SCOTTISH DIVISION

THE WINTER MEETING of the Scottish Division was held at the Royal Edinburgh Hospital, Craig House, on 22 January, 1960.

Sixty-one Members were present.

The Chairman, Professor W. M. Millar, referred to the honour conferred on Dr. W. A. Cramond on being appointed an Officer of the Order of the British Empire.

The Minutes of the last Meeting were confirmed.

ELECTION OF ORDINARY MEMBERS

The following were unanimously elected:

BLUGLASS, ROBERT SAUL, M.B., Ch.B., Registrar, Dundee Royal Mental Hospital, Liff, Dundee.

Proposed by Drs. I. R. C. Batchelor, J. F. McHarg, H. C. Fowlie.

MAXWELL, ROY DOUGLAS HAMILTON, B.Sc., M.D., F.R.F.P.S.G., Registrar in Psychiatry, Glasgow Royal Mental Hospital.

Proposed by Drs. Angus MacNiven, J. F. Robertson, J. A. Chapman.

MELLON, JOHN PAUL, M.B., Ch.B., Registrar, Dundee Royal Mental Hospital, Liff, Dundee.

Proposed by Drs. J. F. McHarg, P. G. Aungle, I. R. C. Batchelor.

STEWART, JOHN ALAN, M.B., Ch.B., Registrar, Royal Edinburgh Hospital.

Proposed by Drs. Elizabeth Robertson, P. A. Barker, J. W. Affleck.

STEWART, WILLIAM ALISTAIR, M.B., Ch.B., Registrar, Aberdeen Royal Mental Hospital.

Proposed by Professor W. M. Millar,, Drs. W. J. Raitt, J. G. Henderson.

VALLANCE, MAELOR, M.B., Ch.B., Senior House Officer, Psychiatry, Southern General Hospital, Glasgow.

Proposed by Drs. H. I. Clapham, A. Balfour Sclare, A. M. Shenkin.

REPORT FROM COMMITTEE OF MANAGEMENT

The Secretary reported that the Committee of Management had decided that the new Mental Health Bill (Scotland) should be considered at a special meeting of the Division to be held at Glasgow Royal Mental Hospital on Friday, 12 February, 1960. It was suggested to the Division that the following committee would meet representatives of the Department of Health if a request for such an interview was granted: Dr. Angus MacNiven, Professor W. M. Millar, Professor T. Ferguson Rodger, Drs. P. K. McCowan, I. R. C. Batchelor and R. C. MacGillivray, along with the Secretary. This was approved.

Dr. H. B. Craigie, Senior Medical Commissioner of the General Board of Control for Scotland, gave an account of the salient features of the new Bill. He stated that the Secretary of State for Scotland had considered the representations of the Scottish Division of the Royal Medico-Psychological Association and the Health Services Council in framing the Bill. He referred to the non-designation of hospitals, admission without formality and the retention of the role of Sheriffs in relation to certification. He mentioned that the broad categories were specified as mental illness and mental deficiency and that psychopathic states were not specially referred to in the Scottish Bill. In place of the Board of Control there would be a Mental Welfare Board with medico-legal interest in certified patients. It was not yet known whether this Board would retain the dual function as at present. Applications for admission of certified patients would be addressed to the Board of Management of the Hospital concerned.

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The Secretary reported that consideration of the new suggestions in relation to the National Health Insurance Act and Health Service Superannuation schemes were requested by the Department of Health. The Committee of Management thought the matter should be referred to Dr. A. C. Tait along with Dr. H. Stalker to draw up a précis of the pros and cons of the different schemes, calling, if advisable, on actuarial advice, and reporting back to the next Meeting at Gartnavel on 12 February. This was agreed to by the Division.

The date of the next meeting was fixed for Friday, 18 March, at a venue to be decided.

Dr. James Harper delivered an interesting paper on **"Andrew Halliday, Pioneer of Social Psychiatry"**, and Dr. Frank Fish on **"Gestalt Theory of Schizophrenia"**. This was followed by discussion.

All those present will wish to convey their appreciation to Dr. T. A. Munro and his Board of Management.

A Special Meeting of the Scottish Division was held at Glasgow Royal Mental Hospital, Gartnavel, on Friday 12 February, 1960.

The Mental Health Bill (Scotland) was discussed. It was explained by the Chairman that the representatives appointed at the Winter Meeting of the Division would meet representatives of the Department of Health on Monday, 15 February, 1960.

The points raised by the Division about the Mental Health Bill (Scotland) in summary were:

PART I.

Clause 2. The suitability of the name "Mental Welfare Board" was questioned. There was no reference to Deputy Medical Commissioners and no reference to Medical Commissioners having a special knowledge of Psychological Medicine. The retention by the "Mental Welfare Board" of the dual function of the Board of Control, i.e., medico-legal and inspectorial and including wider considerations of Mental Health Service was stressed as highly desirable.

Clause 4. It was felt that the informal patient, i.e., the non-certified patient, should have the same access to the Commissioners of the Mental Welfare Board as the present voluntary patient has to the Board of Control and that it should be stressed that the Board should have the power and right to ask for independent psychiatric examinations and to visit and report on individual cases.

Clause 6. The Division wished to endorse their entire agreement with the phraseology used, i.e., in this Act "mental disorder" means mental illness or mental deficiency however caused or manifested.

PART II.

Clause 7. The use of the word supervision seemed to need clarification. Did it imply compulsion and restriction of rights and liberties, or was it to be interpreted in a more liberal and constructive way?

Clause 12. There was divided opinion. The Dunlop Committee recommended that all subnormal persons not able to attend school but fit for Occupational Centres should be under the local Health Authority. In actual fact in Scotland, out of approximately 30 such centres only one was under a local Health Authority —the rest under the local Education Authority.

PART IV

Clause 23. The Division felt that this clause needed explanatory clarification. The clause seemed to refer to psychopathic disorders, but the wording was enigmatic. Perhaps it was better so.

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Clause 24 (2 c.). It was felt by some that "interests of health" was too wide a phrase and might infringe the liberty of the subject.

Clause 26. There was widespread concern at applications being addressed to the Board of Management. Did this in fact mean a lay officer such as a Secretary, or would Boards delegate this to medical personnel, as would seem desirable? When taken with Clause 39 (3) according to which a report was to be submitted to the Board of Management, it raised the wider question of confidentiality and medical administration. The Division expressed their strong desire for medical as against lay adminstration in hospitals and the retention of Physician Superintendents or Medical Superintendents without prejudice to delegation of duties and the question of the Responsible Medical Officer.

Clause 27 (*b*). It was felt that a Central Department rather than a Regional Hospital Board should approve of practitioners empowered to act in this capacity.

(*c*). It was felt that no objection could be entertained to whole-time specialists certifying Section 5 patients.

Clause 29. This seemed to need clarification, i.e., "shall be sufficient authority for removal of patient to hospital". It is partly answered by 103 (2)—Perhaps regulations would deal with the matter.

Clause 31. There was nothing to suggest to whom the emergency recommendations were to be addressed.

Clause 32. This seemed to need clarification, i.e., "on which application was forwarded to the Board of Management by the hospital".

Clause 34. Postal Packets. It was felt by some that the proposed powers here were too wide.

Clause 35 (3). The use of the word "custody" was questioned.
(5). Why notice in writing?—this seemed unnecessary.

Clause 39 (3). Why should responsible medical officers give reports to their own Board of Management? Should report not go to Central Authority—i.e., Mental Welfare Board?

Clause 43. This section again raised questions of access to documents.

PART V.

Clause 60. This section was questioned. Some stressed strongly the dangers of the Court being able to detain a patient on the grounds of the risk of his committing offences if set at large.

PART VII.

Clause 89. State Hospitals. The Division thought they should remain under the Board of Control's successor—the Mental Welfare Board.

The general principles around which discussion revolved seemed to be mainly the avoidance of undue infringement of the liberties of the subject, the functions of the Board of Control, and the role of medical administration.

Dr. Harry Stalker mentioned that Dr. Tait and himself had gone into the matter of the National Health Service Superannuation Acts and that on balance preliminary investigations showed that there might be some advantage in contracting out, but that the British Medical Association was taking up this matter and that at this time no definite advice could really be offered.

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