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SUPPLEMENT

JULY, 1944.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

QUARTERLY MEETING.

THE SECOND QUARTERLY MEETING of the year was held on Wednesday, May 24, 1944, at the Barnes Hall, Royal Society of Medicine, 1, Wimpole Street, W. 1, under the Presidency of THOS. G. GRAVES, B.Sc., M.D.Lond., F.R.C.S.Eng.

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

The PRESIDENT asked the members to join him in a token of tribute to the memory of two former colleagues: Dr. Oscar Phillips Napier Pearn, late Deputy Medical Superintendent, Cane Hill Hospital, Coulsdon, ordinary member since 1920; and Lt.-Col. Banarsi Das, Superintendent, Mental Hospital, Agra, India, Secretary, Indian Division, 1938–41, Chairman, 1941–42, ordinary member since 1930. The members stood in silence for a few moments.

The HON. GENERAL SECRETARY (Dr. Gordon Masefield) then presented the Council's Report as follows:

The Council has approved a suggestion from the Handbook Committee that Sections 1 and 7–15 should be proceeded with forthwith and issued in a separate volume. Sections 2–6, consisting of Anatomy and Physiology (excluding the Nervous System), First Aid, Hygiene, Principles of Nursing the Sick, Bodily Diseases and Disorders, and their nursing requirements, should be considered as a future separate publication. Section 11, General Mental Nursing and Special Methods, will be divided into one section on Special Methods of Treatment and another on General Mental Nursing. In order to produce this chapter on General Mental Nursing it is proposed that a prize of £10 10s. be awarded in competition for doubly trained nurses, any contributions received to be the property of the Association, to be used in any way they think fit.

The Council agreed to recommend that the present Medical Planning Committee when it has finished its deliberations should form itself into a Revision Committee and consider the future Constitution of the Association. This will be formally proposed at the Annual Meeting. (Bye-Law 89.)

The Council decided to continue the grant of £25 to the London School of Economics towards the cost of training Psychiatric Social Workers.

The date of the Annual Meeting was fixed for July 6, Committees to meet the previous day. The meeting would be held in London.*

Dr. MASEFIELD moved the adoption of the Report.

Dr. G. W. SMITH seconded.

Dr. KIMBER said that no reference was made in the Report to the application of the Child Psychiatry Sub-Committee to have its position reconsidered. He would like to bring the matter forward because he was asked to present it to the Council. No reference having been made to it he wished to be instructed as to how the matter could be brought before the Association.

The PRESIDENT said that the Council's decision was that this was a part of the whole problem of the Constitution of the Association and it was left to be considered by the Revision Committee.

Dr. KIMBER said he assumed he was in order in speaking to the matter because the Child Psychiatry Sub-Committee were very anxious that their members should have some direct representation on the Council, and that their status should be comparable to that of other branches of medicine represented in the Association. It was in view of that that many of those interested in child psychiatry had recruited new members to the Association. He understood at the Council meeting that the revision of the Constitution would take at least two years, probably longer. The members of the Child Psychiatry Sub-Committee felt that in the meantime some better status should be given to them. He would therefore like to move a resolution on the subject.

*It was later decided to postpone this meeting.

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The PRESIDENT said that he did not, nor did any member of the Council, wish to prevent the Association from discussing the question, and in order that it should not be felt that they were in any way acting as obstructionists to development he had allowed Dr. Kimber to continue. The whole point turned round the question whether these Committees should have representation on the Council. That was the principal point made, and it was around that point that the principal struggle occurred.

The Secretary informed him that representatives of child psychiatry could have been nominated for election to the Council by the Divisions themselves.

Dr. KIMBER: But not by the child psychiatrists themselves; that is the point.

Dr. T. P. REES asked if it was possible to co-opt the Secretary of the Child Psychiatry Sub-Committee and the Neuroses Sub-Committee as members of the Council.

The HON. GENERAL SECRETARY said that there was no By-Law regarding co-option on the Council as full members. The last thing in the world that any member of the Council wished to do was to check in any way the aspirations of those interested in child psychiatry. It was quite obvious that it was of very great interest to them all, but he did suggest that the Divisions themselves were to blame for not recognizing this, and nominating representatives of child psychiatry and of neuroses as nominees for the Council. The Sub-Committees on Child Psychiatry and the Neuroses would have to become Standing Committees before the Chairman and Secretary could be put on the Council.

Dr. KIMBER asked if it was in order for a member of the Association to move a resolution at a general meeting. He would like to do so if it was.

The PRESIDENT asked Dr. Kimber to move his resolution in order to test the feeling of the meeting and so that the matter could be discussed.

Dr. KIMBER moved:

> "That the Association requests the Council to consider what steps can be taken in the immediate future to secure for the Child Psychiatry Sub-Committee a status somewhat comparable to that of the Mental Deficiency Committee as a temporary measure pending any more permanent arrangement which may follow alteration to the Constitution now referred for consideration."

This was intended to bridge the interval in some way without prejudice to anything which might be proposed for the future. The Sub-Committee was seeking representation which some members of the Council has said that it was desirable it should have. The blame had been laid on the Divisions, but it was not easy for the Child Psychiatry Sub-Committee to make its wishes known to the Divisions, and the Divisional machinery was not the best way of dealing with this particular subject.

The PRESIDENT said that the resolution was very mild; it was a request to the Council. The Council had discussed the matter, but perhaps the meeting would like the matter carried further.

Dr. H. ASTLEY COOPER (Berks) seconded the resolution.

The resolution was put to the meeting and carried.

The resolution as to the adoption of the Report of Council was also carried.

ELECTION OF MEMBERS.

Dr. KIMBER proposed, Dr. SMITH seconded, and it was agreed to take the names *en bloc*.

Dr. Kimber and Dr. Bower were appointed to act as scrutineers, and on a ballot being taken the following were declared elected members of the Association:

BURDON, JOHN FRENCH, M.B., B.S., Surg.-Lieut. R.N.V.R., Knowle, Fareham, Hants.
Proposed by Surg.-Commanders D. Ross, P. H. Tooley and Dr. N. Langdon-Down.

FOOTE, ERIC STANLEY, M.R.C.S., L.R.C.P., Surg.-Lieut.-Commander, R.N.V.R., Knowle, Fareham, Hants.
Proposed by Surg.-Commanders D. Ross, P. H. Tooley and Dr. N. Langdon-Down.

FRIEDMAN, CARL, M.D.Vienna, L.R.C.P.&S.Edin., Physician, Tavistock Clinic; Medical Officer, Springfield Mental Hospital; 10, Harley Street, London, W. 1.
Proposed by Dr. E. B. Strauss, Brigadier J. R. Rees and Dr. Alan Maberley.

HOWARD-SWAFFIELD, HERBERT, M.R.C.S., L.R.C.P., Surg.-Lieut. R.N.V.R., Knowle, Fareham, Hants.
Proposed by Surg.-Commanders D. Ross, P. H. Tooley and Dr. N. Langdon-Down.

HUTTON, LAURA FRANCES, B.A., M.R.C.S., L.R.C.P., Psychiatrist, Berkshire Child Guidance Clinics; Sprid Cottage, Church Lane, Peppard, Henley-on-Thames, Oxon.
Proposed by Drs. H. Astley Cooper, Margaret M. Methven and E. S. Stern.

LAL, RAM SUMIRAN, M.B., B.S., Superintendent, Mental Hospital, Agra, India.
Proposed by Dr. Banarsi Das, Lt.-Col. Moore Taylor and Dr. P. C. Das.

LEACH, PETER WILFRED WARD, M.R.C.S., L.R.C.P., Assistant Medical Officer, Knowle Mental Hospital, Fareham, Hants.
Proposed by Surg.-Capt. C. J. Thomas, Drs. I. Atkin and N. Langdon-Down.

TAYLAR, ERNEST DOVE, M.B., B.S.Melb., Acting Medical Superintendent, Middlesex Colony, Harper Lane, near St. Albans, Herts.
Proposed by Drs. O. Fitzgerald, N. H. M. Burke and H. E. Beasley.

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WARD, MARY ELIZABETH ELLA, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M., Psychiatrist, Berkshire Child Guidance Clinic; 27, Kidmere Road, Caversham, Reading.
Proposed by Drs. H. Astley Cooper, Margaret M. Methven and E. S. Stern.

WHATLEY, LAWSON, M.B., Ch.B., M.R.C.S., L.R.C.P., Medical Officer, Midland Counties Institution, Knowle, Birmingham.
Proposed by Drs. K. K. Drury, F. J. Napier and W. Gordon Masefield.

WINNICOTT, DONALD WOODS, M.A.Cantab., F.R.C.P.Lond., Physician, Paddington Green Children's Hospital; Physician (Director, Child Dept.), Institute of Psycho-Analysis; 44, Queen Anne Street, W. 1.
Proposed by Drs. W. Clifford M. Scott, Aubrey Lewis and D. N. Hardcastle.

PAPER.—"Child Psychiatry: The Initial Interview," by Major EMANUEL MILLER, R.A.M.C.

DISCUSSION.

Dr. MARGARET LOWENFELD expressed appreciation of Dr. Miller's paper, which had put forward many of the delicate points of the adult-child situation as well as the practical and the three-dimensional aspect of all this work. One point that came out was the question of assessment. As Major Miller had pointed out, two of the great difficulties in dealing with all children's work was first of all the number of cases which came to any agency, the variety of difficulties which they represented, and the tremendous pressure upon every unit of child psychotherapy to cope with too large a number of cases, which brought in its train the additional difficulty of mobilizing such agencies as one had in the most effective way. She felt that after the war child psychiatrists would reap a rich harvest in the experience being gained by the Forces Selection Boards; they would be able to have an opportunity of hearing the methods used and the results. Perhaps somebody would be able to make grants to allow child psychiatrists to try out these methods in relation to children, and meetings of the Association held so that members could hear what was going on in other clinics and towns.

It was one of the aims and objects of the Institute of Child Psychiatry, of which she was Director, to investigate the possibilities of material for assessment. The Institute felt the pressure of this matter very deeply, and had been experimenting for fifteen years with material objects which could be used for assessment. The goal was rather ambitious, and it might be studied in this way. The old time physician had only his senses with which to assess the conditions of his patients; the country physician carried his stethoscope and thermometer and to a certain extent his blood-pressure apparatus. It was being realized in the whole field of medicine, and particularly with children, that there was a large emotional element not only in educational, social and possibly delinquent problems, but also indirectly with medicine. Many conditions in medicine had a psychological or a social basis, and it was the object of the Institute to see whether it could put into the hands of the profession a portable instrument, which would apply to both children and grown ups, which could be used for the direct assessment of emotional and to a certain extent intellectual factors.

This had been done successfully, but now came the second great difficulty in putting it before the profession, the question of production. Nothing could be produced at present; all the material in the country at present had already been sold, but the possibilities were being investigated, and she believed that quite shortly it would be possible to put on the market a number of objects with which experiments had been made over five and six years for the attention of the profession and for its further experiment. She had one with her, a little box, which could go into the ordinary bag, and which allowed the doctor to assess general intellectual endowment and fundamental qualities. There were various others, and if it were possible for the profession to have an opportunity for testing them it might be possible to get facilities for production.

Another point was the question of the initial interview in relation to the team. As Major Miller had said, the usual team approach was very difficult; it tended to get diffused; there was the intervening screen of personalities, and one found that it was extremely difficult to re-assess and re-integrate the results achieved. During the war, the Institute being closed owing to evacuation, another kind of approach was being tried out. The whole of the work was done through one or two individuals coping with the whole of the child by making use of the type of approach which was being used in the Forces, that is, by having people who carried out certain conversations with the child through the use of the child's own medium, as Major Miller had pointed out, and reporting not what they did, but what the child had actually done and produced to the physician, so that the physician could meet the child as the first grown up he had met with actual productions which the child had carried out before him. In this way it was possible to tackle more severe cases, to get a deeper grasp of the situation, and to handle the thing without the tremendous amount of typists' time and paper involved in the writing of reports. She was hoping, with her colleagues, to write a paper for the *British Medical Journal* on the first fifty cases.

This was a kind of opening-up which went back to the medical profession, this was a medical field, and if they resigned it through inertness or feebleness to grasp, doctors would lose the opportunity of making one of the most important contributions they could to the country. The

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