THE

JOURNAL OF MENTAL SCIENCE

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SUPPLEMENT

JULY, 1946.

# THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION

## QUARTERLY MEETING.

A QUARTERLY MEETING of the Association was held on Thursday, February 14, 1946, at 11, Chandos Street, Cavendish Square, London, W. 1, under the Presidency of Lt.-Col. A. A. W. PETRIE, *C.B.E.*, M.D., F.R.C.P., F.R.C.S.Edin., D.P.M.

### MINUTES.

As the Minutes of the previous Quarterly Meeting had not yet been published, the PRESIDENT said that in authorizing him to sign them the Association would not commit itself to any policy. The controversial matters were again on the agenda for discussion.

It was agreed that the Minutes should be signed.

### OBITUARY.

The PRESIDENT said that the Association had lost a distinguished Honorary Member by the death of Sir E. Farquhar Buzzard, Bt., *K.C.V.O.*, LL.D., M.A., M.D., F.R.C.P., Extra Physician to H.M. The King; Regius Professor of Medicine, University of Oxford, Christ Church. He had been an Honorary Member of the Association since 1944. All would remember his upright figure. He took a great interest in the speciality, for he was a distinguished neurologist. He was a fine athlete, a Blue, and a very worthy leader of the profession.

The members stood in silent tribute for a few moments.

### ELECTION OF MEMBERS.

It was agreed to take the election of members *en bloc*. Dr. Ford Robertson and Lt.-Col. Lodge Patch acted as scrutineers, and after the ballot had been taken the PRESIDENT declared that the following had been elected members of the Association:

BALLARD, STANLEY IAN, L.R.C.P.&S.Edin., L.R.F.P.&S.Glas., Dipl. Psych. Edin., Registrar, Royal Edinburgh Hospital for Mental Disorders, Morningside, Edinburgh, 10.
*Proposed by* Drs. J. Flind, I. J. Davies and J. H. Hurt.

BARKER, ELIZABETH G. W., M.B., Ch.B.St.And., D.P.M.Eng., D.R.C.O.G., Assistant Medical Officer, St. James's Hospital, Milton, Portsmouth.
*Proposed by* Drs. T. Beaton, W. Liddell Milligan and K. K. Drury.

CASSELLS, JOHN, M.B., Ch.B.Glas., Assistant Medical Officer, Lanark District Asylum, Hartwood, Shotts, Lanarkshire.
*Proposed by* Drs. I. Sutton, W. N. J. Chapman and T. Dymock.

CATTERALL, SYDNEY, M.B., Ch.B., Surg.-Lieut. R.N.V.R., 5, Lower Bank Road, Fulwood, Preston, Lancs.
*Proposed by* Surg.-Lieut.-Cmdr. M. Crichton Hood, Drs. G. V. Stephenson and N. Langdon-Down.

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CRITCHLEY, MACDONALD, M.D., F.R.C.P., Surg.-Capt. R.N.V.R., Consulting Neurologist to Royal Navy; Sen. Neurologist, King's College Hospital; Physician, National Hospital, Queen Square, W.C. 1; Royal Naval Hospital, Barrow Gurney, near Bristol.

*Proposed by* Surg.-Capt. D. Curran, Drs. Bernard Hart and A. J. Lewis.

HARKNESS, JOHN, B.Sc., M.B., Ch.B.Glas., Senior Assistant Medical Officer, Royal Asylum, Montrose, Scotland.

*Proposed by* Drs. J. C. Anderson, W. Boyd and A. M. Wyllie.

KASSIM, MOHAMMED KAMAL, B.M., B.Ch.Cairo, D.P.M.&N.Cairo, Medical Officer, Appeal Prison, Cairo; No. 8, Farouk Street, Cairo.

*Proposed by* Drs. el Kholy, M. Abd-elHakeem and Lt.-Col. C. C. Beresford.

MCDOUGALL, WILLIAM LINDSAY, M.B., Ch.B., Deputy Physician Superintendent, Royal Asylum, Montrose, Angus.

*Proposed by* Drs. J. C. Anderson, W. Boyd and A. M. Wyllie.

MANUGIAN, ANTRANIG SAMUEL, M.D., Dip.Psych.Edin., Major *R.A.M.C.*, Officer i/c Psychiatric Section, 12 British General Hospital, M.E.F.

*Proposed by* Drs. T. Ferguson Rodger, E. J. Hewitt and J. J. Jacobs.

SILVERMAN, MAURICE, M.B., Ch.B., Assistant Medical Officer, Scalebor Park, Burley-in-Wharfedale, Yorks.

*Proposed by* Drs. J. Valentine, R. Clive Walker and F. E. Kingston.

## REPORT OF COUNCIL AND MOTIONS ARISING THEREFROM.

The HON. GENERAL SECRETARY read the report of Council as follows:

It is recommended that the Association form a Joint Committee with the General Nursing Council, under an Independent Chairman to be appointed by the Minister of Health, to discuss details and arrangements for handing over the conduct of the mental nursing examinations to the care of the General Nursing Council and otherwise implementing the findings of the Athlone Sub-Committee.

The Report of the Mental Deficiency Committee on Rewards to be given to Patients in Mental Deficiency Institutions and Observations on the "Daily Licence" System was approved, and it was agreed that it should be circulated to the Local Authorities concerned, to the Board of Control, and the Mental Hospitals Association.

The Mental Deficiency Committee also suggested that the Association should purchase sufficient copies of Government and other official publications to be able to give copies to the senior officers concerned. It was agreed to do so if the officers were not in possession of them already.

In view of the likelihood of the early publication of the Mental Health Bill, the President and the Chairman of the Parliamentary Committee will keep in close touch, and if it was thought advisable, to call a meeting of the Council of the Association or a Special Meeting of the Association itself.

The PRESIDENT reported that the British Medical Association had formed a special Sub-Committee to deal with the Salaries and Conditions of Service in the Mental Health Service, and that it was expected that a report would be received from them in the very near future.

Dr. Maberley (with Dr. T. P. Rees as his Deputy) had been appointed to represent the Association on the Psychiatric Social Workers' Course Committee of the London School of Economics.

It was reported that the York Races were being held on the same dates as were originally proposed for the May Meeting in York. With the co-operation of Dr. Poole and the Committee of the Retreat it was decided to hold the meeting on Friday, May 17, with the Committees on the previous day, Thursday, May 16.

An invitation was received from the Board of Control to send a representative to a meeting to be convened by the Board to discuss dietaries and similar subjects in mental hospitals and institutions. The President was appointed to represent the Association.

The TREASURER reported that he and the Hon. General Secretary had interviewed candidates for the post of Secretary, and that from among many excellent applicants they had selected Miss Joan Hughes for the position, and it was agreed that the post be offered to this lady, who would be able to take up her duties forthwith.

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The HON. GENERAL SECRETARY moved that the Report be adopted.

Dr. FORD ROBERTSON seconded.

The PRESIDENT pointed out that there were a number of vital matters arising out of the Report: the negotiations with the Ministry of Health and the General Nursing Council with regard to the examinations; views which members might wish to express regarding the proposed new Act, and the salaries question.

With regard to the negotiations concerning the examinations, the Athlone Report had been published, and meetings had been held with the Ministry of Health and the General Nursing Council; the latter body showed a genuine desire to co-operate with the Association. The points put forward by Dr. Masefield with regard to the alterations in the Preliminary Examination to make it more adaptable for mental nurses had been more or less agreed to by the General Nursing Council, prior to a meeting at the Ministry of Health presided over, for a few moments, by Mr. Aneurin Bevan, but actually chaired by Sir Arthur Rucker.

At the meeting there were seven points on the agenda. The recommendation that a joint committee of the General Nursing Council and the Association should be set up with an independent chairman appointed by the Minister to consider the conditions under which the Royal Medico-Psychological Association's examinations might be handed over to the G.N.C. was agreed to after discussion.

It was pointed out that there were two possible alternatives envisaged in the Athlone Report, one that with suitable safeguards the General Nursing Council should take over the examinations, and the other that a separate board on the lines of the Central Midwives' Board should be set up, the latter entailing a division between mental nurses and the rest of the nursing profession. The meeting was very strongly in favour of the first proposal, the setting up of a board on which the majority of the members would be engaged in mental nursing, the actual chairman being appointed by the General Nursing Council. He suggested that a tenth member of the General Nursing Council connected with the mental health services should be appointed, but it was stated that the Council was legally constituted and it would be difficult to alter its membership and, allowing for the number of mental nurses who would be admitted to the Register, they would be over-represented if there was further representation. The question was therefore left in abeyance, though not entirely excluded by the conference.

The problem of the type of representation on the proposed board was considered. One body felt that a free and independent election should be held. It was pointed out that no doubly-qualified matron had been elected, that representatives were always chosen from the rank and file, and that it was felt that that was wrong, and that the matrons should have some representation, or the matter be arranged by nomination. The General Nursing Council was quite sympathetic to that point of view.

All registered mental nurses were to be entitled to use the letters S.R.N., followed by an appropriate letter. There would be three parts to the Register.

There had been a very long discussion on the educational test examination. It was suggested that it was of doubtful value for female nurses, and that it should not apply to male nurses. It was felt that the Association was committed to that type of policy. The General Nursing Council and Hospital Matrons' Association were in favour, the R.M.P.A. and other representatives were against it. He personally did not speak in the discussion as he felt that a test examination of intelligence was of some importance. Those who had had military experience knew that the Army had five grades, of which the fourth and fifth were very dull. It might be fairly easy to eliminate at least those groups from candidates. Miss Day, the Matron of St. Bartholomew's Hospital, was very keen on having a test examination on the lines of intelligence, and he did not think the Association could object to that. Mr. Gibson, of the Union, pointed out, however, that it might be more difficult still to get recruits.

The proposal to set up a Central Publicity Committee was agreed to.

The suggestion of instituting higher education for nurses was considered to be an important problem, and was to be considered by the bodies concerned. The London University already issued a Nursing Diploma, but it did not attract a large number of extrants. It was, however, only for those who had registrable nursing qualifications. The matter was worthy of further consideration.

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The meeting finished on the strong recommendation against the introduction of an assistant nurse class in mental hospitals.

Some of the county councils were very keen on importing assistant nurses into mental hospitals on grounds of economy, but those engaged in mental health work objected strongly on the ground that it was essential that their patients should be properly looked after.

The net result of the negotiations so far was that the Association was more or less committed to having a Joint Committee set up with an independent chairman, and if the negotiations proceeded along the present lines they would lead to the inevitable conclusion that the Association's examinations would cease, with the reasonable possibility that the General Nursing Council would adapt their examinations for the mental candidates so that an adequate number of trained mental nurses were able to pass and supply the needs of the mental services. Up to the present the Association had examined 4,000 candidates per annum as compared with 400 examined by the General Nursing Council. If the mental service had had to rely on that number it would have meant a very few trained people at the top with totally unqualified people underneath, which would have been disastrous. The General Nursing Council seemed to understand the position.

Dr. LINDSAY asked what effect the handing over of the examinations to the General Nursing Council would have on the financial position of the Association.

The HON. TREASURER (Dr. Smith) replied that he had been considering that question for five years, and he had warned the members that the loss of the examination revenue would mean putting the Association's finances in order. That was the chief argument for increasing the subscription three years earlier. The income from subscriptions and investments could be made to cover expenditure, but post-war arrangements, cost of salaries, printing, the Journal and other items had to be considered. It was in the hands of the Association to cut its expenses and increase the subscriptions at any time. It would be possible to carry on without the examination fees if reasonable care was exercised.

Dr. HAYNES (Registrar) said that it was only within the last year that nothing had been paid over to the Treasurer.

Asked the position with regard to the Preliminary Examination, the PRESIDENT said that the General Nursing Council was willing to introduce psychology, and to modify Part II so that mental nurses would have a better chance of passing the examinations. The G.N.C. was also willing that the examiners should know the class of institution from which the nurses came, so that the *viva voce* part of the examination would be based on the type of work they were actually doing.

Dr. BLAKE MARSH asked whether the Handbook would be a source of income to the Association. Was it being drawn up to incorporate the requirements of the syllabus of the General Nursing Council ?

The PRESIDENT replied that the Handbook was being drawn up to supply the mental part on the basis that the other part could be more suitably supplied by some other body, or a supplementary part might be issued later. The essential matter was to get the new Mental Handbook published.

Dr. LEWIS asked if the setting up of the new joint committee indicated whether the General Nursing Council, or a parallel board to the Central Midwives' Board, was going to do the work.

The PRESIDENT said that that was clear in the Athlone Report, but he had pointed out the alternatives of setting up a separate board or fusing the profession. Sir Arthur Rucker rather took the attitude that the preliminary talks with the G.N.C. had sufficiently settled the question—that it was unnecessary to consider setting up a parallel board on the lines of the C.M.B.

A MEMBER asked the meaning of the phrase " assistant nurse." The term used by the Rushcliffe Report was " nursing assistant." Were the two phrases identical ?

The PRESIDENT replied that if mental nurses qualified they would become State Registered Nurses. He envisaged an assistant nurse as one who had failed to become a State registered nurse, and who stayed on in the hospital to assist the trained nurses. He was very much against having persons who entered hospital and said, " I am not going to be bothered with your examinations." There were too many of them already, and if they could get some kind of privilege they would not take the trouble to qualify.

Another MEMBER hoped the Association's representatives would rigidly oppose

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any effort to raise the standard of theoretical and academic knowledge, which was already far too high in the examinations of the G.N.C. He hoped they would go " all out " for training practical nurses.

The PRESIDENT said that the proposed board would consist of seven out of ten people in mental work, and they would be able to deal with that.

On the second point arising out of the Council's Report, that of members' views regarding the new Health Services Bill, the PRESIDENT said that it might be necessary to call a special meeting to discuss it.

On the question of salaries, the PRESIDENT said that not very much could be said. The B.M.A. negotiations were rather bound by the fact that they were reconsidering the Askwith agreement which expired on March 31. The negotiations generally would take a little longer, he thought. There were two representatives from each of the bodies concerned, and the B.M.A. was trying to coalesce the various proposals, which would result in everybody having considerable increases. The immediate proposals were still confidential, but they would go forward at an early date.

The Council's Report was adopted.

## DISCUSSION ON THE REVISION OF THE BYE-LAWS.

The HON. GENERAL SECRETARY said that the controversial subject which came up at the Annual Meeting was whether the Divisional Secretaries should only hold office for three years, and that had been deleted. It was felt that the Secretary was such a key man that the length of time he should serve should not be limited, although he should stand for election each year. It was also thought that if the Chairman was limited it might lead to a certain amount of confusion. The members of the Divisional Committee must, however, retire after three years, and then wait a year before becoming eligible again. The remainder of the suggestions on the typewritten slip were matters of wording. There had been a tremendous amount of cross-references between one section and another to get the wording suitable.

The PRESIDENT said that in the first draft the Parliamentary Committee had become the Parliamentary and Local Government Committee, but after a debate in the Planning Committee it was decided to keep to the old name.

The HON. GENERAL SECRETARY said that in view of the prospect of the passing over of the examinations it was felt, with regard to disciplinary matters, that the Registrar should report misdemeanours of registered nurses to the Council and the Council should take any action it thought fit.

The PRESIDENT said that there was no provision in the present Bye-laws for non-medical members, and he would read the memorandum relating to that. The Council had approved the principle of Associate membership.

Dr. STERN proposed an amendment to para. 19*a*: after "Associate members shall not be eligible to become Officers of the Association " to insert " nor to vote on any resolution."

Dr. SMITH seconded.

Dr. WALK said that if this amendment was carried it would imply rather wider alterations. If the Associate members had not the right to vote they would not be eligible for membership of Council or Committees.

Asked the cost of the Journal, the Hon. TREASURER said that any member who did not pay his three guineas subscription was a loss to the Association. The overseas and Service members were getting a very great deal.

Dr. POOLE thought the amendment was unnecessarily apprehensive. If there were only 25 Associate members it was most unlikely that they would be able to sway the voting.

The PRESIDENT thought the number of Associate members could be increased to 40. The Honorary Membership would be much more select—in fact it was desired to make it a high honour. He thought the Associate members should be at least equal in number to the Honorary members.

Dr. LINDSAY thought the number should be decided before the amendment was considered.

The PRESIDENT moved, from the chair, that there should be 40 Associate members. There were at present 25 Honorary Members, though the Bye-laws provided for a maximum of 40.

Dr. DRURY seconded.

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Dr. BROOKS asked if the number was very important, and the PRESIDENT replied that being a medical association steps had to be taken to see the medical membership was not swamped.

Dr. HAYNES moved that the number elected in any one year should not exceed 5, except in the first year.

Dr. BLAKE MARSH said that if it was felt desirable in the future to increase the number, would it mean a reference to the Privy Council and an alteration to the Bye-laws ?

The PRESIDENT said that the wording could be " 40 or such appropriate number as may be approved by an annual meeting of the Association, not more than 5 to be elected in any one year, though a larger number may be elected in the first two years after institution of this class of membership." This to be added to para. 7*a*, "Associate Members " in the new Bye-laws.

This was put to the meeting and carried unanimously.

With regard to Dr. Stern's motion to limit the powers of Associate members, Dr. BLAKE MARSH suggested as an amendment that it should read, " not to vote on any motion affecting the Bye-laws of the Association."

Dr. BURKE seconded this amendment, which was put to the meeting and lost. Dr. Stern's amendment was then put to the meeting and there voted—for, 9; against, 10.

Dr. BLAKE MARSH raised a question on the proposed Bye-law 26 whereby membership of Committees of Management Divisions was limited for three years. There had been a good deal of controversy on the membership of committees; it was difficult to get men to serve, and if the membership was open to re-election annually he did not see any objection to members serving for more than three years, because fresh members could always be proposed and seconded. If everybody retired after three years there would be a great lack of continuity, and some of the most valuable people would be lost. He would not formally move an amendment because he was a member of the Committee, but he would like it to be fully considered by members of the Association.

The PRESIDENT said they could serve for three years out of four. This had been carefully considered by the Planning Committee. The idea was to bring in new blood.

Dr. CUNNINGHAM DAX was strongly opposed to Dr. Blake Marsh. It was difficult for the more junior members of the Division to vote against the Chairman at any time, and to suggest somebody else in his place when he put the election *en bloc* from the chair.

Dr. LINDSAY thought Dr. Blake Marsh was making a mistake. This was very much insisted upon and sought after by the junior members, and if it was altered without good reason they would feel they had been let down.

Dr. WALK, with regard to proposed Bye-law 97, asked whether there was any reason why the Editor-in-Chief had been dropped from the Nominations Committee.

The PRESIDENT replied that the only reason was to keep the Committee small. He added that the Librarian was an important officer, but was not on the Nominations Committee. The only officers on the Committee were the General Secretary and the Treasurer.

Dr. WALK proposed that the Editor-in-Chief be added to the Nominations Committee.

Dr. HELEN BOYLE seconded.

The motion was put to the meeting and there voted—for, 16; against, 6.

Asked why the study of the neuroses was so specifically included in the Section of Social Psychiatry, the PRESIDENT replied that it was a question of naming the Neurosis Section. It was pointed out that a comprehensive title was needed, and after various suggestions this was chosen.

Dr. COOK, with respect to proposed Bye-law 91, said that it might be that when some of the Committees were re-formed into Sections, one or two of the sub-committees would be made into standing committees. Would it be necessary to go the the Privy Council for permission to form other standing committees ?

The PRESIDENT replied that the Association had the power to appoint and dissolve standing committees.

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Dr. CUNNINGHAM DAX asked it there would be any limitation to the size or tenure of these standing committees.

The HON. GENERAL SECRETARY replied that the Nominations Committee would consider the standing committees and report to the Council on their findings.

Dr. CUNNINGHAM DAX, with regard to No. 26 in the typewritten document, said that Dr. Blake Marsh suggested altering the first portion, but on the second portion he would move that it should read: " The Secretary, subject to annual election, should hold office up to four years, after which he shall not again be eligible for reappointment except after an interval of one year."

The HON. GENERAL SECRETARY said that the Committee went into the matter and considered the number of years, but decided that it was better not to have any restriction whatever.

Dr. CUNNINGHAM DAX thought the principle was a bad one.

Dr. O'REILLY seconded Dr. Dax's motion.

Dr. MCCOWAN said that the strongest argument against the motion was that the Secretary's job was not a sinecure, and if it had to be filled again every four years there would be still greater difficulty in getting men to do the work. There would be great difficulty in getting a man to take it on again once he had given it up.

Dr. LINDSAY said that the Planning Committee occasionally had to stand up for itself. It was a very representative committee, and had spent hours in most careful consideration of this matter, and had definitely decided that the Secretary should not be limited to any particular term of office. Surely no Division would be so foolish as to re-elect a Secretary it did not want?

Dr. WALK said that at the September meeting of the Association a large number of members strongly opposed the proposal that the tenure of the Secretary should be limited.

Dr. MCCOWAN said that the tenure of office of the Committee of the Division was limited so that a Secretary and a small committee could not continue indefinitely. This was a strong safeguard against the fear that the Secretary would not do his job very well.

The motion was put to the meeting and lost by a very large majority.

Dr. BLAKE MARSH said that Dr. Cook raised a question on standing committees. After reading Bye-law 91 carefully it did not seem that any power to add to or vary the powers of the Standing Committees had been given.

Mr. PENTON said that although the Bye-law read that " Standing Committees should be appointed . . . at an annual meeting," later on it said " The Standing Committees shall be," etc. If the members wanted to be quite certain on this point it could read: " Standing Committees, subject to any alteration or addition by an Annual Meeting, shall be . . . " That would give full powers to do any thing they wished.

The PRESIDENT said that this was the paragraph which said that the Association had the power to increase or dissolve the Standing Committees.

Dr. BLAKE MARSH said that that was the intention, but he did not think it had been specifically stated.

Mr. PENTON said that a Division or Section could be created or dissolved, but there was nothing relating to Committees. He thought to make it clear an alteration such as he suggested should be made.

Dr. BLAKE MARSH therefore moved that Bye-law 91 be amended as follows: In line 10, between the words " Committees shall," insert " subject to any addition or alteration made by an Annual Meeting," so that the sentence read: " The Standing Committees, subject to any addition or alteration made by an Annual Meeting, shall be . . . "

Dr. BURKE seconded, and this was carried.

Dr. COOK said that now that Dr. Dax's amendment had been lost he felt that there was some danger of too much permanency on the Council, and he would like to propose that there should be an additional representative from the larger Divisions. It was rather inequitable that all Divisions should have the same number of representatives. He would like to ask what were the relative number of members of the Divisions, and then to make a proposal for an amendment that at least one, possibly more representatives should be elected to represent the larger Divisions.

The HON. GENERAL SECRETARY said that the last figures were as follows:

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South-Eastern Division 321, South-Western Division 158, Northern and Midland Division 245, Scottish Division 111, Irish Division 94, Indian Division 41, other countries 59; 17 addresses unknown. The whole idea of the Planning Committee was to try to reduce the numbers on the Council and the number of Divisional representatives had been reduced. The Council was appointed by the various Divisions, Sections and Committees, and it was up to these bodies to try to change the membership of the Council if they desired.

Dr. COOK said that the Divisions could only appoint the Chairman *ex officio*. The Secretary was appointed automatically and one member.

The HON. GENERAL SECRETARY said that the Chairman could appoint a deputy if he could not attend.

Dr. LINDSAY said that he had raised this point in the Planning Committee, whether the bigger Divisions should have increased representation. It was always possible for a large Division to divide itself and thus get further representation.

The CHAIRMAN said that the South-Eastern Division sacrificed its increased representation in order to make the Council less unwieldy.

Dr. HAYNES proposed that the Bye-laws, as amended, be approved.

Dr. BLAKE MARSH seconded, and the motion was carried unanimously.

The PRESIDENT expressed the Association's very grateful thanks to Mr. Penton for his invaluable help in drafting.

PAPERS.

**"Vitamin B Complex in Relation to Psychoses."** Papers were read by W. A. Caldwell, M.R.C.P., D.P.M. (see April number, p. 305), and S. W. Hardwick, M.D., M.R.C.P., D.P.M. (see April number, p. 310).

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A QUARTERLY MEETING of the Association was held on Friday, May 17, 1946, by invitation of the Committee and Dr. A. Pool, at The Retreat, York. The President, Lieut.-Col. A. A. W. Petrie, *C.B.E.*, M.D., F.R.C.P., F.R.C.S.Edin., D.P.M., in the Chair.

MINUTES.

The PRESIDENT said that the Minutes of the previous Quarterly Meeting had not been circulated as yet, but that certain of the matters dealt with would come up again on the Report of the Council, such as the salaries and conditions of service and the progress of the negotiations with the General Nursing Council, whilst the revision of the Bye-laws was the last item on the agenda.

It was agreed that the President should sign the Minutes as a correct record.

OBITUARIES.

The PRESIDENT announced, with regret, the deaths of the following members:

JOHN GEORGE PORTER-PHILLIPS, M.D., F.R.C.P., late Physician-Superintendent, Bethlem Royal Hospital, soon after his retirement. Dr. Porter-Phillips was well known to a great many and had been Secretary of the Education Committee from 1913 to 1920. He always played a prominent part in Association affairs.

Dr. GILBERT EDWARD MOULD, of The Grange, Rotherham, Yorkshire, a Member of the Association since 1896, and a well-known licensed house holder.

Prof. Dr. L. HASKOVEC, Professor of Nervous Diseases in the Charles University, Prague, Corresponding Member since 1930.

The members stood in silent tribute for a few moments.

ELECTION OF MEMBERS.

Dr. BRODY and Dr. ARMITAGE were appointed scrutineers and, after a ballot, the following were declared elected Members of the Association:

CHRISTIE, ANAPLE FRANCES MARY, L.R.C.P., M.R.C.S., M.B., B.S.Lond., Psychiatrist, Hampshire County Council Child Guidance Services; 25, Christchurch Road, Winchester.

GILROY, JOHN MARTIN, M.B., B.Ch., B.A.O., N.U.I., D.P.M., Major *R.A.M.C.*, Command Psychiatrist, Scottish Command; Asst. Medical Officer, Stirling District Mental Hospital; 1, Craigleith Hill Green, Edinburgh, 4.

WALES, WILLIAM THOMAS, M.R.C.S., L.R.C.P., D.P.M., Psychiatrist, E.M.S. Neurosis Unit; Asst. Medical Officer, Cardiff City Mental Hospital, Whitchurch, Glam.

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## Report of Council.

The Hon. Secretary read the Report of the Council as follows:

On the recommendation of the Education Committee the Council agreed to approach the Occupational Therapists' Association to discuss the question of the R.M.P.A. Occupation Therapy Certificate. Difficulty had arisen from of the fact that members of the Occupational Therapists' Association are restricted from training anyone for other than their own examinations.

The Council approved the proposal by the Research and Clinical Committee that the Papers and Discussions Sub-Committee should be appointed a Standing Committee with direct representation on the Council; the Hon. Secretaries of the four Sections to be, *ex officio*, members of the Papers and Discussions Committee.

The Memorandum on Research in Psychiatry which has been circulated to all members of the Association has been approved by the Council with a few alterations. The Report will be forwarded, if adopted by this Meeting, to the Minister of Health and the Secretary of State for Scotland.

The Report of the meeting with the B.M.A. Joint Committee on Salaries and Conditions of Service in the Mental Health Service was received. The Council decided to request that the Scottish Hospitals be included in the Report, and that Registered Hospitals also be included and up-graded if necessary.

A meeting was held on May 13 with the General Nursing Council on the question of handing over the conduct of the examinations to that Body. Agreement was reached on all the points, and a further meeting was arranged at which other Bodies will be represented and a neutral chairman will preside. The purpose of this further meeting is to discuss the composition of the Mental Health Committee of the General Nursing Council, when it is essential to secure adequate representation of the teaching side of the examinations.

The Association has been requested by the Provisional National Council for Mental Health to appoint a representative to serve on the provisional Programme Committee, which is preparing for an International Congress of Mental Health to be held in this country in the summer of 1948. The President and Dr. T. P. Rees were elected to serve on this committee.

The Congress of French-speaking Alienists was being held in Switzerland in July next. The Council hope that Brigadier G. W. B. James will agree to represent the Association at this meeting, or failing him, Dr. Doris Odlum will be asked if she will attend.

It was decided to approach the British Council on behalf of representatives from abroad attending the Annual Meeting in Edinburgh.

The President said there were one or two items of some importance in the report. The first was the question of the Association's relations with the Occupational Therapists' Association. The therapists apparently adopted the attitude that they could not train persons for another certificate, though they were willing to train mental nurses for their own certificate. The American view was in favour of specialization, with specialist occupational therapy officers, whilst the Germans, on the other hand, maintained that the nurses ought to do the occupational therapy and they obtained at least as high a standard as the Americans. Certainly one could not obtain effective psychotherapy unless nurses were interested and co-operated. The British had favoured a typical compromise—that there was some necessity for nurses to learn something about occupational therapy. The present arrangements tended to handicap the training of mental nurses, and it was decided that the Council should talk the matter over again with the Association.

The second paragraph of the Council's report, dealing with the Papers and Discussions Sub-Committee, was not likely to arouse much comment. The Memorandum on Research in Psychiatry had been circulated to all members in its original form, but had been considerably modified the day before and therefore the modifications had not been circulated. In paragraph I the first sentence stood, with the addition of the word "official" before "facilities and funds," but the rest of the paragraph had been deleted, and instead there was substituted:

> "Probably even more important has been the failure to provide a career for research workers in psychiatry. It is important that these faults be corrected if satisfactory results are to be obtained in future."

Paragraphs 2 and 3 stood, but 4 and 5 were deleted, and in paragraph 8 the word "younger" was deleted; in paragraph 8 "would" was altered to "should." The

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important amendment was in the Note at the end where the second sentence, " Probably this Board might function within the administrative field of the Medical Research Council " had been deleted.

It was a distinctly debatable point whether the money should come through the Medical Research Council. Hitherto psychiatry had been rather neglected by that body, and it had a tendency to subsidize individual workers rather than institutions.

Prof. HENDERSON thought the Memorandum, as amended, rather left matters in the air, without being worked out on a practical basis. Research centres ought to be established in hospital centres where there were clinical facilities. Before they cut out the Medical Research Council he would like to recall the fact that before the war this body had assisted the work of Prof. Adrian. It did encourage and give money to individuals to enable them to promote research into psychiatric medicine. He felt that the despatch of the Memorandum to the Minister of Health and the Secretary of State should be delayed to enable further consideration to be given to it. He moved :

> " That the Memorandum be referred back to the Research and Clinical Committee and Council with a view to its being reprinted and circulated in its new form."

The PRESIDENT said that these three lines were the ones most in question. The Government had hitherto been adamant that grants for medical research should be made through the Medical Research Council, though perhaps the Medical Research Council had been rather difficult in respect of psychiatry. He did not think that a delay until the next meeting would do any harm.

A MEMBER agreed that there was no particular hurry, and said he would like to second the motion of Prof. Henderson.

Dr. BRODY said the matter had already been discussed three times by the Research and Clinical Committee. He would like to know whether the main point at issue was the note at the end, because if so this could possibly be dealt with at once without delaying the whole document. He did not see what useful purpose would be fulfilled by referring it back to the Research and Clinical Sub-Committee. It might be against the policy of the Government for the Board to function within the administrative field of the Medical Research Council.

The PRESIDENT said the Government had maintained that the channel for funds for medical research should be the Medical Research Council. The only other possibility was getting money through the University Grants Committee. The Medical Research Council had tended to subsidize the individual rather than the institution. The question before the meeting was whether the memorandum, as amended, should be reprinted and the matter dealt with at the July meeting.

Dr. MCCOWAN said the points raised in the discussion had already been considered by the Research and Clinical Committee. By deleting this sentence they were not saying that they did not wish the Research Board to work within the administrative field of the Medical Research Council, but it was thought better to leave out the suggestion that it should do so. As for reprinting, there was fundamentally no change in the document as it originally stood. There was nothing to be gained by sending it back to the Research and Clinical Sub-Committee.

The meeting then voted upon Prof. Henderson's motion :

| | |
|---|---|
| For . . . | 17 |
| Against . . . | 10 |

and the reference back was accordingly *carried*.

The PRESIDENT then read extracts from a confidential document dealing with the agreed salary scales for negotiation for mental health service. He said that the Association was concerned in the termination of the Askwith scale. The London County Council was only disposed to consider those included in the Askwith scale, though there was more than a possibility that they and the Mental Hospitals Association would consider alterations of all salary scales.

The immediate changes which the British Medical Association proposed were : Up to £800 a year, 30 per cent. increase ; from £800 to £1,000, 20 per cent. increase ; and they were still arguing whether those earning over £1,000 should get an increase of 10 per cent. These increases were all on the basic 1939 scale. There was a tendency nowadays to regard anyone earning £800 or over as being over-paid, and they would not find much sympathy for the adjustment of higher incomes, though

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everyone knew how different the monetary position was as compared with six years ago. A reasonable rate of remuneration was essential.

Dr. T. P. REES thought that to ask for an increase of 10 per cent. might do more harm than good. Many authorities had already given a greater increase, and others were contemplating doing so; these might be tempted to make the increase only 10 per cent. It would be better to leave the salaries of superintendents and deputy superintendents alone. He also said it was well known that many authorities had made increases of £400 per annum.

Dr. METHVEN asked whether the scale would apply to Scotland.

The PRESIDENT said that originally the British Medical Association had intended it should apply to the whole country, but later it was limited to England and Wales. The Council kept the interests of Scotland in view. Registered hospitals would benefit, but generally the salaries in these were so far above the scales as not to be affected.

The next point in the Council's report was the negotiations between the General Nursing Council and the Royal Medico-Psychological Association, and the President read details of the position. It had been agreed that there should be alternative questions on psychology, and that oral and practical examiners should know which candidates came from mental hospitals. Every publicity was to be given to the reduced period in which nurses could apply to be put on the register. There was an urgent necessity for preliminary training schools, and a period in a preliminary training school would soon become a *sine qua non* for all nurses taking the General Nursing Council State Register examinations. Present holders of the R.M.P.A. certificate would be admitted, it was suggested, to the Register on payment of a fee of not less than two guineas. It was agreed that any preliminary test of general knowledge would be on the lines of intelligence tests, rather than knowledge tests. The Association had agreed to accept no more new candidates for its examinations after December 31, 1946, and to hold the last final examination in November, 1951, which they hoped would give a fair chance to those likely to fail a few times. They asked that the date for admission to the register should be extended after December 31, 1951. They had pointed out the hardship in the case of unregistered widows who had to work again, but the Council had replied that they had to have a definite date and they proposed to keep to December 31, 1951. On the question of publicity it was suggested that the B.B.C. be asked to help, because if the announcements were merely put in the nursing papers, they might not be seen by persons who had given up nursing but might wish to take it up again. They had already had pathetic cases of this sort of thing, about which the General Nursing Council was adamant, though the Association intended to raise the matter again.

The point had been raised as to whether they should follow the example of the Royal Colleges, Universities, and other institutions, which allowed entrants under old regulations to complete the course under them, and it was decided that both the General Nursing Council and the Royal Medico-Psychological Association should seek legal advice on the matter.

The General Nursing Council had reciprocal arrangements for examinations in some Colonies, and therefore it would not be practicable for the R.M.P.A. to continue its examinations abroad. The exceptional position of Lebanon had been recognized, because this was a foreign country, and it was agreed that the Association should make its own arrangements there.

Dr. MCCOWAN asked what was the position in respect of the General Nursing Council for Scotland.

The HON. GENERAL SECRETARY said the Scottish Council was being kept informed of the progress of the negotiations. There were no elected mental nurses on the Scottish Nursing Council. They could not just copy in Scotland the arrangements made with the English body. The Scottish General Nursing Council was being kept informed, and there could be negotiations later in which the special points about Scotland could be considered.

The PRESIDENT wondered whether Scotland would be represented at the meeting with Sir Robert Wood? So far they had been promised that there should be seven mental nurses on the Mental Nursing Board, of which two were to be the representatives of mental nurses on the General Nursing Council. The Chairman was to be one of these two representatives. So far the elected representatives, being nominees of the Union, had not shown much width of vision, and so far that

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body had never put forward a candidate who had had a training in general nursing. They would have to be careful about the composition of the Board in Scotland if there were no mental nurses on the General Nursing Council there. He asked Dr. Kearney what the position was in this respect in Ireland ?

Dr. KEARNEY replied that there was one representative of mental nurses on the Irish G.N.C.

The PRESIDENT remarked that there were two in England.

The HON. GENERAL SECRETARY said the position in Scotland would be discussed with that Council.

The PRESIDENT asked whether the Scottish Division had taken up this matter.

Dr. MCCOWAN said they had approached the Scottish Council.

The HON. GENERAL SECRETARY said that the persons negotiating on behalf of the Association were a good team.

The PRESIDENT remarked that it had not been generally realized how the position in Scotland varied from the English.

Prof. HENDERSON said the Scottish Division of the Association had been in communication with the General Nursing Council in Scotland, who were quite *au fait* with the negotiations with the English Council. He felt that once an arrangement was come to with the English body, similar changes would automatically take place in Scotland. It was not practicable to have one set of mental nurses in Scotland and another set in England.

The PRESIDENT said the real difficulty was with regard to representation in Scotland.

A MEMBER pointed out that owing to the constitution of the Scottish General Nursing Council the matter would have to be taken up afresh there ; a formula devised for England could not automatically be applied to Scotland.

The PRESIDENT asked what had happened in Eire.

Dr. KEARNEY said they had had no difficulty with the Eire General Nursing Council until 1935, when the Council refused to accept R.M.P.A. certificates for registration. After a fight the Association had had to give in. The position remained thus until 1940 or 1941, when the Council decided that only State Registered mental nurses should be eligible for promotion to the higher posts in mental hospitals. There was immediately an uproar from the Trade Unions, and in the end the Eire General Nursing Council decided that those holding R.M.P.A. certificates could be admitted to the State register up to September next upon payment of two guineas. On the Council there was one representative mental nurse out of the total membership of fourteen, seven of whom were nursing representatives.

Dr. BOWER thought that if nursing assistants were to be extinguished it would deprive the small licensed houses of nurses other than fully trained State registered nurses.

Dr. GORDON MASEFIELD said that " nursing assistants " were distinct from " assistant nurses." " Nursing assistants " were not in a training grade, and there would be nothing to prevent Dr. Bower employing such persons.

The HON. GENERAL SECRETARY reported that the International Congress on Mental Health would be held in London in 1948, and that the Americans hoped to send 200 or 300 doctors. The PRESIDENT remarked that there was likely to be an alienists' congress in Holland, if any members wished to go.

### AMENDED BYE-LAWS.

The HON. GENERAL SECRETARY reported that he had seen the Assistant Secretary of the Privy Council, who had told him that he foresaw no objection to the amended Bye-laws on the part of the Privy Council, though certain formalities had to be gone through which would take some months. He agreed to try to get the Bye-Laws through in time for the July meeting of the Association, and in the meantime it was apparently in order for the Association to go forward provisionally on the amended Bye-Laws, subject to their being formally confirmed.

### INAUGURATION OF SECTIONS.

The following Sections were then inaugurated :

Research and Clinical.
Mental Deficiency.
Social Psychiatry.
Child Psychiatry.

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The following appointments were made in connection with these Sections :

*Research and Clinical :*
Chairman : Prof. F. L. Golla.
Secretary : Dr. P. K. McCowan.
Representative Members of Council : Chairman and Secretary.
Representative on the Education Committee : Dr. L. C. Cook.

*Mental Deficiency :*
Chairman : Dr. R. M. Stewart.
Secretary : Dr. R. G. Blake Marsh.
Representative Members of Council : Chairman and Secretary.
Representative on the Education Committee : Dr. R. G. Blake Marsh.

*Social Psychiatry :*
Chairman : Prof. A. Lewis.
Secretary : Dr. Russell Fraser.
Representative Members of Council : Prof. A. Lewis and Dr. I. Skottowe.
Representative on the Education Committee : Dr. I. Skottowe.

*Child Psychiatry :*
Chairman : Dr. T. P. Rees.
Secretary : Dr. M. M. Methven.
Representative Members of Council : Dr. A. Maberley and Dr. M. Methven.
Representative on the Education Committee : Dr. K. Soddy.

The PRESIDENT said that it was hoped that the establishment of these Sections would enlarge the work of the Association and increase its activities.

### IRISH MENTAL HEALTH ACT.

The PRESIDENT said that Dr. Kearney was Inspector of Mental Hospitals in Eire, and he was going to speak on the recent Irish Act, which apparently showed enlightenment and definite progress in psychiatry.

Dr. KEARNEY then addressed the meeting.

The PRESIDENT remarked that they were very grateful to Dr. Kearney for his interesting exposition of the Irish Act. He was interested in the salary scales, particularly the 40/80ths provision. He was fascinated by the wording of Chapter III, section 184, and thought the last definition had a lot to commend it as an example for this country to copy. He could imagine what Members of Parliament would say if it were incorporated in an English Bill, but if the Dail digested it, it might ultimately be possible to induce the House of Commons to do the same.

The Association were then entertained to lunch by The Retreat.

After the toast of " The King," the PRESIDENT proposed the toast of " The Retreat," coupled with the name of Mr. Rowntree. He said that The Retreat was celebrating its sesquicentenary at a time when the Royal Medico-Psychological Association was only a few years past its hundredth birthday. That centenary had been celebrated whilst the country was still under the shadow of war, and he was glad that conditions were different to-day. He recalled the words of Mr. Winston Churchill when he addressed the Royal College of Physicians :

" The longer you can look back, the further you can look forward."

Looking back on the long and honourable career of The Retreat was an inspiration for the future. It began when the treatment of Hannah Mills in the then York Asylum led to the Society of Friends undertaking to work along humanistic lines in the treatment of the insane. They all knew how successful those methods were, and how they were later put into practice in the public institutions. They were familiar with the work of William Tuke, senior ; the association of the Tuke family with The Retreat continued until 1861. Dr. Bedford Pierce, a physician at The Retreat, was one of the leaders of the R.M.P.A., and at the meeting in York when the Association was struggling with the preparation of their handbook it was recorded that when matters had reached an *impasse* he suggested a walk around the ramparts. Afterwards members returned to their task with a renewed spirit. Other names in connection with The Retreat which were familiar to members were those of Dr. Yellowlees, Dr. McLeod, and of course the present superintendent Dr. Pool.

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So much for the past. Both The Retreat and the Association had to look forward to the future. So far The Retreat had been able to work untrammelled on its humanistic lines, but now it might have to work with the State. He hoped the liberty promised would be forthcoming, because it was that liberty which in the past had enabled this institution to be founded. Its organizers had not been restricted by that attitude on the part of authorities which asks, " Is this necessary or is it merely desirable ? " They had always done what was desirable. He hoped they would still be able to do that; that they would be allowed liberty to use their initiative. Both The Retreat and the Royal Medico-Psychological Association had been for many years in the forefront of psychiatry, and he trusted they would so remain.

Mr. ROWNTREE, replying on behalf of the committee of The Retreat, Dr. Pool and his colleagues, thanked the Association and President for the toast. It was a great pleasure to have the opportunity of welcoming their visitors and to provide them with a little refreshment. He recalled the story of Rufus Jones, who when travelling in California stopped at a small hotel. The waiter asked him what he would like for breakfast next day and Jones replied that he would like a cup of tea, some toast and an egg. "And," he added in his whimsical way," perhaps a word of kindness, too." Next morning the man brought him the tea and the toast and the egg and was moving away when Jones said to him, " You have brought me the food I ordered, but what about the word of kindness ? " " Well, sir," replied the waiter, " if you do want a word of kindness—Don't eat that egg ! " Mr. Rowntree hoped the guests would not feel the same way about the food which had been provided for them at The Retreat. Thanks were due on such occasions not only to the Committee, the chairman and the secretary, but to those who went to the trouble of preparing the meal in these difficult days.

He was not going to reply at length to the President's remarks, but if he did so there was surely no subject which would have appealed more than that which Dr. Knight had taken for her paper to be given later. He repeated that the Committee and staff felt it a privilege that the Association should visit The Retreat.

During luncheon some interesting early case-books and other documents were circulated.

PAPERS.

**" Quaker Contribution to Psychiatric Thought and Practice,"** by Dr. GWENDOLINE D. KNIGHT (see p. 564).

The PRESIDENT thanked Dr. Knight for a vivid, visual picture of The Retreat in olden times.

**" The Problem of Migraine as an Introduction to the Autonomic Nervous System,"** by Mr. G. F. Rowbotham, F.R.C.S. (see p. 595).

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The Hon. Librarian will endeavour to obtain, as far as possible, any books on psychiatry and allied subjects required by members.

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2. No member may borrow from the Library more than three volumes at one time.

3. Books and journals are sent carriage paid from the Library, but members are responsible for the books from the time they leave the Library until they are received back.

4. Books damaged or lost while in possession of a member will be repaired at his expense or must be replaced by him.

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