The afternoon academic meeting was devoted to the theme of **'Exploration of Family Functioning'.**

Dr. Howells outlined, from reference to the local history of psychiatry, the main historical themes leading to the present state of dynamic psychiatry and the emergence of family psychiatry. The programme of research was two-fold (a) clinical, (b) formal. Three themes from the formal programme of research as it related to the exploration of family functioning were then introduced.

The first paper, given by MRS. VICTORIA KALEN and MRS. JENNIFER HOGGAR, was on **'The Pattern of Inter-relating in the Family'.** The family is a polydynamic system, and any experience at one point in the system affects the rest of the system. The upbringing of a child takes place within this polydynamic system. Yet the psychiatric literature often suggests that a child is brought up exclusively by its mother. The investigation reported was concerned with discovering whether the pattern of communication in which a child is involved is a one-to-one interaction or whether this is a transactional communication embracing a number of people. A random sample of a thousand families was taken in Ipswich, and an elaborate time sampling made it possible to outline the pattern of the relationships of children in the thousand families from birth to ten years. The main finding of the investigation showed that a child in its first ten years, and even in its first year, relates to a number of people. A number of subsidiary findings were reported. Lastly, implications were drawn on the significance of the findings for contemporary clinical practice and the theory of child care.

The second paper was on **'Psychopathogenicity of Problem Families'** and was read by DR. JOHN HOWELLS. He outlined the seven-year investigation into the psychopathology of a random sample of problem families in the town of Ipswich. In 24 families 41 parents and 142 children had been assessed in great detail. Two main hypotheses had been formulated (1) that there would be a high incidence of psychopathology in these families (2) that it would be possible to link the social difficulties of the family with its psychopathology. That the first was established can be seen by the very high incidence of severe emotional disturbance in the families compared with studies of the community at large. The number of social difficulties in the family were then taken and it was demonstrated how these followed directly from the psychopathology. The implications for the understanding of social pathology were outlined. To date the great mass of material has only been analysed in some main dimensions, more refined analysis continues.

The third paper was concerned with **'The Family Relations Indicator and its use with whole Families'** and was given by MR. JOHN LICKORISH. He outlined the development of the Indicator. He made a structural analysis of its contents, demonstrating the art of its application and the techniques of scoring. The Indicator can be used with all members of the family, and it is possible to establish the pattern of inter-relating.

Following discussion of the papers the speakers were thanked by the Chairman. After tea a number of psychiatrists visited the Adolescent Unit run on family lines under the direction of Dr. Kitson-Merritt.

SOUTH-WESTERN DIVISION

The Autumn Meeting of the South-Western Division was held at Knowle Hospital, Fareham and the Wessex Regional School of Psychiatry on Thursday, 22 October 1970, by kind invitation of the Hospital Management Committee and Dr. B. Steinberg, Consultant Psychiatrist.

Members met in the forenoon for coffee, visited the hospital and discussed the work of the Wessex Regional School. After a reception and luncheon a warm welcome was extended to the Division by F. T. Tarry Esq., C.B., C.B.E., Chairman of the Hospital Management Committee; and in reply Dr. Heaton-Ward thanked the Committee for their welcome, but especially for providing such elegant hospitality for an exceptionally large gathering.

It was agreed that the next three meetings should be held at Glenside, Brentry and the Royal Naval Hospital, Haslar, all of whom had extended invitations to the Division. The dates and sequence would be negotiated by the Chairman.

The following candidates were elected to Ordinary Membership:

CLEMMEY, WILLIAM ROBERT LIONEL, M.R.C.S., L.R.C.P. Registrar, Littlemore Hospital, Oxford.
Proposed by Drs. F. J. J. Letemendia, J. K. Brockbank, P. J. V. Beumont.

ENGLISH, HOWARD LARMOUR, M.B., B.Chir., M.R.C.P., D.P.M. Consultant Psychiatrist, Morgannwg Hospital, Bridgend, Glamorgan.
Proposed by Drs. M. W. Annear, A. T. Lloyd, H. Rosenberg.

JAIGIRDAR, S. H. M.D. SHAMSUL HUDA, M.B., B.S. Registrar, Whitchurch Hospital, Cardiff.
Proposed by Professor K. Rawnsley, Drs. J. P. Spillane, C. C. Beresford.

https://doi.org/10.1192/S0007125071309833 Published online by Cambridge University Press

McCoy, John Michael Stanley, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.R.C.O.G. Principal in General Practice; Clinical Assistant, Moorhaven Hospital, Ivybridge, Devon.
Proposed by Drs. J. M. Gilroy, R. A. Blair, K. F. Weeks.

Moore, Norman Charles, M.B., B.Chir., B.A.O. Medical Officer, Neuropsychiatric Unit, P.A. R.A.F. Hospital, Wroughton, Swindon, Wiltshire.
Proposed by Drs. N. S. Marks, J. C. Jenkins, A. W. Black.

Morton, Hugh Roger, B.M., B.Chir., D.P.M. Consultant Psychiatrist, Guildford Child Guidance Clinic; Mirradong, Furze Hill Road, Headley Down, Bordon, Hants.
Proposed by Drs. J. L. Hertzog, C. L. Casimir, N. K. Macrae-Gibson.

Olsen, Jeanine, M.B., B.Chir., D.P.M. Senior Registrar, Whitchurch Hospital, Cardiff.
Proposed by Drs. D. Lewis, C. C. Beresford, I. G. Pryce.

Pomryn, Benn Alton, M.B., B.S., D.P.M. Consultant Psychiatrist, Littlemore Hospital, Oxford.
Proposed by Drs. B. M. Mandelbrote, L. Minski, J. Robinson.

Rollins, John William, M.B., B.S., M.R.C.S., L.R.C.P. Medical Officer, Neuropsychiatric Centre, PA. R.A.F. Hospital, Wroughton, Swindon, Wiltshire.
Proposed by Drs. J. C. Jenkins, N. S. Marks, E. Anthony.

Rowton-Lee, Martyn Addington, M.A., B.M., B.Ch., D.P.M. Locum Medical Assistant, Herrison Hospital, Dorchester, Dorset.
Proposed by Drs. E. S. Foote, A. C. Gibson, D. H. Dick.

Rustam, Hussain Salman, M.B., Ch.B., D.P.M. Registrar, Barrow Hospital, Bristol.
Proposed by Drs. I. D. Chisholm, P. K. G. Warren, W. A. Saunders.

Syed, Sarwat, M.B., B.S. Registrar, Exe Vale Hospital, Exeter.
Proposed by Drs. W. Rodger, A. Rub, M. Quasim.

Vijayasenan, Mithra Ebenezer, B.Sc., M.B., B.S. Registrar, St. James's Hospital, Portsmouth, Hants.
Proposed by Drs. E. G. W. Cross, J. Brunning, I. G. Christie.

Warrick, George Hugh, M.A., M.B., B.Chir., M.R.C.G.P., D.C.H., D.P.M. Registrar in Child Psychiatry, Wessex Unit for Children and Parents, St. James's Hospital, Portsmouth, Hants.
Proposed by Drs. C. Haffner, A. Harbott, G. J. S. Simpson.

Wilson, Anne Merrall, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M. Clinical Assistant, Seymour Clinic, Swindon, Wiltshire.
Proposed by Drs. J. C. Jenkins, N. S. Marks, E. Anthony.

Papers were then delivered on the general subject of **Psychiatric Training, Academic and Regional.**

1. Professor E. D. Acheson, Dean of the Faculty of Medicine of Southampton University, spoke of the plans for the general training when the Medical School opens in October 1971. Nottingham, opened a week ago, is the first new medical school to open in this century, and Southampton will be the second. A preclinical school is being built near the University buildings, and the General Hospital is being developed as a teaching hospital. Dr. John Revans, of the Wessex Regional Board, had made substantial contributions in planning, building and preparation.

The first students should join in 1971, pass finals in 1976, register in 1977 and practice well into the next century. They will start, having covered premedical training with slightly liberalized academic requirements. Selection of applicants would begin almost immediately.

The curriculum was then outlined. In the first three years, Anatomy, Physiology, Pathology, behavioural subjects and the basic techniques of physical and mental examinations would be included. First year studies are concerned with Man, Medicine and Society; with cells, tissues and systems. The second year includes psychology and sociology, including teaching in elementary psychiatric techniques. In the third year there will be formal attachments in psychiatry. The first examination is held at the end of these three years.

In the fourth year, the student will have the option to select certain major interests, to cover in depth during the year, which will involve an interdisciplinary approach and at least one option will have a substantial element of psychiatry. This work will be taken into account in final marking, especially for an honours degree.

The final year will include responsibility under supervision spread all over the Region for residential attachments in many disciplines, normally involving pairs of students. The final examination has not been decided in detail, but assessment of progress will be a substantial consideration.

Finally, Professor Acheson commented on the inclusion of the Chair of Psychiatry amongst the ten foundation Chairs whose holders were available for policy-making. The background of psychiatry was essential to the work of the new Medical School.

2. Dr. Ian Skottowe pointed out that psychiatric training was no longer confined to psychiatrists—it was needed by general practitioners and social workers in many fields. This principle, recognized by the G.M.C. in 1967, was imposed by wider needs arising from social changes of our time. As well as formal academic teaching in undergraduate, post-

https://doi.org/10.1192/S0007125071309833 Published online by Cambridge University Press

graduate and research fields, an outside body such as the Wessex Regional School was essential. At present the two must co-exist, but Dr. Skottowe speculated on the possibility of coalescence in the future—perhaps in the District General Hospitals, when a third tier of consultants and possibly of some experienced general practitioners might evolve. There was a place for the psychiatrist in a general practitioner's surgery, and for general practitioner placements in psychiatric units. The great difficulty is lack of time, and ultimately there must be an increase of numbers and consequently money.

'Training' is the practical doing of things, as opposed to education, and there are three general aspects of it:

(i) the application of criteria of morbidity
(ii) case taking
(iii) essential communication

In carrying out these functions, we must not arrogate to ourselves total supporting functions, nor try to do everything for the helpless. We must learn what parts to look for; how to elicit them without distress, and how to record them. Also we must be competent to explain properly to other bodies.

It was the Royal Medico-Psychological Association which had initiated these schemes, and in this region Dr. Galbraith and Dr. Maclay had promoted the development of the establishments we now saw in use.

3. Professor J. L. Gibbons, who was warmly welcomed to the Division on his recent elevation to the Chair of Psychiatry, talked on the functions of an Academic Department in psychiatry.

In the field of undergraduate work, the primary function is education, and a Department should do all it can to advance its particular discipline. Psychiatric influence will be available in the behavioural science course; in psychology in the field of emotional awareness; in theoretical teaching. In the clinical psychiatric attachments of the third year, the Department must co-operate with their National Health Service colleagues; while in the fourth year—analogous in some ways with old-time medical apprenticeship—collaboration with interested colleagues will be essential, whatever the distance involved. Having students tends to raise standards—they are all too ready to ask awkward questions which make the teacher think. It is a two-way educational process.

What ought the functions of a Professorial Unit be? Clearly it provides an educational setting for students. Later it will be sited—at least in part—in a Southampton Hospital, and will also have service functions, especially to stimulate research. Professor Gibbons said that although one of his interests was in neuro-endocrinology, no single road would solve the problems of psychiatry, and many areas of research must co-exist.

An Academic Department must maintain interest in post-graduate psychiatry, in the work of general practitioners, physicians, para-medical colleagues and many others. How much psychiatry in related fields is really needed? Who will do it? Such questions would mould the future of the Department.

In opening the ensuing discussion,
Professor Rawnsley welcomed Professor Gibbons, and spoke of the Southampton project as one of stimulation and interest to the United Kingdom. A good undergraduate grounding in psychiatry was essential, especially as we were entering a period of difficulty of recruitment into our specialty, now it was no longer an 'easy option.'

An Academic Department must spend much time and energy on producing the right environment for undergraduates. Without good clinical training, subsequent seminar discussions were a waste of time. Undergraduates must have a small case load and the 'opportunity to share an experience' in regular meetings and to soak themselves in the basic phenomenology of psychiatry, and for these things they must have an adequate share of consultants' time. This could be offered both by academic and Regional organizations.

Final points relevant at the present time were the prospective new College and new Membership and D.P.M. examinations; psychiatric units in General Hospitals which must not become isolated from other psychiatric services; and the partnership between Academic Departments and the National Health Service, which was quite vital.

Dr. Gordon Russell pointed out different teaching patterns in different areas, instancing variations in the practice in Australia and in the South-Western Region. He was more an organizer than a tutor, and outlined the very varied aspects of psychiatric discussion and instruction that were now available in the seven areas of his Region.

The subsequent discussion opened the subject of possibly separate courses for the Membership and D.P.M. examinations, which placed an additional responsibility on Academic Departments. There was a shortage of funds for post-graduate training, which might be relieved now that a National Postgraduate Council had been constituted in accordance with Todd Report recommendations.

Other speakers wondered what a consultant psychiatrist was: we were being pushed into the

https://doi.org/10.1192/S0007125071309833 Published online by Cambridge University Press

position of producing miniature Leonardos. Would further specialization be necessary? And how were psychiatrists to face the question of caring for the total psychiatric morbidity in an area? The questions remained unsolved.

Dr. Angus Galbraith said that no summing up was possible or necessary after such authoritative speeches. In warmly thanking the speakers, he hoped that the valedictory address by Dr. Skottowe would be but one of many further valedictory addresses.

NORTHERN AND MIDLAND DIVISION

The Autumn meeting of the Northern and Midland Division was held at the Towers Hospital, Leicester, on Thursday, 22 October 1970, by kind invitation of the Hospital Management Committee.

In the morning members made a tour of inspection of the hospital.

It was reported that the Divisional Committee of Management had considered MCS. 70/68 regarding admission of patients at the instance of the police. Further discussion took place and it was agreed that the matter be raised with Council.

The Secretary announced that the Spring Meeting, 1971, would take place at Lancaster Moor Hospital, Lancaster, by kind invitation of the Hospital Management Committee.

The following were elected to Ordinary Membership.

ALEXANDER, RONALD STEVENSON, M.D., M.R.C.S., L.R.C.P. Medical Assistant, St. Nicholas Hospital, Newcastle upon Tyne.
Proposed by Drs. P. Leyburn, H. A. M. Clelland, G. Blessed.

BARR, RICHARD MONTGOMERY, M.B., Ch.B. Registrar, Stanley Royd Hospital, Wakefield, Yorkshire.
Proposed by Drs. R. D. H. Maxwell, J. L. Barton, K. Fox.

BAYLEY, FRANK STANLEY, B.Sc., M.B., B.Ch., *J.P.* Principal General Practitioner and Registrar, North Wales Hospital, Denbigh.
Proposed by Drs. P. L. Parsons, U. A. Siddiqui, A. Craig.

BINDMAN, ELLIS, M.B., Ch.B. Clinical Assistant in Psychiatry, United Birmingham Hospitals; 20 Asthill Grove, Coventry.
Proposed by Drs. M. Sim, H. C. White, H. Lautch.

BLACKETER-SIMMONDS, DENNIS ARTHUR, M.A., M.R.C.S., L.R.C.P. Medical Assistant, Hollymoor Hospital, Northfield, Birmingham 31.
Proposed by Drs. C. M. Ross, T. W. Fenton, E. M. Irwin.

EASTWOOD, PHILIP ROSER, M.B., Ch.B. Registrar, St. James's Hospital, Leeds.
Proposed by Drs. J. T. Rose, E. J. Williams, A. D. Clarkson.

HARRIS, QUEENIE, M.B., B.S. Clinical Assistant, Department of Psychiatry, All Saints' Hospital, Birmingham.
Proposed by Drs. N. W. Imlah, A. C. P. Sims, M. H. Davies.

HASAN, MOHAMMAD KHALID, B.Sc., M.B., B.S. Registrar, Hollymoor Hospital, Northfield, Birmingham 31.
Proposed by Drs. J. Warburton, C. Borg, M. Bethell.

HOLLAND, LINDA MARY, M.B., Ch.B., D.R.C.O.G., D.C.H. Assistant in General Practice and Clinical Assistant in Child Psychiatry; 35 Underwood Road, Handsworth Wood, Birmingham 20.
Proposed by Drs. P. A. Barker, E. M. D. O'Brien, K. G. Dickinson.

IHEZUE, HERBERT UZUEGBULAM, M.B., B.S. Registrar, St. Nicholas Hospital, Newcastle upon Tyne.
Proposed by Drs. P. Morgan, C. Protheroe, K. Davison.

KHAN, MOHAMMAD ILYAS, M.B., B.S. Medical Assistant, Kingsway Hospital, Derby.
Proposed by Drs. A. H. D. Hunter, W. A. Heyworth, I. G. Bronks.

KRATTER, FREDERICK, M.B., Ch.B., D.P.M. Medical Director and Consultant Psychiatrist, Brockhall Hospital, Langho, near Blackburn.
Proposed by Dr. A. Shapiro, Professor L. S. Penrose, Dr. M. E. York-Moore.

LESLIE, DOUGLAS REGINALD STURROCK, M.B., Ch.B., D.P.H. Medical Assistant, Glenfrith Hospital, Groby Road, Leicester.
Proposed by Drs. J. Barron, A. Bakowski, J. C. Powell.

MOLODYNSKI, CARL JOHN, M.B., Ch.B., D.P.M. Psychiatric Registrar, United Liverpool Hospitals; 47 Burnley Road, Southport, Lancashire.
Proposed by Drs. P. A. Westwood, I. Leveson, K. White.

MULLANEY, JAMES ANTHONY, M.B., B.Ch., B.A.O. Registrar, Department of Psychological Medicine, Royal Victoria Infirmary, Newcastle upon Tyne.
Proposed by Drs. J. L. Gibbons, D. W. K. Kay, K. Bergmann.

NASIR, TAQKEED ULLAH KHAN, M.B., B.S., D.P.M. Consultant Psychiatrist, Llanfrechfa Grange Hospital, Cwmbran, Monmouthshire.
Proposed by Drs. J. D. Glynn, D. P. Oakley, J. C. Denmark.

NEILL, MARGARET PHILOMENA, M.B., B.Ch., D.P.H., D.C.H., D.Obst.R.C.O.G. Medical Assistant, Moss Side Hospital, Maghull, near Liverpool.
Proposed by Drs. J. McDougall, R. A. Porter, Joyce Hands.

OUGHTIBRIDGE, DAVID BRENAN, M.B., Ch.B. Clinical Assistant, Stanley Royd Hospital, Wakefield, Yorkshire.
Proposed by Drs. W. A. Weston, R. P. Snaith, J. M. White.

PAPATHEOPHILOU, KALLIRROI RITSA, M.D., Dip.Psych.& Neuro., Dip.Child Psych., L.A.H., Psychiatrist, Dudley Road Hospital, Birmingham 17.
Proposed by Drs. Edna Irwin, Elizabeth O'Brien, D. C. Bland.

https://doi.org/10.1192/S0007125071309833 Published online by Cambridge University Press