Suicidal intentions were prominent among the reasons for admission.

Eighty-seven per cent. of the patients were idiopathic epileptics and 13 per cent. were symptomatic. Where seizures commenced before the age of 20, 96 per cent. were idiopathic, but where seizures started after that age only 67 per cent. were idiopathic.

In 80 per cent. of cases the primary illness was an epileptic psychosis, and in 20 per cent. epilepsy was incidental.

There was a greatly increased risk of death by disease, accident and suicide.

When the epileptic patients were nursed in an open ward as opposed to a closed ward the average number of seizures decreased by 11 per cent.

The Chairman, Dr. Walk, concluded the proceedings of the day by expressing appreciation to Drs. Riordan, Glancy, Waller and Gordon for their practical and informative papers and generally recorded thanks to the hospital staff who had contributed to the organizing of a most successful meeting.

SCOTTISH DIVISION

THE AUTUMN MEETING of the Scottish Division of the Royal Medico-Psychological Association was held at the Glasgow Royal Mental Hospital, Gartnavel, Glasgow, on Friday, 20 September, 1957. Fifty-one Members were present.

The following were unanimously elected to Ordinary Membership:

GABRIEL, RONALD MAURICE, L.R.C.P.&S.Ed., L.R.F.P.S.G., D.P.M., Psychiatric Registrar, Bangour Village Hospital, Broxburn, West Lothian.

Proposed by Drs. Betty Magill, F. G. Lassalle and W. J. Abel.

INCH, THOMAS DOUGLAS, *C.B.E.*, *M.C.*, M.D., F.R.C.P.E., D.P.H., Medical Officer, Department of Health for Scotland.

Proposed by Drs. E. J. C. Hewitt, H. B. Craigie and M. M. Whittet.

JOHNSTON, WILLIAM, M.B., Ch.B., Deputy Medical Superintendent, Royal Scottish National Institution, Larbert.

Proposed by Drs. J. B. Methven, A. P. Russell and M. Devlin.

MCWHINNIE, JAMES BARR, M.B., Ch.B., Registrar, Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh.

Proposed by Drs. Margaret Methven, H. B. Craigie and M. M. Whittet.

The Secretary reported, in relation to the Scottish D.P.M., that he had written to both the Royal College of Physicians in Edinburgh and the Royal Faculty of Physicians and Surgeons, Glasgow, and the letters had been acknowledged.

It was agreed that the next meeting should be held on Friday, 6 December, 1957, at Lennox Castle Institution, provided that this was suitable to Dr. MacGillivray and his Board of Management.

Dr. Craigie gave a brief résumé of the findings of the Royal Commission on Mental Health Law (England and Wales), comparing them with those of the Scottish White Paper.

The afternoon Meeting was taken up with a lengthy discussion, the main findings of which were summarized and circulated to the Division. It was agreed that the main findings of the Mental Deficiency Section should be incorporated in the final summary and this has been done. This summary has been sent, as was decided at the Meeting, for submission to the Secretary of State, together with a request for a future meeting with representatives of the Division to discuss the matter further. The Division appointed the following committee to represent them in the event of such a meeting taking place:

Drs. Angus MacNiven and P. K. McCowan, and Professors T. Ferguson Rodger, W. M. Millar, Drs. K. R. H. Wardrop, G. Matthew Fyfe, R. C. McGillivray and M. M. Whittet.

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On this occasion there were no meetings of the Sub-sections.

All those who attended the Meeting will wish to pay tribute to Dr. Angus MacNiven, his staff, and Board of Management of Gartnavel for the excellent arrangements and hospitality which was shown to them on this occasion.

THE ASSOCIATION'S COMMENTS ON THE REPORT OF THE ROYAL COMMISSION ON MENTAL HEALTH LAW

The main part of this Memorandum consists of the provisional comments drafted by the Evidence Committee, and submitted to the Ministry of Health in October, 1957, by the Council's authority, subject to modification after the document had been considered at the November Quarterly Meeting. Certain additions, embodying views expressed at that meeting, and also at a special meeting of the Mental Deficiency Section, are embodied in the two Appendices.

The Committee have noted with pleasure that the great majority of the Royal Commission's Recommendations agree either literally or in spirit with the Association's proposals.

Grouping of Patients and New Terminology

(1) There appears to be a certain amount of ambiguity as to the purposes for which the new grouping and terminology are to be used.

In Para. 151 it is stated that "it is only in connection with the procedures which authorize detention or control that terms or definitions describing particular groups of patients are now needed in the law". Again in Para. 335 this is repeated and the paragraph continues, "Our views . . . relate only to the medical and social conditions in which compulsory powers may be justified. We believe that care should be provided in much wider circumstances for those who are not unwilling to accept it."

But Para. 187 states that the new grouping should be used "in the general administration of hospital and community services", and this is repeated in various other paragraphs. This suggests that the new grouping is to be used not only for administrative purposes under the new legislation, but also for wider administrative purposes, e.g., in connection with Local Authorities' powers under the National Health Service Act.

Paragraphs 654-659 for instance deal with assistance or help to be given to school leavers, and the persons concerned are described as "young people who need a further period of training because of mental backwardness". It has been contended that if in Section 28 of the National Health Service Act the term "mental defectiveness" were replaced by those now proposed, the Authority would have no power to help such persons unless they could be labelled as "psychopathic". It is suggested therefore that it should be made clear that the new terminology only applies to mental treatment legislation, and that Local Authorities may assist handicapped persons even if they do not conform to the new grouping.

(2) The term "*Psychopathic*". The tripartite classification proposed by the Commission is welcomed, and it is agreed that legislatively the same provisions should apply to what has hitherto been called the "high-grade unstable defective" and to the various types of psychopathies not generally considered as linked with mental defect. However, the use of the term "psychopathic" to cover the whole of this group is open to objection. The term is already in use as a medical diagnosis, and the Commission propose to extend its meaning beyond the current medical acceptance, but without themselves proposing a new definition. Although the Commission's intentions are made clear in the Report, this would not appear in the legislation, and doctors might well be reluctant to label as "psychopathic" a patient who does not conform to their own narrower interpretation of the term.

It is suggested that for legislative purposes it is not necessary that a category of

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