the treatment of manic excitement, less so in other forms of psychotic excitement, and of no value in the treatment of depression. Nine deaths have been reported. The author prescribed the drug in the form of lithium carbonate by mouth, the maximum dose being 0·6 g. t.d.s. No serious toxic symptoms were encountered. Of twenty patients were treated there were nine cases of mania or hypomania, seven of which responded satisfactorily, an equivocal group of four manic-depressive personalities, and a group of seven recurrent depressives, five of whom had gone into long periods of remission. Case histories of typical patients were presented. It was concluded that the drug was of unique value in recurrent mania and hypomania and had shown promising results in the prevention of recurrent depressions. As lithium is known to exert an effect on electrolyte balance, which is often disturbed in psychotic patients, it was suggested that the drug exerts its beneficial effect through this mechanism.

"Pain in the Psychiatric Patient."

By P. H. Mitchell, M.A., M.D.(Cantab.), D.P.M.

Pain as a symptom is rather neglected in the world of psychiatry, yet it seems that patients complaining of chronic pain are being referred to the psychiatrist in increasing numbers as psychiatric awareness in the other specialities increases.

Chronic pain, if psychogenic and of many years duration, may be treated by either persuading the patient to come to terms with it or by suggestion with or without hypnosis.

Many cases of chronic pain may be due to mild hypothyroidism, but the borderline between euthyroid and hypothyroid function is not clear. So far pathological tests, including radioiodine tests, do not give a reliable indication in the borderline case, but therapeutic tests with thyroid or triiodothyronine may be helpful.

The paper was illustrated with case histories.

At the conclusion of the Meeting, Dr. Stephen MacKeith, proposed a vote of thanks to Dr. Ainslie and his Management Committee, which was carried enthusiastically.

SOUTH-WESTERN DIVISION

THE SPRING MEETING of the South-Western Division was held at Herrison Hospital, Dorchester, on 21 April, 1960, by kind invitation of the Hospital Management Committee, and Dr. A. C. Sinclair, Medical Superintendent.

During the forenoon members were taken on conducted tours of the hospital. At the luncheon preceding the meeting members and guests were welcomed by S. J. Gale, Esq., Chairman of the Hospital Management Committee, and the Chairman of the Division, Dr. F. E. Pilkington, returned thanks in reply.

Thirty members were present and six guests. Apologies for absence were received from 15 members.

Report of the Divisional Committee of Management. The Divisional Secretary reported that the Divisional Committee of Management had agreed to approach Dr. K. C. Bailey to accommodate the Autumn meeting at Taunton.

It was recommended by the Divisional Committee of Management, and accepted by the meeting, that at the Autumn Meeting the West of England Medical Officers of Health Association should be invited, and that specific subjects relating to the Mental Health Act should form the basis of the papers to be presented; at least one of these to be read by a Medical Officer of Health.

Correspondence with the Secretary of the Psychotherapy and Social Psychiatry Section relating to a proposal to hold a Section Meeting in the Division was discussed. The meeting supported this proposal and agreed that

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such a meeting should be regarded as the responsibility of the Psychotherapy and Social Psychiatry Section. It was likely that facilities for the meeting could be provided at Fairfield House (Knowle H.M.C.) Droxford, Hants.

The Chairman announced that the following telegram had been sent to Her Majesty the Queen: "The South-Western Division of the Royal Medico-Psychological Association, meeting at Herrison Hospital, Dorchester, today, humbly extend to Your Majesty respectful good wishes on the occasion of your birthday."

The following were recommended for election by the Divisional Committee of Management, and as no other nominations had been received, in accordance with Bye-Law 34 (2), they were deemed to be elected:

Chairman	Dr. R. F. Barbour
Secretary	Dr. A. J. Galbraith
Assistant Secretary	Dr. R. W. Simpson
Junior Reresentative on Council	Dr. E. B. McDowall

Dr. Pilkington the retiring Chairman, congratulated Dr. Barbour on his assumption of the office of Chairman, and invested him with the Chairman's badge.

The following were elected to Ordinary Membership of the Association:

BIRD, ROY LEONARD, M.B., B.S., Registrar, Bristol Mental Hospitals.

Proposed by Drs. A. Leitch, W. Cullen, F. G. Spear.

GODDARD, PEARL, M.B., B.S., D.P.M., Senior Medical Officer, St. James's Hospital, Milton, Portsmouth.

Proposed by Drs. W. Liddell Milligan, C. Haffner, G. D. Knight.

LYNCH, LUCY, M.B., B.Ch., B.A.O., L.H., Junior Medical Officer, Stoke Park Hospital, Bristol.

Proposed by Drs. W. A. Heaton-Ward, D. F. Early, J. Jancar.

PEARCE, ARNOLD, M.B., B.S., D.P.M., Junior Medical Officer, Park Prewett Hospital, Basingstoke, Hants.

Proposed by Drs. I. Atkin, N. Gold, M. Salzmann.

WARREN, PETER KENNETH GEOFFREY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M., Assistant Psychiatrist, Bristol Mental Hospitals.

Proposed by Drs. R. E. Hemphill, A. R. Foster, M. Valentine.

WILKINSON, AGNES, M.B., Ch.B., M.R.C.P., Physician-in-Charge, Students' Health Service, University of Bristol.

Proposed by Drs. A. Leitch, A. M. Bradfield, W. Cullen.

PAPERS

"The Forston Clinic—its Design and Function."

DR. A. C. SINCLAIR gave an account of the origin of the Forston Clinic, which was first contemplated over 20 years ago, although it was not until 1957 that final approval was obtained from the Ministry of Health. He described some of the difficulties which had arisen over the original plans, which had to be altered to provide a common-room for patients of both sexes. Dr. Sinclair said that the Unit's attachment to the main mental hospital was very necessary to enable patients at the Clinic to have full access to the social, recreational, and occupational facilities in the hospital. As the main hospital was gradually being upgraded to the same standard of the Forston Clinic, Dr. Sinclair did not anticipate any real difficulties in the interchange of patients. He went on to describe the conflict of opinion, which had arisen over the decoration of the clinic, and the final

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scheme had been devised by the hospital staff; the furnishing of the clinic was carried out by one firm, and for this a sum of £19,000 had been allocated by the Regional Board.

Dr. Sinclair concluded by saying that the Forston Clinic was designed to accommodate informal patients and there were no locked doors. There were also facilities for day-patients and out-patient treatment, and the highly-developed car service enabled patients to attend for treatment such as E.C.T., and to return home the same day.

Dr. E. S. Foote also referred to certain aspects of the building and endorsed Dr. Sinclair's remarks about the help which had been given by the firm supplying the entire furnishing for the building.

The 96 beds in the Clinic were equally divided between male and female patients, and an Assistant Matron and Assistant Chief Male Nurse not only shared the same office, but were jointly responsible for the nursing care in the Unit. Nurses of both sexes were present at all E.C.T. sessions, which catered for both in-patients and out-patients on the same days. The treatment unit had originally been designed for insulin coma therapy and the curtaining off of the beds was found to be particularly suitable for the recovery stage after E.C.T.

Occupational Therapy was also carried out in the Clinic, which had its own recreational and other facilities such as ladies' hairdressing saloon, billiards and table tennis tables, and a surgery for dentistry and chiropody. Patients were encouraged to organize their own social activities. Each doctor working in the Clinic had his own consulting room, which facilitates psychotherapy and dealing with urgent out-patient referrals. There was a weekly clinical meeting, at which local Mental Welfare Officers attended.

Between 15 October, when the Clinic opened, and the 31 March there had been 201 admissions, 67 male and 134 female. Discharges during the same period totalled 131, 35 male and 96 female. At the end of March there were 70 patients in residence and there had been times when nearly all the female beds were occupied. Dr. Foote stressed the disadvantages of an architecturally symmetrical plan in view of the normally higher proportion of female patients. Finally, Dr. Foote said that 215 out-patient E.C.T.s had been carried out and a total of 108 out-patient consultations had been given to 49 patients during the period under review.

In the discussion which followed questions were asked about the degree of integration between the male and female sides of the clinic, and the relationships with the main building of the hospital. In reply Dr. Sinclair and Dr. Foote again emphasized the satisfactory co-operation which existed between the two sections of the nursing staff, and that all the amenities of the main hospital were available to clinic patients. The selection of cases for admission to the clinic was also discussed. With few exceptions patients were seen before admission by members of the hospital medical staff, and apart from patients who were regarded as definite suicidal risks, and those likely to abscond, all "treatable" cases, including adolescents, were accepted.

"Iatrogenic Parkinsonism."

By Drs. R. H. Boardman and A. G. Fullerton (published in the *Journal*, October 1960, p. 1468).

This Paper aroused much interest and was fully discussed. Members expressed their appreciation of the work done by Dr. Boardman and Dr. Fullerton, and it was hoped that this important contribution to the study of psychotropic drugs would lead to further research.

Finally, Dr. Lumsden Walker proposed a vote of thanks to the speakers, and endorsed the Divisional Chairman's appreciation of the hospitality accorded to the meeting.

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