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SUPPLEMENT

APRIL, 1944.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY MEETING.

Discussion on Post-War Psychiatry.

THE QUARTERLY MEETING of the Association was held on Wednesday, November 24, 1943, in the Barnes Hall of the Royal Society of Medicine. Dr. T. C. GRAVES (President) occupied the Chair.

The minutes of the previous Quarterly Meeting were taken as read, and confirmed.

The PRESIDENT referred to the death of an Honorary Member, the Rt. Hon. Sir Kingsley Wood, who in 1936 was Minister of Health. The members stood in silence.

Dr. W. G. MASEFIELD read the report of the Council, and moved its adoption.

Dr. G. W. SMITH seconded. [*This was agreed to.*

The following new members were elected :

BLAIR, ROBERT ALEXANDER, M.B., Ch.B.Glas., L.R.C.P.&S.Edin., L.R.F.P.S.Glas., Assistant Medical Officer, Lanark District Asylum, Hartwood, Shotts.
Proposed by Drs. W. N. J. Chapman, T. Dymock and J. R. Whitwell.

DODDS, ELIZABETH PATERSON, M.B., Ch.B., D.P.M., Acting Deputy Medical Superintendent, West Ham Mental Hospital, Goodmayes, Essex.
Proposed by Drs. G. Somerville, M. Mackenzie and J. R. Whitwell.

FRASER, JAMES DOUGLAS, M.D.Glas., D.P.M., Major R.A.M.C., Senior Assistant Medical Officer, County Mental Hospital, Whittingham, Preston.
Proposed by Drs. R. Gordon McLaren, C. E. Alan Shepherd and A. Shepherd.

HAIRE, THOMAS RAYMOND, M.B., B.Ch., B.A.O.Q.U.B., Dipl. Psych. Edin., Assistant Medical Officer, Londonderry City and County Mental Hospital ; Gransha, Londonderry.
Proposed by Drs. J. Watson, J. E. Herbert and J. Moore Johnston.

KELLEHER, FLORENCE JOSEPH, M.B., B.Ch., B.A.O., E.M.S., Psychiatrist, Hensol Castle, Pontyclun, Glam.
Proposed by Drs. T. J. Hennelly, W. Clifford Scott and Edward Lewis.

McEVOY, FERGUS BRYAN, M.B., B.Ch., B.A.O., D.P.M., L.M., Lt. R.A.M.C., Graded Psychiatrist, Royal Victoria Hospital, Netley, Hants.
Proposed by Major G. S. Nightingale, Capt. F. Tindale Shadforth and Dr. W. Gordon Masefield.

PARKER, CYRIL STANSFELD, M.D.Vict., L.R.C.P., L.R.C.S.Edin., L.R.F.P.S.Glas., Assistant Medical Officer, County Mental Hospital, Whittingham, Preston.
Proposed by Drs. A. Grant, J. R. Whitwell and R. M. Macfarlane.

YOUNG, HUBERT TURNER PENN, M.B., Ch.B.Edin., Medical Officer, H.M. Prison, Wormwood Scrubs, London, W. 12 ; 91, Twyford Avenue, London, W. 3.
Proposed by Drs. W. Norwood East, H. K. Snell and Lt.-Col. P. K. McCowan.

POST-WAR PSYCHIATRY.

The PRESIDENT said that a copy of the recommendations regarding the mental health service had been submitted to the Ministry of Health. The Committee which put forward these recommendations was appointed by the Council of the Association in 1941, before the Beveridge Report came out, with a view to watching subsequent developments, and, in co-operation with other bodies, such as the Mental Hospitals Association and the Institute of Hospital Administrators, a joint Parliamentary Committee was formed. From time to time the Council added other members to its original Committee and the Committee itself co-opted certain members. Having regard to the circumstances of the time, it was a Committee which could be regarded as fairly

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representative. It produced what was submitted to the July meeting of the Association, and he rather gathered that its Report was accepted by that meeting without serious comment. Subject to the editorial activities of the Honorary Secretary, which were most efficiently carried out, the result was now before them in the shape of thirty-five separate recommendations which would form the basis of their discussions. The meeting might decide that the constitution of a new mental planning committee would be desirable, thereby confirming the action of the Council at its meeting on the previous day. Alternatively, it might decide to continue the existing Committee. However, it was felt that, having regard to representations from other sources, it was desirable that the whole subject should be brought before the General Meeting.

PAPER.—"General Mental Health Scheme: Scope of Mental Hospitals," by Dr. W. GORDON MASEFIELD.

IN order to dispel any misunderstanding, I should like to make it quite clear that I am not here as the self-appointed opener of this discussion on Post-War Psychiatry, but in response to the request of the Hon. Secretary of the Papers and Discussions Sub-Committee of this Association. He has asked me to deal in 15 minutes with (1) the General Mental Health Scheme, and (2) the Scope of Mental Hospitals. I think you will agree that my remarks must, of necessity, be sketchy and lacking in detail. As for the document containing the Recommendations regarding the Mental Health Services which you have before you, I wish to say that it is an honest endeavour to put forward progressive ideas with a broad outlook. We know only one thing for certain, and that is that the Government is committed to the policy of a Comprehensive Medical Service, and that, after some hesitation, the late Minister of Health agreed that this would include a Mental Health Service, the aim being that every individual should be in a position to obtain whatever form of advice and treatment, domiciliary, hospital or clinical, he or she may require at any period of life. Our difficulty is that the gestation period of the promised White Paper, setting out the broad principles of the National Health scheme, is so prolonged. From time to time we have heard faint sounds which may be considered to be pre-natal foetal cries, but of the real nature of the offspring we are still in ignorance—in fact the paternity may now even be in doubt. We have literally been "Browned-off."! It seems to me therefore that the profitable thing for us to do to-day is to discuss the various ways in which present psychiatric practice falls short of being a satisfactory service to the community, and to see if we cannot agree on the broad principles which may bring about a real improvement. I only have a few minutes—you must forgive me if I speak plainly. I do not think any of us can be complacent and self-satisfied. We represent many branches of the specialty—Consultants, Civil Servants, Psychiatrists in the Services, Experts in Mental Subnormality, Medical Officers of all types of Psychiatric Units, Child Psychiatrists, Criminological, Vocational and Industrial Psychiatrists, and that lowest caste of all, apparently, the Untouchables—Medical Superintendents! What an opportunity we have to go forward with a united psychiatric front with the one primary object of providing an adequate organization according to our present knowledge, for the prevention, cure and care of mental failures and weaknesses. We have been repeatedly told in the past few months that psychiatry is at the cross-roads. If this means anything at all, I suppose it must imply that the convoy of psychiatrists is held up by the red light, and that there is a danger of some filtering to the left, some turning to the right, whilst others go straight on. If there is any real risk of this happening it should be eliminated at once. I believe that there is some subtle influence abroad suggesting that psychiatric practice can be divided into two grades or classes. It is not apparently a question of salaried and unsalaried, nor does it appear to be service under a Local Authority which produces the inferior status. No; the dividing line seems to be between those who treat acute and early cases only and are able to select their cases and those who treat cases at all stages, are unable to select their cases, and are concerned with the prolonged treatment of the so-called chronic patients. It is the old idea of the difference between the Voluntary General Hospital and the Municipal Hospital over again. I have had the temerity to mention this for one reason, and one reason only—because I am anxious about the future of psychiatry, and any suggestion of cleavage or dichotomy in the ranks of psychiatrists would be most detrimental to progress. We must appreciate the work of each branch of the specialty, and see that a Mental Health Service evolves in which every section of the work dovetails in with the rest. There

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