disturbed female obsessional neurotics. He confessed he had had no training or experience in analysis but he had learnt a lot from the patients. The childhood phantasies they laid out for him were so clearly Freudian that he had to accept the basic tenets of the psycho-analytical school.

Altogether there were 8 patients in the group but only 3 had been in continuously since the start. All were Out-patients. They received LSD once a week. In the morning there was discussion as a group, with, as far as possible, the same staff always present. They were then given LSD in doses of about 200 grammes and each had about an hour's individual psychotherapy while under its influence. Most of them receive 30 mg. intravenous methedrine as well.

Dr. Lake gave lengthy and detailed examples of the material produced, the development of resistances and transferences, their interpretation to the patients and later the patients' interpretation to each other. He drew attention to the various phases the group had gone through in the year since its inception, the development of role-taking, the tendency to fragment in the middle phase, and its relatively stable relationships now.

The advantages of group work with LSD as summarized by Dr. Lake were confirmed by the 3 patients who were subjected to questions at the end of the paper:

1. They all preferred group treatment to individual treatment.

2. They all felt that LSD made them *relive* and not just *recall* painful experiences. One of them said, "you can no longer run away or turn your back, you have to face these difficulties".

3. They all derived support from the groups because they saw that there were others with the same thoughts and feelings.

Generally they all felt great improvement not only in their own feelings but in their tolerance towards others, especially their children.

A very interesting discussion ensued in which many members took part.

Dr. Valentine concluded by drawing attention to the problems which such a therapeutic group brings up in the rest of the hospital community.

SCOTTISH DIVISION

THE SUMMER MEETING OF THE SCOTTISH DIVISION of the Royal Medico-Psychological Association was held at Stratheden Mental Hospital, Cupar, Fife, on Friday, 21 June, 1957.

Thirty-three Members were present.

The Minutes of the last meeting were confirmed.

The following were unanimously elected to Ordinary Membership:

BIRTWHISTLE, MARGARET HELEN, M.B., Ch.B., Senior House Officer, Stratheden Hospital, Cupar, Fife.
Proposed by Drs. D. Ross, J. D. Haldane and J. Murphy.

COOK, ALLAN MONTAGUE, M.B., Ch.B., D.P.M., Senior Registrar, Stratheden Hospital, Cupar, Fife.
Proposed by Drs. D. Ross, J. Murphy and J. D. Haldane.

LIGERTWOOD, GEORGE MYRDDIN, B.Sc., M.B., Ch.B., Senior Medical Officer, Lennox Castle Institution.
Proposed by Drs. R. C. MacGillivray, J. Campbell and J. B. Methven.

SAXBY, JOHN RICHARD BABER, M.A., B.M., B.Ch., Registrar in Psychiatry, Stratheden Hospital, Cupar, Fife.
Proposed by Drs. D. Ross, J. D. Haldane and J. Murphy.

THOMSON, CHARLES DAVID, M.A., M.B., Ch.B., Senior House Officer, Craig Dunain Hospital, Inverness.
Proposed by Drs. M. M. Whittet, R. F. Caddell and E. J. Gow.

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WRIGHT, WILLIAM BALLANTINE, L.M.S.S.A., Assistant Psychiatrist (S.M.O.), Royal Scottish National Institution, Larbert.
Proposed by Drs. J. B. Methven, R. C. MacGillivray and H. B. Craigie.

BOYD, WILLIAM DALZIEL, M.B., Ch.B., Captain *R.A.M.C.*, Psychiatric Unit, British Military Hospital, Singapore (National Service).
Proposed by Drs. G. M. Bell, R. H. Mitchell and J. Milne.

Dr. Angus MacNiven was elected representative of the Division to the Central Consultants and Specialists Committee.

The Secretary gave the following report of the meeting of the "*White Paper*" *Sub-Committee* held on 13 June, 1957.

Present: Dr. E. J. C. Hewitt (in the Chair), Drs. A. A. Bell, R. C. MacGillivray, A. MacNiven, A. Tait and M. M. Whittet.

Dr. Hewitt opened the Meeting by saying that since last May the views of the Royal Commission in England had been made public and that it, in some ways perhaps, altered the perspective of the Scottish Report.

After discussion the Committee agreed that subject to the approval of the Division:

1. The views seemed to be that the majority expressed the opinion that the category "recommended patient" was unnecessary, the reason being that the present system worked, in the majority of cases, really quite well. The new category would not remove the stigma, but in practice would give rise to somewhat cumbersome difficulties of administration and new problems.
2. The majority of the Division are in favour of the Emergency Certificate being valid for a period of 7 days.
3. The Division would like clarification of Paragraph 6 of the Report (Voluntary Patients) where the words "Board of Management" are mentioned, i.e. "These will then provide for that patient being discharged on the direction of the Board of Management of the hospital, or on the written request of the next of kin".
4. The Division would also like clarification on Paragraph 27 (Discharge of Recovered Patients) i.e. "It is proposed to remedy this omission by laying a duty on the medical superintendent to give written notice of recovery to the patient, and to the person at whose instance the patient is detained, or to the nearest known relative or the authorized officer, enabling the medical superintendent thereafter to discharge the patient".
5. With regard to Mental Deficiency, the Mental Deficiency Sub-Section recommended to the Division that in Paragraph 35 the mental defective should be divided into High Grade and Low Grade, or Higher Grade and Low Grade. They also recommended that the age limit of 21 years suggested in the report be deleted.
6. With regard to Paragraph 49 (Periodical Review of Detention Orders), they recommended that the present three-yearly review should be retained.
7. They also suggested that in Paragraph 50 after the word "doctor", in the last line, the words "approved by the General Board of Control" should be inserted.
8. They pointed out that the term in the Statutory form "this day examined" should be altered.
9. They felt that a recommended category for mental defective patients might be considered.

The Child Psychiatry Sub-Section, in a written communication from the Secretary, stated that they did not agree with Paragraph 5 of the "White Paper", namely, the prior consent of the General Board of Control before a person under 16 years of age is admitted into a mental hospital, but that it should be replaced by a note of the circumstances to the General Board of Control after the patient is admitted.

Some discussion by the Sub-Committee followed this and the question of voluntary admission for defectives was raised.

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In view of the recent report of the Royal Commission, several members felt that the differences in the Scottish workings should be made known to the public. It was suggested that an article might be submitted for publication in *The Scotsman*, and indeed in an English paper also.

Dr. MacNiven thought that the work of the General Board of Control in Scotland should be made known and hoped that it would retain its function as an independent body in Scotland.

The Division discussed this and in general agreed. Several Members stressed Professor Millar's plea for more publicity, directly or indirectly, for the differences in the law between England and Scotland.

The Report of the meeting of the *D.P.M. Sub-Committee* was also presented as follows:

Present: Dr. E. J. C. Hewitt (in the Chair), Dr. I. R. C. Batchelor, Professors A. Kennedy, W. M. Millar, T. Ferguson Rodger, Drs. A. B. Sclare, A. Tait and M. M. Whittet.

Dr. Hewitt referred to the Minutes of December, 1955 when the Division decided that there was a need for a Scottish D.P.M. with conditions similar to those of the Conjoint Examination in London. The Division appointed a Sub-Committee who were all present at the meeting on 13 June, 1957.

Professor Rodger emphasized that the Committee should avoid interminable discussion. He referred to "a gentlemen's agreement" between the Universities and the Royal Colleges, namely that post-graduate diplomas, other than the D.P.H., should be the province of the Royal Colleges, rather than the Universities. He referred to the difference in nature of the D.P.M. of Edinburgh University. He stressed the need for a Diploma which people could sit without necessarily taking any stipulated post-graduate Course.

Professor Millar referred to the fact that there was a place for the two types of examinations and he certainly felt that there was a place for a Diploma without any compulsory course.

Professor Kennedy referred to the fact that no course was necessary for sitting the First Part of the Diploma in Edinburgh, but he must insist on 6 months' intensive course for the Second Part. He also referred to the financial difficulties of running a D.P.M. examination and doubted whether it would pay.

Professor Rodger felt that the cost should not really, within limits, enter into the matter. He pointed out that the Colleges had plenty of money for post-graduate Courses, and he thought that other things were important, background of the Country, and the need for the provision of such a Diploma.

Dr. Batchelor also referred to the financial difficulties, and Dr. Sclare mentioned that it might be a possible snag.

After discussion it was agreed that the Secretary should first of all write to the London Conjoint, and Irish Conjoint Boards, asking how many doctors from Scotland sat their D.P.M. examinations during the last 5 years.

They also proposed that later the Secretary should write to the Royal Colleges in Scotland and a suitable form of letter was drafted.

The meeting of the *P.S.W. Sub-Committee* was then reported on as follows:

Present: Professor W. M. Millar (in the Chair), Miss Margaret Browne, Mrs. Jean Matheson, Mrs. Isabel Millar, Miss Daphne Tres, Mr. Cyril Greenland, Drs. E. J. C. Hewitt, A. C. Tait and M. M. Whittet.

Certain points arising from the last meeting were discussed. They were:

1. We are somewhat better off in Scotland for P.S.W.s than we thought we were.
2. There are not sufficient suitable people applying for the P.S.W. training.
3. Grants (from Department of Health) have been useful, but these are not always used to their full extent, partly owing to insufficient numbers of suitable applicants, and partly owing to timing.

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4. Needs in different Regions should be looked into.
5. It is generally agreed that it is "not unacceptable" to consider short courses for people already coping in their work with problems of a similar nature to those met with in the P.S.W. field.
6. It is generally agreed that, so long as there is a shortage of P.S.W.s, priority should be given to the needs of mental hospitals.
7. In areas where it is geographically possible, possibilities of "grouping" hospitals to share P.S.W.s should be investigated.
8. There should be, in future, a closer link between the Scottish Branches of A.P.S.W. and R.M.P.A.
9. It was agreed that the Sub-Committees should meet every six months and that, for the sake of continuity, present Members should remain until after the next meeting in May, 1957.

In addition there was a discussion on the factors which made psychiatric social work attractive in relation to the individual mental hospital.

It was suggested that Psychiatric Social Workers might attend one Divisional Meeting each year.

It was felt that, from time to time, if a Section of the Division had special reference to psychiatric social work, their representatives might be informed.

The next Divisional Meeting was fixed for Friday, 20 September, 1957.

Dr. W. A. Cramond, spoke on chlorpromazine and reserpine in relation to the mental hospital, and Dr. J. R. Roy on tranquillizing drugs in the treatment of neuroses and their use on out-patients. Their talks were very much enjoyed and an interesting discussion followed.

All those who were present will wish to thank Dr. David Ross and his Board of Management for the arrangements and hospitality extended to the Division on this occasion.

IRISH DIVISION

THE SUMMER QUARTERLY MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Thursday, 25 July, 1957.

Twenty-one Members were present.

The Autumn Meeting was fixed for Wednesday, 6 November, 1957, at the Royal College of Physicians, Kildare Street, Dublin.

The following were unanimously elected Ordinary Members of the Association:

CLYNE, JAMES, M.B., B.Ch., B.A.O., D.P.M., Senior Assistant Medical Officer, Sligo Mental Hospital.
Proposed by Drs. Mary Sullivan, J. V. Glass and F. G. L. Barnes.

DOORLY, DENIS, M.B., B.Ch., B.A.O., D.P.M., Medical Officer, St. Patrick's Hospital, Dublin.
Proposed by Drs. Mary Sullivan, J. N. P. Moore and T. Lynch.

Dr. J. V. Glass then read a paper entitled **"A Mental Health Service".** He gave first a summary of the development of mental hospitals from the old Asylums for the Insane established in the middle 1800's, which had left them with a psychiatric service predominantly institutional, with relatively few and inadequately developed extra-mural services. Two other results of this development were that to the general public mental illness was synonymous with Insanity or Lunacy, and so to be hidden and feared; and that psychiatrists in the main were reluctant to consider extensive out-patient therapy, lacking the feeling of security engendered by having patients in hospital.

In his opinion, broadly speaking, the best place for a sick person was at home and the modern trend to hospitalize, except where operative and special treatment made it necessary, was dictated more by the inadequate staffing of medical services than by the

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