*Psychiatric services for old people in Scotland.* The report of the Ad Hoc Committee, which had been circulated, was presented by the convener, Dr. J. H. Henderson. The report was approved, but a number of items were remitted to the Committee of Management for further discussion, in particular the role of the physician superintendent, the need for local authority accommodation for the confused elderly, and consideration of nursing staff establishments.

*Area mental health services.* The Secretary intimated that the Chief Medical Officer had requested that the Division should discuss the development of comprehensive area mental health services with a view to meeting him later in the year. It was agreed that a Special Committee be set up for this purpose and the following membership was agreed:

Professor A. K. M. Macrae and Dr. G. C. Timbury (*ex-officio*); Drs. A. B. Sclare; P. G. Aungle; R. A. Y. Stewart; I. Lowit; W. W. Sinclair; R. Short; J. W. Affleck; M. M. Whittet; J. H. Henderson; G. Stirling; H. B. Craigie.

*Mental Health Statistics.* The Secretary intimated that Dr. Heasman of the Scottish Home and Health Department, Research and Intelligence Unit had asked for the Division's views on the format of mental health statistic returns which were to be issued in 1970. It was agreed that a special committee should be set up to discuss this matter and the following membership was proposed: Drs. A. B. Sclare, H. C. Fowlie, N. Kreitman and G. D. Innes.

*Staffing of mental deficiency hospitals.* Professor Batchelor asked that the Mental Deficiency Section should submit more detailed evidence to the S.M.A.C. Committee considering this matter. It was remitted to the Secretary of the Mental Deficiency Section to call a special meeting for this purpose.

### Election of Ordinary Members

The following were elected:

Graham, Alice Bell, M.B., Ch.B., Registrar in Psychiatry, Stobhill General Hospital, Glasgow, N.1.
*Proposed by* Drs. Hunter Gillies, A. H. Frame, J. McCurley.

Higgins, James, M.B., Ch.B., Registrar in Psychiatry, Stobill General Hospital, Glasgow, N.1.
*Proposed by* Drs. Hunter Gillies, A. H. Frame, J. McCurley.

Johnstone, Eve Cordelia, M.B., Ch.B.. Senior House Officer, Department of Psychological Medicine, Southern General Hospital, Glasgow.
*Proposed by* Professor T. F. Rodger, Drs. M. Mullin, A. M. Shenkin.

Saad, Ali Farid, D.M., M.D., D.P.M.&N., Registrar, Gartnavel Royal Hospital, Glasgow.
*Proposed by* Drs. G. C. Timbury, W. E. Kiernan, S. J. D. Black.

### Papers

The Programme for the day included presentation of three papers:

**'Some Psychological Aspects of Physical Illness',** by Dr. R. C. B. Aitken and Dr. A. Zealley.

**'Family Situations, Social Patterns and Symptomatology in Schizophrenia',** by Dr. A. D. Forrest and Dr. Joan Hay.

**'Patterns of Admission to an Acute Psychiatric Ward',** by Dr. R. I. Kennedy.

The Division is most grateful to all the speakers for their contribution to the success of the day's meeting.

## IRISH DIVISION

The Autumn Quarterly Meeting was held on Wednesday, 23 October, 1968, at St. Brendan's Hospital, Dublin, by kind invitation of Professor Ivor Browne, under the Chairmanship of Dr. J. A. S. Mulligan.

Messrs. Geigy Limited sponsored the symposium, and very kindly invited the members participating and their wives, to an informal dinner the same evening at the Shelbourne Hotel.

Dr. Brenda O'Donnell read a paper entitled **'Experiences in a Children's Court Clinic'** in which she described the development of a guidance service to deal with cases referred from the children's courts in Boston, Massachusetts. She described the early stages of probation work with such cases, the difficulties encountered in adequately investigating the relevant family and community factors operative, and the various methods adopted before the present system evolved. An earlier attempt utilizing existing psychiatric services was not successful, owing to difficulties in co-ordination of effort and lack of full involvement in the project with resulting insufficient appreciation of the problems presented. The department now works as part of the department for Forensic Psychiatry. About 5 per cent of offenders are referred to the service, the existence of a group of highly trained probation officers proving a most valuable aid in detecting and referring those cases for whom psychiatric assistance is needed. The run of cases is that familiar to us. An interesting observation was the importance of a good relationship between father and son in prevention; and also the failure to



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get response with girls unless the mothers' attitudes and tensions were also taken in hand.

Dr. Noel Browne then followed with a paper on **'Misfits in Society'**. He discussed briefly the phenomenon of psychopathy, the factors, genetic, environmental, and familial which have been put forward as causative, and the general failure to privide any programme of research, or care, which might improve the prognosis.

Acting on the observation that the adolescent psychopaths in St. Brendan's were reacting at a very childish level emotionally and otherwise to their companions and other surroundings, the group were collected and isolated from other masses of patients. Within the group they were encouraged to work out their problems of interpersonal relationships and evolve a society managed to a great extent by themselves. In this way they worked out their problems of adjustment among people of their own kind (not against the ordinary group of patients) and slowly achieved a measure of maturity. Progress to integration with society is slow, and always with the risk of recurring theft, misdeamenour, sexual aberrations, etc., so that even when well settled in hospital further progress must be carefully planned. A minimum of five years would appear necessary before this stage might be reached. Dr. Browne referred to some major causative elements:

The deprived child, product of:

(a) the broken home;

(b) disturbed home—including those with alcoholic parents;

(c) rejection by parents;

(d) isolation due to absence of parents, e.g. those fully involved in professional or working careers; and went on to question the wisdom of modern society diverting mothers from their primary and most important role to being members of a working community. The economic advantages would seem to be far outweighed by the degree and risk of psychopathy and neuroses in their children in later life. Further to this, he emphasized the importance of marital education in the creation of a stable family unit, and that prevention, not treatment, was likely to be the most effective way of coping with psychopathy.

The Rev. Professor O'Doherty opened his paper on **'The Role of the Church'** by referring to some concepts of mental illness prevalent up to relatively recent years. Demonology, witchcraft, visitation of God, etc., have all been implicated, and many revelations and manifestations described in the Scriptures, etc., were quite clearly part of mental illness.

The Church's role in psychiatry could be grouped under six headings:

(1) The Church and prophylaxis—its teaching role might play a part in conveying insights to parents and individuals to prevent later pathological upset. This would include family counselling, marriage guidance, elimination of harmful social factors, etc.

(2) The foundation of clear concepts of mental illness, sin, and guilt—so that mental illness is no longer regarded as retribution for, or caused by, past misdeeds of the person, the family, or the community.

(3) In developing and teaching true concepts of care, so that traditional systems of incarceration (institutions) may be replaced by an approach in which the untapped healthy functions are assessed and used in a community setting. In a particular way this includes also religious services, instruction and allied activities.

(4) The selection of proper training of Chaplains to be effective members of the therapeutic team.

(5) Pastoral concern with the ill members of society, with fostering of, and involvement in, community special care programmes.

(6) The establishment of a centre for religious psychology to deal with the high incidence of problem personalities in certain categories.

Professor Linford Rees read a paper on **'Drugs in Treatment'**, illustrated by a detailed scheme of the drugs at present available.

He briefly outlined the principal therapeutic effect of each class, with the variations to be found between drugs in the same class, and discussed the incidence and relative severity of the side effects which may occur.

There was a lively discussion on the papers presented, in which the following took part:

Professor Ivor Browne, Drs. Nixon, McLoughlin, Rahill, McCormack, Murray, Moore, Dolphin and Glass.

The Chairman closed the clinical session by commending the speakers for their success in presenting their subjects so clearly in the very limited time allotted, and thanked them for their contributions and answers to the points raised. The vote of thanks was passed with acclamation.

The following items of business were then taken:

The members agreed unanimously to a formal invitation to Council to hold the Association's May Quarterly Meeting in Dublin.

Dr. McAuley was unanimously appointed Secretary of the Child Psychiatry Committee.



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THE SPRING QUARTERLY MEETING of the Irish Division was held on Saturday, 15 February, 1969 at St. Brendan's Hospital, Dublin, by kind invitation of Professor Ivor Browne, under the Chairmanship of Dr. J. A. S. Mulligan.

The Secretary reported on his reply to the Minister for Health, who had written asking for the Association's views on the proposed re-appointment of Dr. B. McM. Ramsay on An Bord Altranais. He referred to the Organizing Committee's request for nominations to the Conference on Post Graduate Education in Psychiatry, and the names selected by the Standing Committee. The Chairman and Secretary reported on matters arising at the February Council and Quarterly Meeting which were of particular interest to the Irish Division.

The invitation from Dr. M. Mulcahy to hold the Summer Meeting at Stewart's Hospital, Palmerstown, was accepted with acclamation.

Dr. W. O. MCCORMICK read a paper **'Atypical Psychosis in Patients with Renal Failure'.**

Introducing his paper, the speaker felt it should more properly be described as 'Atypical psychosis occurring in an Intensive Renal Care Unit', as the cases presented were not at the time in severe renal failure. Details of four cases, three on peritoneal dialysis and one following kidney transplant, were given, with a history of their physical condition, the treatment given and the response thereto. He then described the mental symptoms which led to referral, the findings in psychiatric examination, and he discussed in particular the peculiar confusional pattern in two of the cases, the delusional feeling of well-being in two others, and also the accompanying emotional factors, all of which were not typical of the mental disturbances usually associated with severe renal damage. Response to treatment was noted. He then presented a diagrammatic listing of the various factors, physical, psychological, temperamental, environmental, which might be involved in causation, and discussed the likelihood of each being implicated. In particular, he stressed the importance of providing, in intensive care units, sympathetic understanding of the psychological stresses of vulnerable patients, to minimize reactive mental disturbance.

Dr. Mulligan opened the discussion on the paper, which was contributed to by Drs. Pringle, Lawler, Bergin, Moore, McGrath, Dolphin, Professors Browne and Glass.

Dr. McCormick replied in detail to the many points raised.

At the conclusion of the discussion the Chairman on behalf of the members thanked Dr. McCormick for his paper, and he also proposed a vote of thanks to Professor Browne, the authorities and staff of St. Brendan's Hospital for the facilities given for holding the meeting and for the hospitality received.



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