and Discussions Committee that there should be a series of short papers on Child Psychiatry, the use of hospital records, and experience in Scotland of the integration of the social work services, on the first day of the Annual Meeting. On the Thursday the morning session would be devoted to a Teach-In on Forensic Psychiatry and the afternoon to a session on epidemiological and attitude studies relating to mental illness in the community. Council also noted with pleasure that large numbers of members were interested both in the W.P.A. meeting in Mexico and in the joint meeting with the Canadian Psychiatric Association in 1972 in Montreal.

Council approved the memorandum on the Local Authorities Social Services Bill which had been prepared by a Special Committee of Council for submission to the Department.

### Seminars

The following Seminars, organized by the Child Psychiatry Section, were presented in the morning of Tuesday, May 5.

**'Changing Patterns of Parenthood'.** Dr. John Newson, Ph.D.

**'A Longitudinal Study of Normal Psychological Development from Birth to Maturity'.** Dr. Colin Hindley, Ph.D.

In the afternoon, the Research and Clinical Section presented the following seminars:

**'Psychiatric and Social Factors in Problem Families.'** Dr. W. Lawton Tonge.

**'Characteristics of Samaritan Clients who subsequently commit Suicide.'** Dr. B. M. Barraclough.

**'A Comparison of Samaritan Clients who commit Suicide with Living Samaritan Clients.'** Mrs. M. Shea.

### Papers

The following Papers were read at the Meeting on Wednesday May 6th.

**'Interdisciplinary Liaison.'** Dr. W. A. S. Falla, Mrs. E. Irvine, Miss A. Altschul.

**'Lincoln and Non-Restraint.'** Dr. Alexander Walk.

**'The Mother and Baby Unit'.** Dr. F. A. Bleaden.

### Section Meetings

The Mental Deficiency Section and the Forensic Psychiatry Sub-Committee held a joint meeting on May 5, at which the following papers were read:

**'The Place of the Security Unit in Subnormality Hospitals'.** Dr. M. Harfst.

**'The Treatment of Abnormal Offenders under Security Conditions'.** Dr. W. Gray.

At the Open Meeting of the Child Psychiatry Section on Wednesday, May 6, Dr. G. M. J. Nicholl read a paper on **'Taking on a Whole Family in Therapy'.**

### Other Events

The Lincoln Heath Hospital Management Committee entertained members and their wives at a reception at The Lawn Hospital on May 4, and at dinner on May 5, and lunch on May 6, at St. John's Hospital. The President expressed members' appreciation of the hospitality received on these occasions.

Following the reception at the Lawn, the President, accompanied by several of the Officers, laid a wreath on the grave of Dr. Edward Parker Charlesworth in the Cathedral precincts.

On May 5, Canon P. B. G. Binnall kindly arranged a tour of Lincoln Cathedral for members' wives.

## SOUTH-EASTERN DIVISION

### Spring Meeting, 1970

THE SPRING MEETING of the South-Eastern Division was held at Hellingly Hospital, Hailsham, Sussex on 23 April, 1970 by the kind invitation of the Hospital Management Committee and of Dr. David Rice, Physician Superintendent.

The report from the Committee of Management was accepted.

The following were elected as officers for 1970/71:

| | |
|---|---|
| *Chairman* .. .. .. | DR. D. M. LEIBERMAN |
| *Honorary Secretary* .. .. | DR. R. PAYNE |
| *Assistant Secretary* .. .. | DR. P. G. WOOLF |
| *Junior Representative on Council* .. | DR. B. PINKEY |

Committee of Management: Drs. P. E. SYLVESTER, J. E. GLANCY, A. A. ROBIN, E. RODERIC-EVANS, M. Y. EKDAWI, J. A. STEWART, B. L. MALLETT, P. H. MITCHELL, C. I. FINN, M. S. PERINPANAYAGAM, O. E. HODGSON, S. BOCKNER, M. D. EILENBERG, E. R. F. MELLON, H. ROLLIN, A. MEZEY, K. M. FRASER, C. M. XAVIER.

The following were elected to Ordinary Membership:

ANNEAR, JOHN MARSHALL, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.T.M. & H., D.Obst. R.C.O.G., Senior House Officer, Goodmayes Hospital, Ilford, Essex.
*Proposed by* Drs. M. W. Annear, J. E. M. Glancy, R. C. Gledhill.

BLOFELD, ANTHEA, M.B., B.S., D.Obst. R.C.O.G., D.P.M., Registrar, Claybury Hospital, Woodford Green, Essex.
*Proposed by* Drs. E. Shoenberg, D. Prothero, R. K. Brahma.



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BROUCKOVA, VLASTA, M.D., Senior House Officer, St. John's Hospital, Stone, Aylesbury, Bucks.
*Proposed by* Drs. D. C. Watt, I. Shribman, C. E. Bagg.

CANNING, WILLIAM CARBIS, M.R.C.S., L.R.C.P., D.Obst. R.C.O.G., D.P.M., Senior Assistant Medical Officer of Health, County Borough of Brighton.
*Proposed by* Drs. P. Sainsbury, B. M. Barraclough, A. Walk.

CONWAY, CECIL GERALD, B.A., M.B., B.Ch., B.A.O., D.P.M., Registrar, Holloway Sanatorium, Virginia Water, Surrey.
*Proposed by* Drs. E. O. Goktepe, G. M. L. West, H. E. S. Byrnes.

COPELAND, JOHN RICHARD MALCOLM, B.A., M.B., M.R.C.P., D.P.M., Lecturer, Department of Psychiatry, Institute of Psychiatry, University of London.
*Proposed by* Drs. J. Cooper, R. H. S. Mindham B. J. Gurland.

CORDINGLY, ANTHONY JOHN, M.B., B.S., Registrar, Halliwick Hospital, N.10.
*Proposed by* Drs. S. Benaim, J. M. Ridley, J. Bruce.

FAULKNER, MARGARET ADA LANE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., Registrar, Maudsley Hospital, Denmark Hill, S.E.5.
*Proposed by* Drs. T. C. N. Gibbens, L. A. Hersov, G. F. M. Russell.

GHALI, FOUAD ABDEL MESSIAH, M.B., B.Ch., Senior Registrar, Hellingly Hospital, Hailsham, Sussex.
*Proposed by* Drs. J. A. Stewart, D. F. Craggs, D. G. Pendlebury.

HOLLINGWORTH, GEORGE TREVOR, M.B., B.S., M.R.C.S., D.P.M., Senior Registrar, Westminster Hospital, S.W.1.
*Proposed by* Drs. P. Dally, G. Garmany, J. S. Lyon.

HOPKINS, DENIS HOWIE GALBRAITH, M.B., B.S., L.M.C.C., D.P.M., Senior Registrar, Professorial Unit, Department of Psychiatry, London Hospital, E.1.
*Proposed by* Professor D. A. Pond, Drs. N. Shrubshall, M. J. Pritchard.

HOWARTH, ROY VICTOR, M.B., Ch.B., D.C.H., D.P.M. Research Fellow in Child Psychiatry, Institute of Child Health, Great Ormond Street, W.C.1.
*Proposed by* Drs. A. Bentovim, A. J. Costello, P. J. Graham.

HUSAIN, AFTAB, M.B., B.S., Registrar, Holloway Sanatorium, Virginia Water, Surrey.
*Proposed by* Drs. E. O. Goktepe, J. Baden-Daintree, M. Byrnes.

HUSAIN, ALTAF, B.Sc., M.B., B.S., Clinical Assistant, Institute of Psychiatry, Denmark Hill, S.E.5.
*Proposed by* Drs. G. F. M. Russell, A. W. Clare, P. D. Rohde.

HUSSAIN, KHADMIN, M.B., B.S., Registrar, St. Francis Hospital, Haywards Heath, Sussex.
*Proposed by* Drs. S. Jacobson, D. J. Parr, M. Lightbody.

KESHAV, DATTATRILAKSHMI, B.Sc., M.B., B.S., Registrar, Holloway Sanatorium, Virginia Water, Surrey.
*Proposed by* Drs. J. Baden-Daintree, J. A. Irwin, E. O. Goktepe.

LANE, ROSEMARY, M.A., M.R.C.S., L.R.C.P., Registrar, Fulbourn Hospital, Cambridge.
*Proposed by* Drs. B. Davy, O. E. F. Hodgson, A. R. K. Mitchell.

LEIGH, FIONA JEAN, M.B., B.S., D.Obst.R.C.O.G. Registrar, Maudsley Hospital, Denmark Hill, S.E.5.
*Proposed by* Drs. D. M. Lewis, P. D. Maddocks, R. C. P. Bradley.

MASANI, KAIKHASHROO RUSTOMJI, M.R.C.S., L.R.C.P., D.P.M., Consultant Child Psychiatrist, West Sussex Child Guidance Service.
*Proposed by* Drs. I. G. W. Pickering, D. S. MacPhail, M. J. L. Ellis.

MEIER, HELEN MARGARET ROSEMARY, M.B., Ch.B., Senior House Officer, Goodmayes Hospital, Ilford, Essex.
*Proposed by* Drs. T. Arie, J. Hurst, G. J. Goldberg.

MORRISH, LESLIE WILLIAM, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M., Consultant Psychiatrist, Bowden House Clinic, and St. Bernard's Hospital, Southall.
*Proposed by* Drs. D. Blair, U. B. H. Baruch, R. C. P. Bradley.

ONYEAMA, WARWICK PAUL JOSEPH CHUKWINIA, M.B., B.S., M.R.C.S., L.R.C.P., Registrar, Department of Psychological Medicine, Guy's Hospital, S.E.1.
*Proposed by* Drs. J. J. Fleminger, M. C. Bott, M. D. Aveline.

PERKINS, RICHARD JOHN, M.B., B.S., D.P.M., Research Assistant, Academic Department of Psychiatry, Middlesex Hospital, W.1.
*Proposed by* Professor J. M. Hinton, Drs. R. Levy, J. R. Pedder.

QUADRI, SYED ARIF, M.B., B.S., Senior House Officer, Runwell Hospital, Wickford, Essex.
*Proposed by* Drs. A. A. Robin, G. D. Fraser Steele, B. Grant.

RAY, INDRAJIT, M.B., B.S., D.P.M., Registrar, Belmont Hospital, Sutton, Surrey.
*Proposed by* Drs. R. J. O'Riordan, W. Sargant, S. M. King.

RIZVI, ZAFFAR ABBAS, M.B., B.S., Registrar, Springfield Hospital, Beechcroft Road, Upper Tooting, S.W.17.
*Proposed by* Drs. M. Markowe, J. Steinert, I. C. Lodge Patch.

SIPPE, RICHARD ERNEST, M.B., B.S., Senior House Officer, St. Bernard's Hospital, Southall, Middlesex.
*Proposed by* Drs. R. C. P. Bradley, D. M. Lewis, P. I. M. Winn.

TAWS, ELIZABETH ROXBOROUGH, M.R.C.S., L.R.C.P., Registrar, Goodmayes Hospital, Ilford, Essex.
*Proposed by* Drs. T. Arie, J. Hurst, G. J. Goldberg.

TSIANTIS, JOHN, M.D., D.P.M., Registrar, Department of Child Psychiatry, St. Mary's Hospital, W.2.
*Proposed by* Drs. M. Ekdawi, K. M. Wartnaby, A. Wadud.

WAXMAN, DAVID, M.R.C.S., L.R.C.P., 62 Queen Anne Street, W.1.
*Proposed by* Drs. G. Beaumont, M. P. Joyston-Bechal, M. Skoblo.



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WILSON, STEPHEN ROBERT, M.R.C.S., L.R.C.P., Senior House Officer, Fulbourn Hospital, Cambridge.
*Proposed by* Drs. A. R. K. Mitchell, D. H. Clark, O. E. F. Hodgson.

The afternoon session was devoted to a talk by Dr. R. Maggs on **'Aspects of Clinical Research in a Peripheral Psychiatric Hospital'** and a talk by Dr. A. Milne on **'An Approach to Total Care of the Acute Female Schizophrenic Patient'.**

Both these lectures stimulated interesting discussions.

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## Special Meeting, June, 1970

A SPECIAL MEETING of the Division was held at Long Grove Hospital, Epsom on 11th June, 1970 by kind invitation of the Kingston and Long Grove Hospital Management Committee and of Dr. A. B. Monro, Physician Superintendent.

The Special Meeting was intended to mark the probable dissolution of the Division as it has existed for the last 70 years, and to welcome the impending change in the Association's name and status. Long Grove was chosen in tribute to the outstanding work of the General Secretary, Dr. A. B. Monro, in the discussions and negotiations which were now nearing a successful conclusion.

On the way to the meeting, those members who passed through Kingston-on-Thames were able to visit the Kenley Ward at Kingston Hospital, a purpose-built prefabricated acute psychiatric unit associated with Long Grove Hospital; Kingston and Long Grove forming a single Hospital Management Committee Group.

At Long Grove, members inspected a number of the hospital units and departments. Perhaps the most remarkable of these was the Industrial Therapy Unit, one of the most extensive and efficient in the country. The ingenious special canteen facilities serving this Unit aroused much interest. The Adolescent Unit was seen as a most successful transplant from the nearby St. Ebba's Hospital, where it had been inspected by the Division on a previous occasion. Other impressive departments included the new residential nurses' hostels and the extended Staff Club.

At lunch, the Chairman of the Hospital Management Committee, Mr. F. E. Sowden, made a speech of welcome, which was replied to by the President of the Association, Dr. Martin Cuthbert.

In accordance with the Bye-Laws, the President opened the afternoon session and then relinquished the Chair to the Divisional Chairman, Dr. David Leiberman.

Drs. Alexander Walk and A. B. Monro then delivered their respective Orations on 'The History of the South Eastern Division' and 'The Future of the Royal Medico-Psychological Association', and the meeting concluded with a hearty vote of thanks, proposed by the Chairman, to the two speakers whose contributions had made the meeting a truly 'special' one.

## The History of the South Eastern Division

by Dr. Alexander Walk (*Abstract*)

Dr. Walk recalled that the Association had been founded and held its first Annual Meeting in 1841; its original title was 'The Association of Medical Officers of Asylums and Hospitals for the Insane'. Its early history was recorded in the speaker's article 'Gloucester and the Beginnings of the R.M.P.A.' published in the *Journal* in 1961, but the Association cannot really be said to have come to life until after 1853 when the *Journal* first appeared, first under the name of *The Asylum Journal*, and from 1856 as *The Journal of Mental Science*. In 1865 there was a revision of the Rules, and on the suggestion of Henry Maudsley the Association changed its title to 'The Medico-Psychological Association', in imitation of the French 'Société Medico-Psychologique', and membership was thrown open to all medical men. It was even proposed at the time that the Association should become a 'multi-disciplinary' one, open to any professional person interested in psychology and mental treatment, but this was negatived. Another threat to the existence of the Association as an independent medical body occurred in 1869, when it was invited to amalgamate with the Medico-Chirurgical Society and become a section of a comprehensive Royal Society or Academy of Medicine—a proposal which was renewed forty years later when the present Royal Society of Medicine was actually formed, but which on both occasions was rejected after much discussion.

Up to 1868 only Annual Meetings were held, but in that year it was decided to hold Quarterly Meetings in London, for scientific discussions rather than for business. Almost at once the Scottish members decided to hold such meetings in Edinburgh or Glasgow also, and this was in effect the beginning of the Scottish Division, although the meetings were open to members from the North of England. The Irish members followed suit a year or two later.

By the early 1890s the existence of Scottish and Irish Divisions was fully recognized, although there had never been any formal resolution constituting them. In 1894 there was another revision of



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the Association's Rules, and while these were being passed a proposal was made that there should be Divisions within England and Wales also—two were at first suggested, but later it was agreed that there should be three. The mover in this was P. W. Macdonald of the Dorset County Asylum. In the discussion, the main argument concerned the proposed representation of Divisions on the Council, but agreement was soon reached. Macdonald lost no time in arranging successful meetings of the South Western Division, of which he became the first Secretary.

For the other Divisions longer preparatory work was necessary, but in 1896 it was thought that the time was ripe, and Dr. Ernest White, of the City of London Asylum (Stone House), was asked to convene the first meeting of the South Eastern Division.

This took place at Cane Hill Asylum on 21st April 1897 at the invitation of Dr. (afterwards Sir James) Moody. There were about 30 members present, and the chair was taken by the President, Dr. W. L. Mickle, of Grove Hall, Bow, a man well known for his researches on cerebral anatomy and his writings on G.P.I. Dr. (afterwards Sir Frederick) Mott, then pathologist to the L.C.C. at Claybury Asylum, staged a demonstration and lectured on 'Some cases of syphilitic brain disease resembling G.P.I.'—this question of the relation of syphilis to G.P.I. being very much under discussion at the time—and the Cane Hill staff showed clinical cases.

Dr. White was elected the first Divisional Secretary; a Committee of Management was formed, with representation of County and Private Asylums and Registered Hospitals, and of Assistant Medical Officers; and one Superintendent and one Medical Officer were elected to Council. Several new members were elected, and among these were two women—the first to be admitted to the Association, women having been made eligible in the 1894 revision of the Rules.

Dr. White delivered an Address to mark the inauguration of the Division, and to outline its objects. He emphasized that the Divisional meetings were intended to benefit the younger members especially, who found it difficult to attend the General meetings, and he appealed for their support. He hoped the Division would be able to organize collective investigations and research. Lastly, in an irredentist mood, he laid claim on the Division's behalf to several counties which had already been allotted to the South Western Division—a claim which was firmly rejected by Council.

Finally, it is recorded that in the evening the members dined together at the Café Monico, and this continued to be the custom for some years.

It cannot be said that the declared intention of catering for the younger members was realized until much later. At the time of its inception there were 158 members on the roll of the Division, out of a total membership of the Association of 550; but attendances at meetings remained small, and the minute book shows that most of those attending were Medical Superintendents or West End consultants.

The pattern of the meetings—Spring and Autumn at various mental hospitals has remained virtually unchanged, and the only meeting held at a London centre has been the very successful and well attended one at the Tavistock Clinic in 1946.

Many of the papers read in the earlier years were promptly published in the Journal, and some are of special interest historically, e.g., Fletcher Beach on *Insanity in Children* (1897) and Reginald Langdon-Down on *Mongolism* (1905), or throw light on the administrative problems of the time, e.g., White on *Prospective Lunacy Legislation* (1898), Fennell on *The care of children in asylums* (1907) Turner on *Fitness for Discharge* (1912).

A favourite subject for papers was the history of the hospital at which the meeting was held, e.g., Baily on the history of Hanwell Asylum (1910); and later H. J. Norman of Camberwell House contributed valuable papers on famous mentally abnormal persons, such as Swedenborg and Nietzsche.

After the first World War, during the period when the Association's activities were expanding, largely on the initiative of Dr. J. R. Lord, an attempt was made to organize more frequent clinical meetings catering for smaller areas, and in 1929 'clinical areas' were defined and Secretaries appointed for each of them. Meetings were held regularly for a few years, but interest dwindled and they fell into abeyance. Similar meetings organized by independent local societies or individual hospitals have met with much greater success in recent years.

The new Bye-Laws which followed the granting of the Association's Charter in 1926 provided for each Division to elect a Chairman, who would be an ex-officio Vice-President and member of Council. The first Chairman of our Division was the veteran David Bower, of Springfield House, Bedford, who, however, died very shortly after his election. At first a new Chairman was chosen each year, but since 1946 it has been usual for the Chairman to hold office for two years. The stated intention at the time of the first election was that the Chairmanship should be regarded as a reward to members who had given good service to the Association but were unlikely to be chosen as Presidents. However, in fact, four of our Chairmen have held the Presidency,



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namely, Daniel Rambaut in 1934, M. A. Collins in 1936, T. P. Rees in 1956, and the present speaker in 1960. The oldest surviving Chairmen are Cedric Bower, the son of David Bower (1938), and W. Kimber (1946).

Finally, Dr. Walk alluded to the history of Long Grove, its renown in its first few years under Hubert Bond and his brilliant medical staff, its later comparative obscurity, and its re-emergence under Dr. Monro who had more than revived its past glories.

## The Future of the Royal Medico-Psychological Association

By Dr. A. B. Monro

It is a great honour to this hospital that the South Eastern Division of the Association should hold this special meeting here, at this very important moment in the history of the Association. I personally am also very sensible of the honour of being asked to speak on a subject to which we are all devoting a great deal of thought. I would like to tender my thanks to the Division for asking me to do this, and to extend to them the warmest of welcomes to Long Grove.

As with all Scots of my generation, the Bible had a large place in my education. This was a decided disadvantage when it came to preparing this paper, as the topic, the future of the R.M.P.A., seemed to call for gifts of prophecy. The New Testament propounds the idea that only false prophets are honoured and esteemed by their contemporaries, while true prophets usually come to a sticky end. When, however, I got down to the job of putting my thoughts on paper, the dilemma partially solved itself, since much of this talk must be a factual, and indeed historical account of the way in which many people in the R.M.P.A. have envisaged the future during the past decade or so. I intend, however, to risk some prophecy, as I believe the chances of my being wrong are sufficiently great to protect me from the sticky end of true prophets.

One's first thought about the future of the R.M.P.A. is the obvious one, which we all presumably share, that we hope its future as a Royal Association will be short, and that it will soon be transformed into a Royal College. If it were not for this hope this meeting would not be taking place. All members of the R.M.P.A. are without doubt giving a lot of thought to the draft documents prepared for submission to the Privy Council. These will, of course, be considered at the Annual General Meeting to be held in one month's time almost to the day; therefore I do not want, this afternoon, to deal with the subject in the formal way that will be appropriate in July. The subject is a serious one, and I will try to deal with it appropriately as such, but seriousness does not necessarily imply solemnity. We are, after all, still working under our current Bye-laws, which indicate that one of the main functions of Divisions is to promote good fellowship. A solemn paper would not serve this end; so, if I am anecdotal or occasionally light-hearted I plead the Bye-laws in my defence.

In all the work of discussion, drafting documents and sounding opinion that has gone on in recent years, one of the central themes has been the need to provide organized psychiatry with the necessary means to control professional standards in its own field. The basic reason for doing this was, like all good reasons, both simple and compelling. The argument is set out in the Draft Petition, but this afternoon we are free to talk about it in non-legal language and to consider it in rather a different context from the formal one appropriate to the Privy Council. Put briefly, the heart of the matter is this. Following World War II it became clearer year by year that the ground to be covered by a doctor aspiring to be a consultant in any speciality was so great that very few could achieve this competence in more than one major branch of medicine. It was, therefore, quite illogical to continue with a situation in which psychiatrists who wanted to get to the top of their profession should have to possess a qualification granted by specialists in internal medicine.

There were, of course, some people who sought to obscure this simple and crystal-clear issue. The matter was presented as though it was really one of status or prestige. These were threads in the pattern, and necessary ones, but they never had the over-riding importance of the main theme, that medicine and psychiatry had both developed to the point where only psychiatrists could determine the proper content of training for psychiatry, and only they could say, in a given case, that an aspirant was fit to practice at a high level of responsibility.

In the late 1950's there was influential support within the Royal College of Physicians of London for the contention that an aspiring psychiatrist should be trained in general medicine to a higher level of competence than that required for qualification, but that he did not need to be trained to the level required for a specialist physician. This was coupled with a good deal of informal discussion about the possibility of a Faculty of Psychiatrists of the College, rather on the lines of the Faculties of Anaesthetists and Radiologists of the Royal College of Surgeons. The opinion of psychiatrists swung decisively against this idea when it became clear



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that the Royal College of Physicians of London were unlikely to agree to alter the regulations for the Membership so as to give it a similar form to the Edinburgh Membership. Psychiatrists might have accepted an examination run jointly by physicians and psychiatrists, leading to Membership of the College, with the same rights and possibilities of election to the Fellowship and to office as are possessed by all other members. The Royal College of Physicians of Edinburgh already offered them this in Scotland, and they were in no mood to accept anything less in England. When, however, it appeared likely that they would have to, their course became set to the only reasonable alternative goal, namely the achievement of a Royal College of Psychiatrists. There have since those days been earnest debates about the method of obtaining this desired end, and also about the timing, but there has been no doubt about what was desired.

At this point a brief digression into the history of Royal Colleges may enlarge our ideas about the future we ourselves are seeking, and may also help us to put into proper focus certain questions relating to status and prestige.

The Royal College of Physicians of London was founded by Henry VIII for the immediate purpose of controlling quacks, who at that time were flourishing. In the Sixteenth Century, England was almost alone among the leading nations of Europe in having no University in its capital city, and though Edinburgh University was founded in 1583 by James VI it had no Faculty of Medicine. Thus, functions which in Europe have grown up as part of the University scene have in Britain been in the first place functions of Royal Colleges, though some were later taken over by Universities. The Academic structure in Britain has therefore developed in a more complex and varied pattern than in Europe—almost certainly to this country's advantage. In Scotland, James VI, shortly before the Union of the Crowns of England and Scotland, founded the Royal Faculty, now the Royal College, of Physicians and Surgeons of Glasgow. The Edinburgh Royal College was founded in 1680, and preceded the growth to eminence of the Faculty of Medicine of the University, which became famous during the Eighteenth-Century owing to the influence of returned exiles from Holland, and especially from the University of Leyden. The Royal Colleges have shown themselves to be most versatile bodies. The Edinburgh College at one time ran its own bath house, presumably in the interests of the hygiene of the public. The Irish College of Physicians for a period ran its own hospital, and with its sister College of Surgeons forms a surely unique example of Royal Colleges flourishing in a Republic and fulfilling this role with distinction and success. Perhaps the main function of Royal Colleges at this time is to act as organizations concerned in the most practical way with the standards of practice in their special fields, and therefore able to feed back to Universities and other teaching bodies information about what should be taught. In this way Royal Colleges bring to bear on Universities pressures which make it more difficult for the latter to become or to remain, ivory tower institutions.

From history, then, we get the suggestion that Royal Colleges have a certain pioneering function in their respective fields. They are bodies concerned with standards of practice, which exert influence on teachers to see that teaching and training are of a kind to produce competent practitioners. The older Colleges are all licensing bodies, but this function has increasingly been taken over by the Universities, and the centre of gravity of the Colleges has moved steadily towards the sphere of post-graduate education. Here their function has been the granting of higher qualifications—Fellowships, Memberships and Diplomas of very high standing, which all aspirants to senior posts in the specialty must obtain, and also supervision of the training to be required of would-be specialists. It must be admitted that the latter is a rather recent development, in which the more recently founded Royal Colleges have possibly blazed the trail. These then are the qualities and functions to which the R.M.P.A. will fall heir if our Supplemental Charter is granted. It is true that it will not become a licensing body, but neither has the Royal College of Pathologists. Even the Royal College of Obstetricians and Gynaecologists is only entitled to examine at the level of qualifying examinations if asked to do so by other licensing bodies. I believe that, as a College, they have never been asked to do this, which is further evidence that the function of Royal Colleges at the level of qualification is increasingly becoming a minor one. Their sphere is the post-graduate one, and this must remain true whatever the precise fate of such current proposals as those in the Todd Report or for Specialist Registration.

In the light of this concept of a Royal College, I should like to tie up a few loose ends of thought on the topics of status and prestige. At one time it was suggested that the R.M.P.A. was primarily concerned with status and prestige in its efforts to become a Royal College. I have shown conclusively that this is incorrect, but have also said that issues of status and prestige came into the picture in a perfectly proper way. The matter becomes clear, to me at least, if one accepts that status is something formal that is conferred upon a person or organiza-



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tion. Prestige, however, is something either earned or freely accorded by others, especially in the way of regard and reputation. As an example of this principle, all Consultants in the Health Service have the same status, but not all have the same prestige. So, when the R.M.P.A. becomes a Royal College it will be granted a definite status. It is argued in the Petition that the R.M.P.A. requires this status in order to fulfil properly its function of controlling the standards of the practice of psychiatry. It is right that the Association should strive to have this status; this is an entirely proper motive, but all the more so when balanced against the thought that prestige cannot be conferred by Authority; prestige must be earned. Granted the status, however, there cannot be the slightest doubt that the prestige will be earned.

To round off this question of status: the Association have realized for a long time that the right to nominate members of certain important committees and organizations is a necessary part of the status of a professional organization. From the earliest days of the move towards a Royal College, the R.M.P.A. set itself the goal of being able to nominate its own representatives on the Joint Consultants' Committee, on the Distinction Awards Committee and on Advisory Appointments Committees, as well as having more say in nominating members of the General Medical Council. At one time we felt that the first three would not come our way until we were a Royal College. It is pleasing that we have not had to wait so long, but it is an open question whether we would or would not have been granted these rights if it had not been known that we were making determined efforts to become a Royal College. As regards the General Medical Council, they are themselves now situated in the eye of a hurricane. It would therefore be rash to try and predict exactly how the R.M.P.A.'s desires will be achieved, but it is fairly certain that they will be.

If at this point I may briefly recapitulate: I have tried to show that in becoming a Royal College the Association would be transformed into an organization of a kind that has a very distinctive historical tradition and has a complex and important role to play in the professional life of the country. It would also have the status necessary to control professional standards in psychiatry, and to act as the spokesman of the large branch of medicine which psychiatry has now become—in all matters except the pricing of services of members; so long as the Association or the College is registered as a charity, this particular job must be left to others, but there are many important contributions which the R.M.P.A. may make in the new sphere to which it aspires. The Association has, of course, both learned a lot and achieved a lot in its total life of 130 years and its period of 44 years under a Royal Charter. During most of its existence it has had to cope with the situation resulting from the almost total indifference of Universities and Teaching Hospitals towards psychiatry. It is also aware how much psychiatry owes to religious and humanitarian movements. It remembers that The Retreat at York was founded by the Quakers, and that the long agitation by Lord Ashley, later the Earl of Shaftesbury, led to the legislation under which all of us worked until ten years ago. It would be surprising, therefore, if we did not bring something new, something of our own, into the Royal College tradition. In a meeting of psychiatrists it is surely permissible to suggest that we, at any rate, think that what we are introducing may be a breath of fresh air.

The first point of note is that the proposed College has a highly democratic structure. Any Fellow or Member who feels strongly on any subject and who can enlist the support of a number of his colleagues, has the opportunity to make his voice heard and his vote felt.

Secondly, through the power to change the Charter and to make Regulations, the College will have greater flexibility and greater ability to change its future than the R.M.P.A. has had. It may be that the power is greater than that enjoyed by any other Royal College, but I should in fairness say that I have not studied the Charter of the Royal College of Pathologists.

Thirdly, the importance of training, as opposed to examination, as a pre-condition of Membership, is written into the Charter, and the Bye-laws relating to examination are couched in very flexible terms. The future is not tied up in any way. I would like to say, however, that until training standards have been raised in many parts of the country, the existence of an examination may be a help to those whose training period is not spent in a well established teaching centre. This afternoon is not the moment to start or even to stir up controversy, but it is surely up to those who favour the abolition of examinations to demonstrate that such a step is not unfair to those in hospitals remote from teaching centres.

Fourthly, the proposed Specialist Sections of the College represent a transformation of the Sections of the Association. The constitution proposed for Specialist Sections ensures that the large sub-specialties of psychiatry shall always have a voice on the Council. There is also the power for the Council to establish new Specialist Sections or to close down obsolete ones; so if the shape of psychiatry changes the College can adapt to that kind of professional advance.



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Fifthly, after overcoming considerable difficulties, it now seems reasonably certain that Regional Divisions will continue. The thinking behind the proposals is that obviously the Scottish and Irish National Divisions must continue. Also, as Wales now has its own political office, and Welsh affairs are no longer dealt with by the Department of Health and Social Security, there should obviously be a Welsh Division. In England, it was felt that Regional Divisions would have a vital part to play in maintaining contact locally with Universities and Teaching Centres about matters of detail affecting training programmes. In order to avoid possible tensions, or any feeling of a monopoly situation, it was thought wise that each Regional Division of the College should relate to two Regional Board areas and two teaching schools at least. This left seven Regional Divisions for England, as proposed in the Draft Regulations of the College. Obviously some re-appraisal may be necessary if, in accordance with the Green Paper, new Health Board areas with different boundaries take the place of the present Hospital Regions, but thought along these lines must be mere speculation until the boundaries are known—and until the election is over. It is fairly certain however, that the principles so far applied will simply be re-applied to the new conditions. An important aspect of the concept of Regional Divisions is that this is an excellent device for ensuring that the Council of the College shall be representative of all parts of the country. Indeed, it is not impossible that one day the College might have overseas Regional Divisions. A further point to note is the proposal that all Regional Divisions, except the Scottish and the Irish, shall be represented by one Fellow and one Member; this is to ensure that the voices of the younger Consultants shall be heard on the Council. In case any outraged Scot or Irishman feels hard done by, let me hasten to add that their Divisions are intended to have two Fellows and two Members each.

There are certain points which appeared in the Draft Bye-laws that were considered and approved at the Adjourned Annual General Meeting of February, 1966, but do not appear in the current draft Bye-laws or Regulations. This is not because they have been forgotten, but because we received a strong hint that in presenting our petition we should confine ourselves to essentials. As we are likely to be given the power to make Regulations, there will be many things we may want to get on and do when we are a College, but there is no need to spell all these things out in the Bye-laws or Regulations now. One of the issues in question is that of forming Groups. The 1966 Draft Bye-laws made provision for the formation of a Group for the purpose of studying or interesting itself in any subject within the competence of the College, upon a request being made by twenty Members. The advice we have had is that if the College wishes to have Groups, it can have them. It can, in fact, take what steps it thinks wise to achieve any of the objects set out in the Draft Supplemental Charter, and I think that those who have read this document with care must agree that the powers set out in it are wide. The credit for this should go, in my opinion, to our forefathers who drafted the Association's 1926 Charter, as we today hardly find it necessary to ask for any powers which were not granted then.

While we are on this topic of matters which do not require to be dealt with in detail at this stage, I should like to revert briefly to the point I mentioned about our present Divisions, that one of their purposes is to promote good fellowship. This does not appear in the draft charter as applying to the new Regional Divisions. It is a little puzzling to know why it should be regarded as inappropriate, but perhaps a Royal College has to present a public image of sleepless concern for professional standards, so that it has no time for the lighter things of life. I understand, however, that even if a Royal College should not admit to the object of promoting good fellowship, there is no reason why it should not in fact promote it. I have been fortunate enough to enjoy the hospitality of several Royal Colleges, and they are no mean performers in the gastronomic sphere. There is nothing to stop the Royal College of Psychiatrists from shining in this respect, at least, if it so wishes.

To return to a more serious note, this paper has so far tried to give a picture of the kind of organization that the various committees of the R.M.P.A. have planned. The time has now come to attempt a glimpse into the future. The structure proposed is reasonably flexible, and it may well need to be, as we seem to be given a different account every week of the shape of things to come. What will actually come about is anybody's guess, but it seems likely that whichever party is in power some form of Area Health Board may form the basic policy-making unit of the future service. If this is so, the concept, in the present Green Paper, may survive that one-third of the members may be nominated by local authorities, one-third by the Department, and one-third be elected—note the word 'elected'—by the local professions. If this comes about, the present somewhat privileged position of psychiatry will come to an end. Within medicine there will be no chance of every specialty being represented. The claim will therefore be presented that the medical



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members of Boards should be 'doctors who are capable of speaking for the profession as a whole, and not simply on behalf of sectional interests within it'. I would suggest that this argument should be looked at very closely, as it is not easy to set down in rational terms the sort of qualifications and experience that enable a doctor to speak on behalf of the whole profession. I suspect that very often this argument is used slightly speciously to support the candidacies of general practitioners or members of the B.M.A. Whether this is fair comment or not, those psychiatrists who become members of Area Boards will presumably only do so if they can gain the confidence and support of their colleagues in other specialties. All this will have to be done at a time when psychiatry is increasingly being organized in close connection with District General Hospitals. It is a matter of history that psychiatry has not always flourished when it and the local medical services have been closely integrated. Those of us who have had the experience of developing an integrated service in the general hospital setting know that the process is not free from difficulty. The R.M.P.A. has, of course, urged that there should be a Mental Health Committee of every Area Board, but there is as yet no indication that this sensible suggestion will be listened to. If it is not, then the new College will have an important role to play in inter-collegiate discussions, and other negotiations at a similar level, to see that the interests of psychiatry do not suffer. The Regional Divisions of the College will also have a vital task, for they will have the local knowledge which will be extremely important when it comes to accrediting hospitals, units or posts for training purposes. In short, the College may well fill the vacuum which could easily be created if there were to be too rapid a reduction in the proportion of psychiatrists on Area Boards. Its mode of action would be different, but there is certainly no reason why it should not be highly effective. The day will presumably come when hospitals which do not provide good standards of training will find it difficult to get medical staff, and it will depend on the College whether this comes about quickly or slowly.

It is comforting to reflect on the powerful influence which a Royal College could wield to ensure that the standard of the practice of psychiatry shall continue to improve. This is all the more true as there is one further difficulty in relation to integration within medicine which might not be overcome without a powerful body, such as a College, to overcome it. I referred to this problem in relation to research in my lecture to the Mental Health Research Fund in November 1969. In brief, I suggested that it might be somewhat frivolously thought of in terms of the inveterate interest of psychiatrists in psychology. I suggested that most psychiatrists must have felt at some time that if only they could reduce their discipline to biochemistry, or to a physiological psychology of conditioned reflexes and the law of effect, then their relations with medical and surgical colleagues would be smooth. I would modify this view now by suggesting that relations can stay smooth so long as the physicians and surgeons feel that in principle the psychiatrist's discipline can be reduced in this way. So long as they feel this, the psychiatrist is thought of as a reasonably sound and safe chap; he talks the same sort of language as his colleagues, and what he says is acceptable. But let the psychiatrist really spread his psychological wings and things may be very different.

All this would not matter very much if it were not for the uncomfortable thought that there are signs that in the near future psychiatrists may indeed be forced to spread their psychological wings. This really is prophecy, and I should like to repeat that I am vividly aware of the likelihood of being wrong. My conclusions, however, are not based on the inspection of the livers of sacrificial chickens, but on clinical experience with adolescents and on some observations on industrial unrest. The emergence of various kinds of freak-out, of student unrest, and of a new and rather strident note in industrial disputes, suggests that a change may be coming about in the general temper of our society. Those who feel this often think of any such change as rebellion against the puritan ethic dominant in the Victorian age. A more radical view of the situation is, however, possible, namely that we are in the process of undergoing a movement away from the bland temper generated by the philosophy of Hume in the 18th Century.

Professor Marjorie Grene, in her book *The Knower and the Known*, suggests that Hume was not only one of the founding fathers of modern British empiricism but also the originator of an outlook which was gratefully seized upon by a country and society which had had enough of civil war. To illustrate Hume's temper, Professor Grene quotes the following passage from his *Treatise on Human Nature*:

'While a warm imagination is allowed to enter into philosophy, and hypotheses embraced merely for being specious and agreeable, we can never have any steady principles, nor any sentiments, which will suit with common practice and experience. But were these hypotheses once removed, we might hope to establish a system or set of opinions, which if not true (for that, perhaps, is too much to be hoped for), might at least be satisfactory to the human mind, and might stand the test of the most critical examination.'



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Professor Grene comments, 'The gist of this attitude is: get rid of all the insanities, and what is left is sane'. She also refers to Hume's benignity, and I quote her words 'In his experience as an historian, and before and beneath this, we may guess, in his childhood experience of the Scottish Kirk, he learned to associate theological speculation with fanaticism, and fanaticism with cruelty. And as, in his untroubled good nature, he hated cruelty, so he distrusted militant religion and its ally, militant metaphysics . . . Philosophically, too, he preferred the well-kept lawns and gardens of an amiable society to wild moors of mystery inhabited by prophetic brigands or murdering saints'. I would myself comment that anyone who is much in the company of the young must feel that we today are becoming much more sympathetic towards militant metaphysics than was Hume. There is perhaps an increasing tendency to hanker after wild moors of mystery, though today we would rather tend to think of them as inhabited by guerillas. If this estimate is true, that we are moving away from the bland outlook of Hume, and also perhaps from his empiricism, then will we not soon find ourselves with a pressing need for a psychology able to cope with the more tempestuous climate of thought and feeling that is likely to follow?

Experience in America and on the continent of Europe suggests that we may indeed find ourselves with this need, especially if we consider why psychoanalysis has obtained its commanding position in American psychiatry, and why ontological and existential schools enjoy great prestige on the continent of Europe. It would seem that these doctrines and practices fulfil a need. At the very least, they are felt by patients to do so, and they feel this strongly enough to part with good money for treatment.

The Freudian and existentialist outlooks are worlds away from Hume; by comparison they smack of militant metaphysics and wild moors of mystery. If it is true that they fill a need, it might be wise for us to try and estimate what that need is.

One possible explanation is that devotees of psychoanalysis and existentialism are trying to maintain a sense of personal significance and a practical experience of personal integrity in social conditions felt to be inimical towards these desired things. Social condtions all over the world have changed, and must continue to change, if only as the result of industrialization and technological advance. It can be argued, however, that compared with this country the general sense of social security has been more seriously assailed in America by the Depression, by Korea and Viet Nam, and in Europe by World War II and the accompanying periods of occupation. If this is true, we in this country are likely to have to meet the need which America has met with psychoanalysis and continental Europe with existentialism. We may be lucky enough to have more time for the job, and we certainly have excellent resources both of science and philosophy. If we rise to the challenge, quite notable advances in medical psychology could be achieved.

So, if these speculations are at all correct, there may be a great opportunity for our College to be the crucible in which important new ideas, techniques and practices which lie on the frontiers of medicine and psychology may be forged. However, this may be, I hope that as a College we would not forget that as an Association we combined the terms 'Medical' and 'Psychological' in our title. This was at times awkward, and provided occasions for poking fun in a mild way, while also containing a truth, indeed almost a platitude. Psychiatry is, and must remain, a medical discipline. It cannot, however, be only a medical discipline, as it must be related to psychology and sociology to a degree that is unlikely ever to be necessary for general medicine or surgery. A Royal College of Psychiatrists ought, therefore, to have features which are not fully shared by other Royal Colleges, and these should be derived from the traditions of this Association. One of the most important of these has always been an obstetric and nurturing function in regard to disciplines allied to psychiatry. Clinical Psychology, Psychiatric Nursing and Occupational Therapy, for example, owe a great deal to the R.M.P.A. It is to be hoped that this tradition will continue, and that one of the main activities of a College will be to identify those areas of psychiatric activity which may be points of departure for new disciplines, or even for new professions.

In conclusion, then, it seems clear that the future of the Association, and of the College which we hope it will become, will demand practical involvement in matters of detail. We may hope, however, that in addition to the day to day, and year to year, task of maintaining standards, there will be scope for adventurous new initiatives and for the breaking of new ground. In lighter moments I sometimes think that the men and women of the Twenty-Second Century will look back on us of the Twentieth Century as the great psychological unwashed, rather as we look back on the people of the Seventeenth and Eighteenth Centuries as the great physical unwashed. If this forecast of the future should prove to be true, I hope that much of the credit for the improvement in mental hygiene will belong to this Association, and to the Royal College of Psychiatrists into which we hope it will be transformed.



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