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Dr. D. E. Cameron,
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Dear Dr. Cameron:

We are returning the article on Psychiatry in Medical Education. I must admit that we do this merely in compliance with your request because, we should have liked to have it published in the current issue of the Journal: this article would have been very timely considering our editorial of the last issue, and the interest of the reader which has recently been awakened.

We hope, however, that the matter will be settled before long, and that we may have this or another article for our Journal.

Thank you for your interest.

Yours sincerely,

Martin Entin

EDITOR

Encl.

PSYCHIATRY IN MEDICAL EDUCATION

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Within modern times the medical curriculum has shown an almost startling capacity for growth. As research has uncovered one new field after another, many of these have been organized into subjects for instruction.

The appearance in the curriculum within the last few decades of yet another might seem to be the occasion for no special comment. This is, however, far from being the case. Most of the subjects which have been added within recent years are closely related to those fields of study which have long been established in the medical course. The techniques, the tools and the viewpoint of biochemistry are easily adopted by those who are at home in the field of physiology, while the man who is familiar with the procedures of anatomy need not find histology too hard a realm to enter.

Psychiatry is very different. It is of importance in all at least of the clinical subjects, yet it is not closely related to any. The techniques and the tools which it uses are different. Above all, its viewpoints - the general premises upon which it functions - while not

irreconcilable with those of the other subjects, are in many regards profoundly different.

To understand why this should be so it is necessary to recall that the study of human behavior and the study of what until recently has been commonly termed physical disease, have been developed separately. This, in turn, was because of the fact that for an immense period of time our concept of the human being was that he consisted of a mind and a body, the functioning of which were relatively distinct. Implicit in this concept was the assumption that these two divisions of the human being could become separately disturbed.

This separation was accentuated by reason of the fact that when the behavior of the individual became so disturbed as to demand his hospitalization, his care was undertaken in special hospitals which, in earlier times, had no relation to the general hospitals in which other forms of illness were cared for.

Since the middle of the last century our mind-body concept has been disappearing. In its place is coming the concept of the human being as a single unit interacting closely with others around him and with his environment in general. In consequence we are now engaged in trying to

fit these two aspects of medicine together.

What are the major contributions which psychiatry can offer? For the immediate present the most important of these contributions appears likely to be in the form of working concepts. Specific techniques and procedures for dealing with various types of dysfunction exist and their numbers and effectiveness are being increased rapidly. The contributions which appear likely to have the most far reaching consequences, however, are certain of the viewpoints which psychiatry has found useful in dealing with problems of human behavior and which seem capable of wide application.

Two of these deserve special mention. The first is that to which reference has already been made, namely, the concept of the human being as a unit which reacts as a whole to any disturbing influence which may be exerted upon it. Applying this logically it is clear that we must be interested in the effects upon human behavior of cardiac decompensation and, contrariwise, we must be interested in the part which the personality of the individual plays in his cardiac decompensation. Every experienced physician is aware of the fact that the kind of person that his patient is has a great bearing upon the way in which he passes through his illness. The question has already been raised as to whether persons having certain personality traits are prone to special forms

of dysfunction. We have, for several years, seen a growing tendency to believe that chronically tense and anxious persons may be specially prone to develop gastric and duodenal ulcers. Industry has already reported that it is possible to identify accident-prone individuals and recent investigations have shown that if a group of patients suffering from fractures is studied, it would be found that the incidence of previous fractures will be considerably higher in that group than in a comparable group admitted for other reasons. This is quite apart from any question of fragility of bone or of especially dangerous occupations and appears to depend much more upon the kind of person and upon his tendency to impulsive sudden activity.

A still further extension of the working concept of the human being as a unit interacting with his environment is seen in a recent study concerning the social factors in burns. It was brought out that 80% of the series of domestic burns occurred among children. To explain the causation of these burns, it was necessary to understand the social customs in the area in which the children lived - the pattern of furnishing the room which left the only available playing space immediately before the open fire; the tendency in some homes to place objects in daily use on the mantel-piece, thus exposing the child to the risk of having his clothing catch fire as he

reached for it. Carelessness on the part of adults in placing cooking utensils and gas rings were frequent findings in this series.

The consequences of studies such as these for the prevention of burns and similar accidents are obvious. The fact that they derive their inspiration, not from new research or therapeutic prodedures, but from the application to the field of "physical" medicine the viewpoints and general premises derived from "psychological" medicine is equally obvious. Such studies stand as happy auguries for a future when medicine will be concerned with all aspects of human functioning and the confusing adjectives "physical" and "psychological" can be dropped.

The second working concept which psychiatry can contribute is that of human behavior as something for objective study. This has not been so extensively developed as that which we have just considered and the consequence cannot be so closely discerned.

It may be said however, that in our everyday life human behavior is not approached in this manner. It is approached moralistically. When we express an opinion about some aspect of human behavior which we encountered during our daily life, it is apt to be in terms of "good" or "bad". In general medicine such an approach has long been abandoned in favor

of objective questioning - "what is happening", "how are these events related"? Psychiatry has borrowed this and can return it, having developed several useful applications in the field of human behavior. Among these are the objective approach to the delinquent; the understanding of problems of behavior in children and the objective evaluation of human behavior generally.

From these remarks I hope it is possible to see more clearly what was stated at the outset, namely, that the appearance of psychiatry in the medical schools represents an event of considerable significance for medicine. It represents much more than the addition of another specialty. It means in actuality that medicine accepts the responsibility for the welfare of the whole man and means too that a great series of new concepts must be worked out concerning the health and welfare of human beings.