(*c*) **"The Problems of the Elderly in Exminster."**

Dr. J. E. A. Bartlett gave an account of a study he had made concerning the patients in Exminster Hospital over the age of 60 years, of whom there were 868. He had found that about half of this total could probably be discharged if proper accommodation was available for them. Such accommodation would comprise special welfare units with minimal psychiatric nursing, welfare hostels and the patients' own homes with adequate supervision and help.

Mrs. H. L. Slater, the Senior Social Worker, said that medical rehabilitation had moved far ahead of social rehabilitation. The problem was to help patients to be discharged from hospital and to ensure that after-care was readily available. Four methods of assisting this were less specialized hospitals, welfare accommodation, a personal approach, instruction and support to relatives and the finding of suitable homes in the community.

A programme using the latter two precedures was begun at Exminster in May 1962, and 75 long stay patients, the majority over 60 years of age, were found homes. Four broke down on trial and were returned to hospital, but the remaining 71 had been discharged and most of them had readjusted themselves surprisingly quickly to community life.

Fourteen patients went to relatives, who needed much information, guidance, encouragement and support from the Social Workers. The remaining 57 patients were found homes in the community. The Social Worker tried to obtain a placing in keeping with the social status of the patient. The average cost of the homes was less than £7 per week and, if necessary, the National Assistance Board met the full cost.

Dr. W. J. T. Kimber, in proposing a vote of thanks, said it had been a most worthwhile and interesting afternoon. He heartily congratulated the four speakers for providing such a magnificent programme.

AUTUMN MEETING, 1963

THE AUTUMN MEETING of the South-Western Division was held at Roundway Hospital, Devizes, on Thursday, 17 October, 1963, by kind invitation of the Hospital Management Committee and Dr. J. B. Gordon-Russell, Physician Superintendent.

In the forenoon, members were able to visit various parts of the Hospital including the impressive new admission unit.

At lunch, members and guests were welcomed by Dr. P. A. H. Rivett on behalf of the Hospital Management Committee. The Divisional Chairman, Dr. W. S. Maclay, replied, thanking Dr. Gordon-Russell and the Hospital Management Committee for their excellent and warm hospitality.

The Divisional Secretary reported that the Committee had agreed to put forward the following nominations for membership of Regional Hospital Boards:

South-Western: Professor D. Russell Davis and Dr. J. B. Gordon Russell; *Oxford:* Dr. R. G. McInnes; *Wessex:* Dr. A. J. Galbraith; *Welsh:* Drs. G. M. King, A. Williamson, J. P. Spillane and T. P. Riordan.

The present members of the Divisional Committee of Management, all of whom were eligible, were recommended for re-election under the terms of By-Law 33.

A letter from Dr. J. G. Noble had been received suggesting that problems of administration and policy be discussed annually as a topic at one of the Divisional Meetings. It was considered by the Divisional Committee of Management that the first interest of Divisional Meetings was clinical but that papers on such problems could be individually submitted.

It was decided to approach Dr. B. M. Mandelbrote to ask if he could accommodate the Spring 1964 meeting at Littlemore Hospital, Oxford, on April 9.

The Report of the Divisional Committee of Management was approved by the Meeting.

The following candidates were elected unanimously to Ordinary Membership:

LETEMENDIA, FELIX JUAN JOSE, M.D., D.P.M., Consultant Psychiatrist, Littlemore Hospital, Oxford.
Proposed by Drs. J. Hoenig, A. Walk, E. Slater.

LIS, NICHOLAS, M.B., B.S., Medical Officer, Royal Victoria Hospital, Netley, Hants.
Proposed by Drs. G. G. Wallis, R. J. Wawman, F. P. D. Easby.

MARJOT, DAVID HENRY, M.B., B.S., D.P.M., Surgeon Lieutenant Commander, R.N., 5 Seafield Park Road, Hill Head, Fareham, Hants.
Proposed by Drs. G. G. Wallis, M. H. Davies, R. A. Miller.

MILNE, LETITIA ELAINE, M.B., Ch.B., D.P.M., Assistant Psychiatrist, Brookwood Hospital, Knaphill, Woking.
Proposed by Drs. J. M. Frew, D. C. Dewar, N. I. Lavin.

The Chairman read a letter from the General Secretary concerning election to and attendance at

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Regional Consultants and Specialists Committees. He stressed the need for supporting these Committees with a view to obtaining adequate psychiatric representation on the Central Consultants and Specialists Committee.

Papers and Discussion

(*a*) "The Community Experiences of Rehabilitated Long-stay Patients."

Dr. M. A. T. Waters' paper was a report of a follow-up study of 52 long-stay male patients discharged from the rehabilitation unit in Roundway Hospital between April 1959 and September 1962.

Dr. Waters gave a review of the rehabilitation unit and its programme. Two-thirds of the group of patients had had some experience of working out from the hospital before discharge. In the unit the period of preparation for discharge varied from one to thirty-six months. The aim was to discharge a patient only when a suitable job and an accepting home had been found. This was done for 80 per cent. of the patients.

In trying to assess how these patients succeeded in the Community, three aspects of adjustment were considered—(*a*) remaining out of hospital for at least one year, (*b*) the employment record, and (*c*) the level of social behaviour. Under (*a*) 44 patients were successful. Under (*b*) 39 patients of the 44 who satisfied the first criterion were successful and the work adjustment was surprisingly stable. Dr. Waters agreed with the findings of Carstairs that work tended to protect the patient from relapse and to make the community more tolerant. Under (*c*) of the 44 patients who remained out of hospital for at least one year only 26 were rated as successful in social behaviour. Of the 26 successes in social behaviour, all but one were successful in the other two criteria. There was, therefore, a group of 25—21 schizophrenics and four affectives—whose adjustment seemed to be completely satisfactory.

An attempt was made to ascertain the value of maintenance drug therapy. 44 chronic schizophrenics were advised to continue on maintenance Largactil or Stelazine indefinitely. 30 of these continued to take their drugs regularly and 13 per cent. of this group relapsed and had to be re-admitted. 14 patients stopped the drugs and of this group, 57 per cent. had to be re-admitted.

Dr. Waters then gave a review of the after-care arrangements. He commented that the main shortcoming of the after-care was that it was too patient-centred and often inadequate support was given to families who had to make many adjustments towards living with a schizophrenic patient in their midst. There was bound to be a decrease in the dischargeable numbers of long-stay patients in time, unless there were greatly extended community facilities, including residential accommodation and sheltered workshops.

The subsequent fate of the individual discharged patient seemed to depend more on constitutional patterns of illness than on environmental influences.

(*b*) "Oswald Alving's Illness": A reappraisal of Ibsen's "Ghosts" with some Views of Schizophrenia.

Professor D. Russell Davis gave a masterly diagnostic exposition of Oswald's illness. He rejected the commonly held view that this was due to cerebral neurosyphilis in favour of his opinion that it was schizophrenic in nature. He cited Maudsley's description of chronic sceondary dementia which would now generally be held as schizophrenia and considered that Oswald's symptoms were typical of this condition. He ruled out the possibility of acquired neurosyphilis and gave his reasons for considering that congenital neurosyphilis was a less likely possibility than schizophrenia. He then stressed the importance in modern causal theories of schizophrenia, particularly in male patients, of an abnormal relationship between the patient and his mother.

The family history showed many features thought to contribute to the aetiology of schizophrenia. The immediate precipitating factors of the acute phase of the illness were the revival of intense conflicts in his relationship with his mother, the burning of the orphanage, the destruction of his illusions about his father, the loss of Regina. All these combined to produce intolerable anxiety and brought his illness to a crisis.

Professor Russell Davis concluded by comparing Oswald's early life with Ibsen's own, pointing out the similarities in their experiences in childhood and adolescence and in their conflicts. Ibsen worked out, in many of his plays, a morbid attachment between mother and son and the resultant difficulties which the son had in establishing normal partnership with women of the same age and in attaining sexual potency.

Dr. I. Skottowe, in proposing the vote of thanks, suggested his own view that Oswald's illness might possibly have been hysteria. He thanked both speakers and also Dr. Gordon Russell and the Committee for providing such a pleasant setting for the Meeting.

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