The Members and visitors were then entertained to tea, and inspected an exhibition of books and instruments connected with the early history of St. Bernard's Hospital.

SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Royal Medico-Psychological Association was held at Lennox Castle on Friday, 6 June, 1947, at 11 a.m.

Present.—Dr. Kate Fraser (Chairman), Drs. H. B. Craigie, J. D. Uytman, W. M. McAlister, J. McDougall, Laura Mill, W. L. MacDougall, E. Cruickshank, G. Ashford, M. Knight, M. M. Whittet, A. Dick, J. R. B. Robb, J. Curran, R. Stewart, D. Yellowlees, R. Gibson, R. Haigh-Mitchell, J. MacDonald, W. Boyd, W. N. J. Chapman, T. R. Spence, R. Good, J. Anderson, W. Mayer-Gross, J. M. Wilson, E. Stengel, A. M. Wyllie, E. Hewitt, W. D. Chambers.

1. The Minutes of the last two meetings were read and confirmed.

2. *Committee of Management.*—The Minutes of the last two meetings were read and approved. Arising from the minutes of the meeting held on 14 April, the subject of the Mental Nursing Advisory Committee was considered. Dr. MCALISTER again pointed out that this Committee had never met, and that as the small liaison Committee formed to negotiate with the G.N.C. had been approved by Council it had to continue in office. It was obviously unnecessary and undesirable to have two separate Sub-Committees dealing with Nursing. He thereafter proposed that the existing Mental Nursing Advisory Committee be reformed and reduced in numbers—he suggested that it should be composed of the existing small liaison Sub-Committee plus two other members.

Dr. MACDONALD agreed in principle with this, but wondered if it was in order to reverse a previous decision without having notified members in writing beforehand. After full discussion the proposal was adopted. Dr. MCALISTER then proposed that Drs. Spence and Boyd be nominated, this was seconded by Dr. HAIGH MITCHELL.

The meeting approved the nominations for the panel of examiners for the G.N.C., and the CHAIRMAN and Dr. MCALISTER both again spoke on the need to press for direct representation on the G.N.C. The Secretary was instructed to find out the actual membership of the Council and the method of election thereto, and to approach the Council again prior to the next Election.

The meeting approved the nomination of Dr. McAlister as representative of the R.M.P.A. on the newly formed Scottish Negotiating Committee of the B.M.A. Dr. MCALISTER then spoke about recent meetings he had attended of this Committee and the Specialists and Consultants Sub-Committee; he also told members that he had been appointed to three more Sub-Committees, one of which was dealing with mental health.

3. *Child Psychiatry Sub-Committee.*—The Minutes of the two meetings were read and approved. The CHAIRMAN told the Meeting about the composition and function of this Sub-Committee. Dr. BOYD read a brief report from Professor McCalman, who was unavoidably prevented from attending the Meeting and who hoped shortly to submit a full memorandum to the Sub-Committee. The meeting agreed that this memorandum, if approved by the Sub-Committee, should be forwarded direct to the G.B.C. A report should be submitted at the next Divisional Meeting.

4. *Mental After-Care Association.*—Miss H. S. RUSSELL gave a short but interesting account of the formation and work of her Association in England and outlined a possible scheme for extending its work to Scotland.

During the ensuing discussion, Dr. CHAMBERS asked if the Scottish Association for Mental Hygiene could not carry out the work. Dr. MACDONALD agreed about the need for after-care homes, but was very doubtful as to where the financial support would come from. Dr. CURRAN expressed the need for more accommodation for mental defectives, but felt this should be quite unconnected with other cases of mental illness. Dr. UYTMAN proposed that a special small Sub-Committee be appointed to investigate the whole question and to approach the Scottish Association for Mental Hygiene. After further discussion it was decided on the proposal of Dr. MCALISTER to postpone any decision until the next meeting of the Division —Dr. Uytman having withdrawn his former proposal. The CHAIRMAN agreed to

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find out further facts about the Mental After-Care Association, and to ascertain from the Scottish Association for Mental Hygiene if some type of After-Care could be arranged by or through this Association.

5. *Representative Member of the Scottish Association for Mental Hygiene.*—The CHAIRMAN explained that Dr. Laura Mill had had to resign from this post since being appointed a Commissioner of the G.B.C. Dr. MCALISTER proposed that Dr. Boyd be nominated; this was seconded by Dr. DICK and carried unanimously.

There being no further business the meeting adjourned.

During an excellent lunch, to which members had been kindly invited by the Corporation of Glasgow Public Health Department and by the Medical Superintendent, the CHAIRMAN thanked the Corporation and Dr. Curran and his staff for their kindness and hospitality. She also thanked the Members of the Division for their extremely kind and generous gift to her of a cheque and a solid silver cup, engraved with the Arms and Crest of the Association, on the occasion of her resignation from the General Board of Control.

After lunch Members were shown a very instructive display of Sensory Training, which included a demonstration of gymnastics and Country Dancing. An interesting paper was read by DAVID IRWIN, B.Sc., on **"Psycho-Physiological Testing."**

Members were then taken on a tour of out-door occupations, which included swimming, gardening, Boy Scout activities, etc. This was followed by tea in the Lower Refectory.

MEMORANDUM ON CHILD PSYCHIATRY.

PREPARED BY A SUB-COMMITTEE FOR SUBMISSION TO THE SCOTTISH DIVISION OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

PART I.—INTRODUCTION.

The provisions of the National Health Service will, it is hoped, place emphasis on health rather than disease, on prevention rather than cure. This change of outlook is nowhere more necessary than in the domain of mental health. Neuroses, delinquency, and many of the graver forms of mental illness have been shown to have their roots in maladjustments of early development. To prevent these maladjustments care must be taken of the child's home environment, his life in school, his physical health, and, most important of all, the development of his inner life, that is, of his character and personality.

In the child guidance team the psychiatric social worker has the responsibility of assessing and, if necessary, adjusting the environment; the educational psychologist is similarly occupied with the development of intellect and character; while the psychiatrist is concerned with the child's personal reactions to his total experiences. If the clinic is to provide a service capable of diagnosing and treating the great variety of problems which occur in childhood, each member should be fully occupied in his own sphere, and their work should dovetail together. Experience has shown that the psychiatrist is best fitted to co-ordinate and direct the work. His training and experience provides him with a working knowledge of influences important to the child within the home and the school, whereas the training of the psychiatric social worker and the psychologist cannot give them sufficient medical knowledge, while their limited experience in the full range of psychiatric problems may detract from that essentially therapeutic outlook which is so necessary. Clinics directed by non-medical personnel show a tendency to label cases with a diagnosis and to be content with that; problems are intellectualized, while physical and to some extent emotional factors are neglected. The training of the educational psychologist, in particular, has a strong academic bias, and tends to produce a research type of mind. It should be noted, too, that the type of person who originally chooses the more intellectual sphere of study can be more happily engaged in educational assessment and treatment than in the care of mental health in the broader sense. The claim which some psychologists make that they are capable of dealing, 100 per cent. successfully, with all but a small percentage of

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