrist turned. John Haslam (1764–1844) attempted to correlate clinical states and the post-mortem findings, and is regarded by some as the first man to have described G.P.I. Unfortunately pathological techniques and knowledge at that time were unsuited to the investigation of mental disorder, and in fact threw little light on the problem. The Germans, in spite of the ideal construction of their language for the expression of psychological and philosophical questions, turned decisively towards the brain, largely under the influence of Wilhelm Griesinger. Griesinger summed up his ideas when he wrote: 'Psychiatry and Neuropathology are not merely two closely related fields; they are but one field in which only one language is spoken and the same laws rule.' For Griesinger, and for many psychiatrists since his day, mental disorder was only symptomatic of brain disease. The German school of neuropathology has certainly contributed a great deal towards psychiatry, but is almost worked out now; the two gravest problems, schizophrenia and manic depressive illness, standing as they were before the microscope was invented.

The search for somatic causes continues—the emphasis today being on the neuro-endocrine system, and on certain neuro-anatomical systems deep in the brain. There are psychiatrists who seek for the somatic, and those who seek the psychological, and all too often belief and faith are more important

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than fact, for psychiatrists are just as liable to prejudice as other mortals. This is inevitable, lacking, as we do, a really solid scientific basis for the understanding of mental activity. I am sure that the themes I have touched on this afternoon will continue to recur; for how long is another matter. That will depend on whether a similar link can be forged between the physical sciences and psychiatry as has been forged between science and medicine.