

ridiculous the system is I think I have a right to speak freely. That doctors took it lying down is evidence supreme that they do not know what it is all about.

One of the most important features of compulsory health insurance, and the least appreciated, is that it literally guarantees doctors a living from the moment they graduate. They should welcome it, therefore, because it certainly means betterment of their status. Whether some will work on a full-time basis as salaried men or part-time with the privilege of private practice, whether they

will be paid very small amounts—a few cents, perhaps, in the clinic—for each patient they see, whether their groups will make the charge and they, as members, will receive salaries or their pro rata, or whether some other form or method of remuneration will be employed, the fact remains that they will receive pay for all the work they do, people will have a right to medical care and attention, the State will have a right to better allocation of doctors, medical centers, small and large, will be more strategically located, in short, society as a whole will be uplifted.

Mental Hygiene and Reconstruction

By W. D. Ross

WAR accelerates change. We are well aware of an acceleration in social and economic change occurring with the present war. The general public may not be as cognizant of certain changes in emphasis in medicine which are becoming more evident with mobilization of manpower. The problem of selecting individuals most fitted for the efficient prosecution of highly technical warfare has necessitated an increasing consideration of psychological and psychiatric techniques by military medical services. The stresses of war-time dislocation of life have added to the accumulating evidence concerning the influence of situational and personal factors on physical health—the field of psychosomatic medicine. Both in military and civilian medical practice there is a growing realization of the necessary interdependence of the sane mind and the sound body and a readiness to take advantage of all that can be contributed by preventive and curative psychiatry. These are changes which have tremendous importance for the organization of medical services as we consider social security plans for the reconstruction period.

These changes have not taken place smoothly, nor is there yet a wide awareness of the importance of mental hygiene in the prevention of physical illness and of social catastrophe.

Doctors on the whole do not have a scientific psychological approach. Tradition in medicine has been against this. The discoveries which stemmed from the microscopic approach of Pasteur and Virchow made possible such dramatic progress in the handling of disease right up to the modern miracles wrought by surgery, hormones, vitamins, and the sulfa drugs, that any knowledge accumulated by psychologists and psychiatrists seemed rather feeble in comparison. Psychology and psychiatry, if suffered at all, have usually been given a place of secondary importance in the medical curriculum, and an understanding of the human psyche has not been considered basic to medical practice. What a man is not up on, he is down on; hence doctors have tended to take the attitude that organized psychological knowledge has nothing to contribute beyond the common sense which all doctors know themselves to possess.

At the beginning of this war it was considered adequate in the Canadian

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army to select soldiers on the basis of physical standards alone. Experience in the last war with mental and emotional casualties and the post-war bill for pensions for neurotic disabilities might have indicated a need for probing these problems more deeply. However, psychology was not accepted wholeheartedly by medicine and there was considerable inertia in this direction. Only when mounting numbers of men had to be returned from overseas "for neuropsychiatric reasons," and because of conditions in which emotional factors were probably playing an important part, such as peptic ulcers, was it acknowledged that something had been overlooked.

Then the psychologists were given a chance. The Division of Personnel Selection was given increasing responsibility and the army examiners were able to win for themselves a place of recognition and trust among both medical and non-medical personnel. An increasing number of psychiatrists was taken into the medical corps and provision has now been made for the training of medical officers in practical psychiatry. At the recent meeting of the American Psychiatric Association in Detroit tribute was paid to the excellent organization of the psychiatric work in the Canadian Army and to the close cooperation between the medical corps and the division of personnel selection. It was pointed out that a similar inertia on these matters had been present in the United States Army and that the Canadian system now provided a model from which many lessons could be learned.

This is an example of what has happened in just one of our military services. The shift in emphasis has been apparent in the other branches. In the air force the problems of pilot selection and the avoidance of flight neuroses have been recognized and attacked since the start of the war, while in the navy the psychiatrists have been proving to their other medical confreres that they are indispensable in work with young men who are far from "queer." In industrial medical practice, too, chronic fatigue is recognized as susceptible of control by factors of morale, which include both social cultural

attitudes and individual emotional problems among the workers. Industrial physicians are realizing that they have too little psychological training and too few psychiatrists to whom they can turn for help on the problems of diminished efficiency and absenteeism arising from both physical and psychological factors.

The maintenance of mental health has implications beyond the province of medicine and of clinically recognized illness, either physical or mental. The warping of personality is not limited to the relatively happy people who are confined to our mental hospitals. Of greater potential danger to society are the egocentricities of all of us who remain legally sane but who are the enemies of mankind whenever we serve our own personality perversions rather than the common good.

Psychiatrists had for some time previous to this war recognized paranoid traits in the behaviour of Adolf Hitler. Nothing could be done about the discovery since powerful forces were already aligned with this anti-social menace. Recently a New York psychiatrist has published a book diagnosing, not only Hitler as psychotic, but with him, a great proportion of the German people who made it possible for his ideology to flourish and to run the world into chaos.¹ This is an analysis which emphasizes the relevance of psychiatry to social and political affairs. It *can* happen here. Unless we give attention to the maintenance of healthy and socially cooperative attitudes in our population at large, we can drift into identification with demagogues in either business or politics who promise us release from our individual insecurities.

Such a situation cannot be "cured" once it has developed. Psychiatry alone cannot remedy it. No psychiatry in the world was more outstanding than German psychiatry previous to the advent of National Socialism. But it was a psychiatry holding itself apart from the rest of society. It is necessary that psychiatry be applied in education and

(1) Richard M. Brickner, *Is Germany Curable?* J. B. Lippincott Co., Philadelphia, Pa., 1943.

that a mental hygiene program with a broad perspective be promoted if we are to avoid the results which accrue from neglected personality maladjustments. It is necessary also, of course, that economic security be guaranteed to the people, for mental health cannot be considered independently of individual security in economic matters. These are features which must be stressed in our reconstruction plans or we shall continue periodically to require reconstruction again and again after each recurring episode of destruction.

For personality abnormalities are preventable. True it is that much research needs yet to be done in psychiatry, especially on the interrelationships between physical and psychological factors—on the modification of *psyche* by physical agents and the alteration of bodily conditions by mental attitudes. We do, however, have enough knowledge of the factors which determine personality to prevent many cases of mental disease and to direct human energies into constructive instead of destructive channels. Heredity does matter, and ultimately our knowledge of eugenics may be sufficient to control even this factor. But apart from this factor, and the steady progress which can be expected in physical medicine, the hope for a sane world lies in the application of psychological knowledge to the growing child and the young adult.

It is only common sense that "the child is father to the man," but in precisely what way childhood influences determine the kind of person who will develop is the concern of psychology and psychiatry. Studies of the individuals who have broken down under military stress, have illustrated the frequency of childhood insecurity among those less able to stand the strain. Broken homes, divorce, serious quarreling or alcoholism in the parents are frequent findings in the histories of neurotic soldiers. Perhaps these indicate an hereditary taint, but from what we know of the development of human character, it appears that the warped personality of the parent has been a major factor in the development of an insecure and

unstable individual. This points to a vicious circle where psychiatric methods could contribute towards increasing stabilization and social usefulness over several generations even if miracles cannot always be performed on one patient.

What are needed are methods of detecting early in life the seeds of future personality pathology, whether of the clinical or of the social kind, and of providing special care to compensate in these children for the inadequacies of their environment and of their parents. We have at present Mental Hygiene Institutes but the number of children touched by these is very few. Larger staffs are needed and more education of other agents in the community such as pediatricians, teachers, social workers, ministers and leaders in recreational activities, so that doctors and laymen may work together towards the moulding of persons who, in their time, will be better parents as well as more socially adjusted individuals themselves. The prevention of crime as well as of war is involved in this project of getting the psychiatrist out of the mental hospital and into the community.

What has this to do with immediate post-war reconstruction? Preventive medicine has been mentioned as essential to social security plans, but in any plans so far announced, there has been little emphasis on mental hygiene in particular. In the brief presented to the parliamentary special committee on social security by the Canadian Medical Association, mention was made of thirteen necessary features for adequate preventive and public health provision.² Not one of these dealt specifically with the psychological examination of children or with the provision of sufficient psychiatric and psychological facilities for helping individuals towards personality adjustment before they become gross clinical or social problems. "Certain forms of mental disease" were mentioned, but there was no attention drawn to the wider aspects of the problem.

(2) Special Committee on Social Security, *Minutes of proceedings and evidence* No. 5. Ottawa, April 6, 1943.

Are we dealing again with the inertia of medicine in psychological matters? Will it be necessary to have a dramatic increase in peace-time neuropsychiatric casualties or to have further social catastrophes before we realize the need for widespread mental hygiene? Will we witness on a national scale at the end of the war the same lag which was evidenced within the army medical corps at its beginning?

Mention has been made of the excellent organization finally achieved in the Canadian Army for personnel selection and psychiatric consultation. After the war the psychiatric and psychological staffs of our armed services will be available for promoting such a program as we have outlined as necessary. Will they be retained for that purpose or will the personnel of these staffs be allowed to drift into other activities, the medical men into mental hospitals or private medical practice too busy to emphasize prevention, and the non-medical personnel into jobs not related to education?

If the public is aware of the value of retaining these persons for preventive psychiatry and psychology an immediate job can be allocated in connection with post-war rehabilitation. Adjustment once more to civilian life is not going to be easy for even the more stable members of our armed forces and the boom in vocational guidance which should occur with the cessation of hostilities might well be handled as a public health service. Again, the problem of compensation for neurotic casualties of war is a thorny one. In a sense, the man who has a shattered personality as a result of battle stress is as deserving of a pension as the man with the shattered arm. Even if one shouldn't agree with this statement, he would have to realize that the government is going to be faced with pressure by veterans' organizations for generous treatment of those who have faced danger for their country. At the same time it is recognized that when a functional nervous illness earns a monetary or other reward the treatment is more difficult and a return to normality less likely. On the

whole, neurotic individuals are less happy than non-neurotic ones even if their neuroses should be earning them a pension. Hence curing the neurotic would be kinder than continuing his pension. In the step of encouraging the battle-shocked veteran to make a transition from the paternalism of the army to the independence of civilian life a mental hygiene is going to be needed analagous to that required for helping unstable children to grow into mature and responsible adults. The expenditure of public funds for psychiatric advice and the provision of occupational therapy which merges into therapeutic occupation should, in the long run, save money from pensions and charity.

Other reconstruction jobs are going to require the best that can be offered in scientific psychological methods of selection, teaching and control of working conditions and these services should be carried on in education and industry as part of our permanent social organization. Not only fitting the right people into the right jobs but maintaining satisfactory relationships between labor and management are within the scope of psychologically trained personnel. To quote from the Director General of Medical Services of the Canadian Army:

The psychologists of Canada should make a major contribution to Canada's future; they must not retire to the cloisters again at the end of the war, but must continue to take an active and very practical part in all future social development.³

In every system of health insurance a problem is presented by the chronic complainer who takes up the doctor's time without having an illness which can be handled by the methods of physical medicine. One of the objections to health insurance has been that guaranteed medical service, without a fee responsibility from the patient, encourages this type of patient to usurp the doctor's attention to the detriment of other patients. These patients rightly belong under the psy-

(3) Brigadier G. B. Chisholm. Forword in the *Bulletin of the Canadian Psychological Association*, Vol. III, No. 2, April, 1943.

chiatrist's care and an extensive system of psychiatric consultation should help in reducing the waste in medical care resulting from the misdiagnosis of physical for spiritual ills. At first afraid that the psychiatrists would eliminate too many men from the army, medical officers have found that their psychiatric colleagues are often of greater help in re-establishing men whose usefulness had been doubted. In the same way, civilian doctors may well find that with psychiatric help many of the patients who might otherwise have become chronic nuisances will be rehabilitated and no longer a drain on medical care.

We are realizing more and more in medicine how many actual physical ills have their roots in emotional conflicts. We have mentioned peptic ulcer as one condition in which the psyche plays a part in many cases. One of the leading causes of death, now that tuberculosis and pneumonia are well under control,

is heart disease. Many cases of heart disease are secondary to high blood pressure, a condition about which we are gaining increasing knowledge, a knowledge that points to the probability that many, although not by any means all, cases of high blood pressure have arisen from chronic emotional stress. The problem of preventive medicine in these cases, then, is a problem in mental hygiene.

Provide a nation-wide mental hygiene service to do these jobs of rehabilitation and reconstruction both in relation to industry and in relation to health insurance, and it will be able to carry on afterwards in the wider tasks which we have indicated as necessary for a healthy and sane world. Then will the prophecy be realized:

These things shall be,—a loftier race
Than e'er the world hath known shall rise
With flame of freedom in their souls,
And light of knowledge in their eyes.⁴

(4) John Addington Symonds, *The Days That Are To Be*.

Aeroplanes as Freight Carriers

By D. B. WALLACE

THE greatest single factor in the large scale development of Canada's far northern regions has been the airplane. In fact, Canada's northern air operators pioneered commercial air cargo commencing in 1926, and, at the outbreak of war, the Dominion's flyers carried the world's record tonnage of air freight.

It was back in 1924 that the first regular commercial air freight and passenger business in Canada was commenced by the Laurentide Air Services in Quebec. This initial service was followed by similar developments through the West and on the Pacific Coast, but it was not until 1926 that the plane came into its own as an essential means of transport to outlying Canadian communities and for assistance in opening up mining areas.

In that year a considerable mining development took place in the Red Lake district of Northern Ontario. Prospectors and supplies were flown into the area and the mining-by-air period was born. In fact, in 1926 the only two self-sustaining air transport routes operating in the British Empire were in this Ontario mining field and in Northern Quebec.

These services were on an essentially commercial basis as northern air routes in Canada have never received any form of Government subsidy. Also it is interesting to note that in Canada, unlike the majority of countries, the plane was first used to service outlying points rather than to connect inter-city population centers. As these services were without public aid, it is obvious that only by making them commercially successful could air freight and passenger companies stay in business.

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