THE

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SUPPLEMENT

APRIL, 1947.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION

QUARTERLY MEETING.

THE WINTER QUARTERLY MEETING of the Association was held on Friday, February 21, 1947, at 11, Chandos Street, Cavendish Square, London, W. 1, under the Presidency of Prof. D. K. HENDERSON.

The Minutes of the previous quarterly meeting had not yet been printed in the Journal and it was agreed that the President should sign them in due course.

OBITUARY.

The PRESIDENT said that since the last quarterly meeting information had been received of the death of four ordinary members of the Association :

Robert Dunmore Hotchkis, of St. Andrews, had been a member of the Association since 1894. Dr. Hotchkis was a man who was very well known, perhaps better in Scotland than in London. During the 1914–1918 war he looked after the war hospital at Dykebar and did a great deal of extremely useful work. He commanded the utmost respect of all those who were associated with him.

Bedlington Howel Morris, Inspector-General of Hospitals for South Australia and a member since 1917.

Andrew Paterson, of Edinburgh, a member since 1942. He, the President, had been closely associated with Andrew Paterson, and his death was a great tragedy. He had a distinguished undergraduate career both in arts and medicine. Paterson, with Stonewell, made many contributions of outstanding merit in regard to the correlation of physiological and pathological changes, particularly in relation to head injury cases accompanied by psychiatric and psychological sequelae. He came to London to take a post as senior physician at the Maudsley Hospital and died a few weeks ago.

Richard Eager, member since 1906. Eager was the son of a distinguished medical superintendent at St. Audrey's Mental Hospital and, following in his father's footsteps, he became one of the leaders in the speciality at Devon Mental Hospital. He was an active member of the Association and well known to the members ; he had great enthusiasm, great personality, he conducted his work with great care and interest, and he was always most helpful to those who were associated with him.

The members stood for a moment in silent tribute to the memory of the deceased members.

ELECTIONS.

(1) Ordinary Members.
(2) Re-election of Ordinary Member.
(3) Associate Members.

It was agreed to take these *en bloc*, and Dr. Cunningham Dax and Dr. Roberts acted as scrutineers.

After the ballot had been taken the President declared that the following had been elected :—

Ordinary Members :

BARBOUR, ROBERT FREELAND, M.A.Cantab., M.B., Ch.B.Edin., D.P.M. Edin., F.R.C.P., Hon. Psychiatrist, Royal Hospital, Bristol, and Children's Hospital, Bristol ; Director, Bristol Child Guidance Clinic ; 13, Old Sneed Road, Bristol, 9.

Proposed by Drs. F. Bodman, W. C. M. Scott, and J. F. Wilde.

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BATES, LAURA MARY, M.B., M.R.C.S., L.R.C.P., D.C.H., Assistant Medical Officer, Botleys Park Colony, Chertsey, Surrey.
Proposed by Drs. K. Paddle, D. Magrath and C. Rose.

BURBURY, WINIFRED MARY, M.A.Cantab., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.Lond., Hon. Psychiatrist, Salford Royal Hospital and Royal Manchester Children's Hospital; Medical Director, Manchester City Child Guidance Clinic; 13, St. John's Street, Manchester, 3.
Proposed by Drs. F. Bodman, J. F. Wilde and G. W. Smith.

CHURCHILL, STELLA, M.R.C.S., L.R.C.P., D.P.H.Camb., Psycho-Therapist, West End Hospital for Nervous Diseases, London; 14, Park Village East, London, N.W. 1.
Proposed by Drs. J. G. Hamilton, D. Whittaker and A. Walk.

CLAPHAM, HARRY ISAAC, L.R.C.P., L.R.C.S.Ed., Clinical Assistant, Glasgow Royal Mental Hospital; 3, Bolton Drive, Glasgow, S. 2.
Proposed by Drs. A. McNiven, M. M. Whittet and E. Cruickshank.

CLOUSTON, GORDON STEWART, M.D., D.P.M., D.P.H., Psychiatrist i/c Child Guidance Service, E. Suffolk, W. Suffolk, and Ipswich; c/o 17, Tower Street, Ipswich.
Proposed by Drs. John Bowlby, A Walk and G. W. Smith.

DAVIES, DAVID LEWIS, M.A.Oxon., B.M., B.Ch., D.P.M., Registrar, The Maudsley Hospital, London; 56, Herga Court, Harrow-on-the-Hill, Middlesex.
Proposed by Drs. I. Magee, W. J. Barbour and J. H. Colhoun.

EDWARDS, FREDERICK HATELY, *M.C.*, M.R.C.S., L.R.C.P., Medical Officer, St. Ebba's Hospital, Epsom; 13, Ewhurst Road, Crofton Park, London, S.E. 4.
Proposed by Drs. L. H. Wootton, J. C. Batt and W. D. Nicol.

HASTINGS, CYRIL MICHAEL THOMAS, M.B., Ch.B., Deputy Medical Superintendent, Camberwell House, Peckham Road, London, S.E. 5.
Proposed by Drs. H. G. Norman, K. M. Todd and N. Oliver.

HAWKINGS, JOHN ROGER, M.B., Ch.B.Bristol, M.R.C.S., L.R.C.P., D.P.M., Medical Officer, Bristol Mental Hospital, Fishponds, Bristol.
Proposed by Drs. R. E. Hemphill, P. G. Grant and A. Walk.

JARMAN, DAVID EWART, M.R.C.S., L.R.C.P., Assistant Medical Officer, Central Mental Hospital, near Warwick.
Proposed by Drs. E. S. Stern, S. W. Gillman and S. A. MacKeith.

LOBL, ELIZABETH FRANCISCA, M.D.Vienna, Assistant Medical Officer, Bethlem Royal Hospital, Monks Orchard, Beckenham, Kent.
Proposed by Drs. J. G. Hamilton, D. Whittaker and P. Fry.

McDOUGALL, JOSEPH HENRY, M.B., Ch.B.Glasg., Assistant Physician, Glasgow Royal Mental Hospital; 4, Glencairn Drive, Glasgow, S. 1.
Proposed by Drs. A. McNiven, M. M. Whittet and E. Cruickshank.

MacDOUGALL, JAMES LOVE, M.B., Ch.B.Glasg., Assistant Physician, Glasgow Royal Mental Hospital; 1055, Great Western Road, Glasgow, W. 2.
Proposed by Drs. A. McNiven, M. M. Whittet and E. Cruickshank.

McGRATH, PATRICK GERARD, M.B., Ch.B.Glasg., Assistant Physician, Glasgow Royal Mental Hospital; 1055, Great Western Road, Glasgow, W. 2.
Proposed by Drs. A. McNiven, M. M. Whittet and E. Cruickshank.

MACLEOD, ALASTAIR WILLIAM, B.Sc., M.B., Ch.B., D.P.H., D.P.M., Acting Director, York Clinic for Psychological Diseases, Guy's Hospital, London, S.E. 1.
Proposed by Prof. D. K. Henderson, Drs. L. C. Cook and F. L. Scott.

MACPHERSON, JAMES, B.Sc., M.B., Ch.B.Glasg., Clinical Assistant, Glasgow Royal Mental Hospital; 15, Doune Terrace, Glasgow, N.W.
Proposed by Drs. A. McNiven, M. M. Whittet and E. Cruickshank.

MILNE, ADAM, *M.B.E.*, B.Sc., M.B., Ch.B., Psychiatrist, E.M.S., Lansdowne Clinic for Functional Nervous Disorders, Glasgow; 43, Mitre Road, Jordanhill, Glasgow, W. 4.
Proposed by Drs. T. F. Rodger, J. Milne and M. M. Whittet.

ORTON, ROBERT, M.B., Ch.B.Leeds, D.P.M.Lond., Deputy Medical Superintendent, Cumberland and Westmorland Mental Hospital, Garlands, Carlisle.

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Proposed by Drs. J. Braithwaite, G. W. B. James and R. Freudenberg.

REES, WILLIAM LINFORD LLEWELLYN, B.Sc., M.D., M.R.C.P., D.P.M., Assistant Physicain, The Maudsley Hospital; 13, Engel Park, Mill Hill, London, N.W. 7.

Proposed by Drs. L. H. Wootton, W. D. Nicol and J. C. Batt.

ROBINSON, JOHNSON THEODORE, *O.B.E.*, M.A., M.D., D.P.H., D.P.M.Lond., Brigadier, R.A.M.C., Byways, 30, Western Road, Littlehampton, Sussex.

Proposed by Dr. T. A. Ratcliffe, Lt.-Col. J. C. Penton and Dr. A. Walk.

SAX, KURT, M.B.Belfast, M.D.Graz.; Heathcote, Sans Souci Park, Malone Road, Belfast.

Proposed by Drs. G. M. Smith, M. M. Robson and A. Walk.

SHRIBMAN, IRVING, M.A., M.B., B.Ch., B.A.O., L.M., Graded Psychiatrist, R.A.M.C., 35, Hanover Gate Manisons, London, N.W. 1.

Proposed by Drs. J. MacKay, A. Walk and G. W. Smith.

SMITH, KENNETH CARL PFEIFFER, M.R.C.S., L.R.C.P., D.P.M., Registrar, Bristol Mental Hospital; 46, Rousham Road, Bristol.

Proposed by Drs. R. E. Hemphill, P. G. Grant and G. Garmany.

STANLEY, RAYMOND JOHN, M.B., B.S.Lond., M.R.C.S., L.R.C.P., Assistant Medical Officer, Leybourne Grange Colony, West Malling, Kent.

Proposed by Drs. R. F. Jarrett, A. S. Patterson and R. G. McLaren.

VALENTINE, AMOR ADAM, M.B., Ch.B.St.Andrews, Assistant Medical Officer, Leybourne Grange Colony, West Malling, Kent.

Proposed by Drs. R. F. Jarrett, A. S. Patterson and R. G. McLaren.

WILLIAMS, ARTHUR HYATT, M.B., Ch.B.L'pool, Assistant Medical Officer, Carlton Hayes Hospital, Narborough; The Knoll, Forest Road, Narborough, near Leicester.

Proposed by Drs. K. K. Drury, F. J. Napier and J. R. Mathers.

Ordinary Member (re-elected):

BROWN, WILLIAM, M.A., M.D.Oxon., D.Sc.Lond., F.R.C.P., Hon. Consulting Psychologist, Bethlem Royal Hospital; 88, Harley Street, London, W. 1.

Proposed by Drs. J. R. Rees, K. K. Drury and F. J. Napier.

Associate Members:

CROFT-COHEN, NICHOLAS CYRIL, Barrister-at-Law; Legal Commissioner of the Board of Control; 12, St. Augustine's Mansions, Vincent Square, London, S.W. 1.

Proposed by Drs. T. R. Forsythe, A. Pool and G. D. Knight.

GREEN, HENRY RUPERT, Barrister-at-Law; Legal Commissioner of the Board of Control, 32, Rutland Gate, London, S.W. 7.

Proposed by Drs. T. R. Forsythe, A. Pool and C. C. Beresford.

HALSTEAD, HERBERT, M.A.Cantab.(Psychology), F.C.I.I., Vocational Psychologist, City Mental Hospital, Winson Green, Birmingham; 328, Gillott Road, Birmingham, 16.

Proposed by Drs. J. J. O'Reilly, G. Tayleur Stockings and G. W. T. H. Fleming.

QUASTEL, J. H., D.Sc., F.R.I.C., F.R.S., Director of Unit of Soil Metabolism, Agricultural Research Council; University College, Cathays Park, Cardiff.

Proposed by Drs. P. K. McCowan, W. Mayer-Gross and A. Walk.

REPORT OF COUNCIL.

Dr. K. K. DRURY, Hon. General Secretary, read the Report of Council as follows:

Three meetings of the Council have been held since last November. Two of these were specially convened to deal with communications from the Minister of Health regarding the new National Health Service Act.

The first of these was concerned with the new Superannuation Scheme, which embraces all those who will work under the new Act.

The Council fully discussed the draft Regulations the Minister proposes to make, and have made a series of observations.

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The second of these special meetings dealt with a further communication from the Minister of Health, which asked for nominations for the Regional Hospital Boards. The Council made a series of recommendations on this subject, which have been sent to the Minister.

The Ordinary Meeting of the Council was held on February 20. Several letters from the British Medical Association were dealt with, and the Council decided that all negotiations with the Minister of Health should be conducted through the Mental Health Sub-Committee of the Negotiating Committee.

The special Sub-Committee will deal direct with the Minister on all matters appertaining to mental health and consists already of Drs. Curran, Masefield and Petrie and, in addition, the Council have nominated Drs. Burke, Drury and J. R. Rees as members of this Sub-Committee. In addition to this, the Negotiating Committee have appointed a sub-committee to deal with the Superannuation question and Dr. Drury was appointed by the Council as a member of this Committee.

The Treasurer reported that there was a credit balance at the Bank and that 13 members had paid their subscriptions and arrears, and had been reinstated in their membership of the Association.

The Registrar reported that the winner of the Campbell Clark Prize for 1946 was Nurse Mary Kate Morrisroe, of Herrison Hospital, Dorset.

The Editor-in-Chief regretted that there would be much delay in the future issue of the Journal on account of difficulties of printing and supply of paper.

The Librarian hoped to publish very shortly the first of his book lists, comprising all books in the library published in the last ten years.

Negotiations with the General Nursing Council of Scotland and the Joint Council for Northern Ireland continue satisfactorily.

The Dutch Society of Psychiatry and Neurology is organizing an International Meeting in Amsterdam, June 13 to 15, 1947, and invites all members of the R.M.P.A. and their wives to attend as their guests. Names of those wishing to attend should be sent to the Secretary, Chandos Street, before April 15.

The Royal Sanitary Institute are holding the next Annual Health Congress at Torquay, June 2 to 6. Applications for tickets, papers and reports at 2 guineas each person should be sent to the Secretary at Chandos Street.

The PRESIDENT said that time had been taken up and interest focused on the question of how the Association should best be in touch with the Minister of Health regarding the new National Health Service Act, and the other important problem was the regulations governing the new superannuation scheme, which embraced all those who would work under the new Act.

Dr. DRURY said that these were the draft regulations and would not necessarily go before Parliament in their present form. They were extremely long and difficult to interpret in many places.

The first point was to whom they applied. All new entrants would come under the scheme, but those in the service previously would have three options, the first that they could come under the new scheme, counting their previous service; second, that they could remain under their present scheme provided notice was given to the Minister in writing, and they would receive substantially equal benefits to those at present in force; and thirdly, they could contract out of superannuation altogether (on giving due notice) and be repaid their contributions.

Under the new scheme the employee paid 6 per cent. until such time as the actuaries of the Government made a new investigation into the working of the scheme to see if any alteration was justified. One or two points affected the mental health service very much. The first 20 years of service counted as one year each, but after 20 years each year of service counted as two years for superannuation purposes, therefore after 21 years it counted as 22 years, and after 30 years it counted as 40 years' pension service. This was included because people outside the Asylum Officers' Superannuation Acts had to do 40 years before they could draw their pension and people in the Mental Health Service would do 30 years. Retirement could take place after 40 years' pensionable service, the pension being 40/80ths, at present it was 2/3rds after 33 years' service, on reaching the age of 55, and the new pension was based on the average of the remuneration received during the last three years of service and not on ten years as in the 1909 Act. In addition to the pension there was a retiring gratuity, which was one of the points about which

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the Council wished to make representations. An unmarried man could get 3/80ths for each year of pensionable service up to a maximum of 40 years, the married man got 1/80th, so that an unmarried man, apparently, got three times as much as his married *confrère*. The pension also carried the right of pension for the widow if the pensioner died. The widow's pension was one-third of what the pensioner was getting. That ceased if she married or cohabited with a man. There was nothing in the proposed regulations which said that the husband of a married woman in the service should receive a pension if she died, though she could make an allocation of part to a spouse or dependant. There were injury allowances similar to the present scales, and there were arrangements by which part of the pension could be made over to dependants. There was a long paragraph on the meaning of service which, quite frankly, no one was able to understand. It was a complicated piece of writing, it brought in pensionable service, contributory service, non-contributory service, and part contributory service, and exactly how it affected them he did not know. Past service under superannuation schemes had been guaranteed and the rights were substantially equal so that people in private mental hospitals who had a scheme of their own, provided it was satisfactory, would have it counted and it could be carried on under the options he had mentioned.

There was one point which was brought out in the Athlone Report—that female nurses should be allowed to retire at an earlier age than the men, but that had not been carried through under these regulations. Return of contributions was much the same as at present, but contributions would be returnable on voluntary resignation and not lost as in the 1909 Act.

Conditions attached to grant of pension or injury allowance.—At present if a man had to retire on account of illness before his full time, after the authority accepted his medical certificate, he could draw pension at the rate suitable to the service he had had ; the new regulations stated that the Ministry could call for further medical certificates and if it was thought that the man had become fit for service again the Minister could direct him to take up a position in any capacity for which his previous experience rendered him suitable, but there was no mention of the remuneration he was to receive when he rejoined the service. The Council discussed this point at great length, because this was a case where the Minister had power of direction with very little appeal against it, and a man might be sent to Northumberland, Cornwall or London. Although it was doubtful whether it would come into effect, the Minister had this power of direction, which was a very serious matter.

The remainder of the regulations covered late entrants, female nurses, health visitors, forfeiture of rights. Apparently the whole of the money side of this was to be kept in a special fund, not like the A.O.S. Act, which came out of the maintenance.

He thought these were the main points. When the regulations had been finally approved and went before Parliament he proposed to make an extract of them and circulate it to members before one of the quarterly meetings, so that members could have a short description of the conditions as they finally applied.

Dr. BLAKE MARSH asked if the retiring age was 55 after 40 years' service, to which Dr. DRURY replied that it was.

The PRESIDENT thanked Dr. Drury for his exposition of the regulations and his promised extract of the final regulations would be much appreciated.

Mr. PENTON said that the only point which Dr. Drury did not quite cover was the people in the mental health service to whom the regulations applied ; they were called " mental health officers " and they included medical and nursing staff and such other classes of persons as were designated from time to time by the Minister and the intention there was to cover all persons having specific charge of patients, which was an entire departure from the Asylum Officers' Superannuation Act, that is, Class I and Class II employees, and it would cut out a certain number of people who were put into Class I. Some Committees put every one in their employ into Class I ; some of them, he was afraid, would lose, but it was open to them to say that they desired to take up their option to remain in their present positions. It would, of course, apply to all new entrants.

A list of persons who should be designated as mental health officers had been drawn up, it was not concluded yet, but it was the intention to include only such persons as had substantial charge of patients. Others would come under the general part of the scheme.

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Dr. J. R. REES said that in the absence of the Journal he wondered if there could be a monthly roneo'd news sheet issued in this critical period giving news of how things were progressing, what the Association was doing through its various committees, and what the Mental Health Sub-Committee was doing. He thought members would appreciate getting things from headquarters every month and that would be extremely good because they would be better provided than some of the local people in their areas.

The PRESIDENT said that this was an interesting suggestion, and agreed that it would probably be a good thing if some information could be given, perhaps not as frequently as monthly, but it was a matter which could be kept in mind.

A MEMBER asked the position of those who preferred to remain in the existing scheme with regard to the legal liabilities of the authorities to pay the pension. At present the legal liability rested upon the local employing authority, but he presumed that in 1948 there would be no such thing as a local authority under whom they would be employed and perhaps their legal liability would then disappear. Would it be taken over by the Minister of Health ? In other words, would the Minister pay the pension of the man who preferred to remain under the existing Act ?

The PRESIDENT said that he understood that it was the intention of the Government to carry this on irrespective of the local authorities.

Dr. DRURY said that as far as was known the local authority was responsible for pensions which were now being paid, but the Minister was taking over the responsibility for all future pensions.

Dr. T. P. REES asked if those who elected to stay under the present Act would receive the same.

Dr. DRURY said that the words were " substantially equal benefits."

Mr. PENTON thought " substantially " was a drafting word. If "similar" was used the lawyers might argue about it.

Dr. MCCOWAN presumed that whatever was decided in England, Scotland were almost certain to take it over. What they in Scotland were concerned about was the number of people who had a moral right to a pension but who had no legal right to it. He presumed they would be safeguarded from that point of view.

Dr. PETRIE asked if there was any possibility of getting an actuary's opinion on the possibilities of the word " substantial." Was there any actuary who could say what were the values under the Asylum Officers' Superannuation Act and what the values under the new scheme were likely to be ? As far as he could see they would receive less, but it was less of a gamble. There must be an actuarial basis on which these things were worked out, but was there anyone who could fortify them with actual knowledge as to whether they were gaining or losing in cash ? It was extremely difficult to answer, but it might be worth exploring as to whether there was any actuarial information which could be taken to the Negotiating Committee.

Dr. DRURY said that the onus of decision was laid on the person ; It was for each person to go to his own actuary and discover whether he would lose or gain. Under the Second Schedule, if the man's wife was considerably younger than her husband her widow's pension was reduced by percentages per annum, though not increased if older. The full table would be printed in the final draft.

Dr. CUNNINGHAM DAX said that he thought it might be worth while inquiring from an actuary as to whether he would be prepared to make some sort of sliding scale, which could be taken up by anyone at any age and whether married or otherwise. The Association would render a great service to its members by doing something like that and he would suggest that this should be taken to an actuary to ask whether he could produce such a sliding scale and any member of the Association could then find the details relevant to himself by the payment of a guinea to the Association.

Dr. DRURY said that he asked an actuary if he could prepare such tables, and the reply was that he could, if given sufficient time, but it would be a costly job worked out over the ages and length of service.

Dr. MCCOWAN said that this did not only apply to the superannuation of asylum officers but to all Superannuation Acts, and he thought the Negotiating Committee should have before it any information which could be obtained. The expense would not be borne only by the Association, but by the various bodies taking part in the negotiations.

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Dr. PETRIE wished to second Dr. Dax's suggestion. They had no real guidance at all. The Asylum Officers' Superannuation Act only applied to one small section of the profession and unless their representation was armed with some actuarial figures they would be at a disadvantage in asking for facts to be ascertained. If they had figures which the Government actuary might be called upon to contradict it would be something. What was wanted was a reliable and simple actuarial statement and that seemed to be essential.

Asked if they could be given some idea of the cost, Dr. DRURY replied that the actuary had said that he could not give any estimate.

Dr. GORDON MASEFIELD said that it affected a far larger number of nursing staff than of the medical staff, and he would suggest that the other two bodies very intimately concerned with this should be consulted, that is, the Hospital Administrators' Association and the Confederation of Mental Health Services Employees. Mr. Gibson was the man to apply to in this matter; he was a Governor of the Bank of England and was a very suitable man to go to in this matter.

The PRESIDENT said that Dr. Masefield's seemed to be the simpler idea. He was in favour of accepting such a suggestion in the first place and in the second place one could follow the suggestion made by Dr. Dax in regarding to getting on to a more definite actuarial basis.

The PRESIDENT asked if he should take that as an instruction from the meeting and ask the Secretary to proceed accordingly.

(*Agreed.*)

The PRESIDENT said that the other point to which he should draw attention was the fact that several letters from the British Medical Association were dealt with and the Council decided that all the negotiations should be conducted from the Mental Health Sub-Committee of the Negotiating Committee. This Sub-Committee would deal direct with the Minister on all matters of mental health, and it consisted of very influential people—Dr. Curran, Dr. Masefield, Dr. Petrie and Dr. Burke, Dr. Drury and Dr. J. R. Rees. This was a strong body, who were well able to undertake any of the negotiations, and he thought they were men who had the confidence of the Association.

A member asked if they could take it that the Negotiating Committee was definitely going to negotiate, or were they going to refuse to carry out any further negotiations and would that bind the R.M.P.A.

The PRESIDENT said that he understood that they were going to negotiate, but he could not answer more definitely.

The Dutch Association were very anxious that there should be a good attendance at the International Meeting in Amsterdam in June. The official languages of the conference were English and French.

The Report of the Council was adopted and the business part of the proceedings then concluded.

PAPERS.

"Psychiatry and the Population Problem," Introduction by C. P. BLACKER, *G.M.*, *M.C.*, D.M., F.R.C.P.

"A Survey of Subnormal Types," by R. CARADOC JONES, M.A. (see p. 278).

"High Grade Mental Deficiency in Relation to Differential Fertility," by J. A. FRASER ROBERTS, M.D., F.R.C.P. (see p. 289).

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