The following Candidates were elected to Membership:

DEW-JONES, JAMES ATHOLL, M.A., M.R.C.S., L.R.C.P., Registrar, The Towers Hospital, Humberstone, Leicester.

Proposed by Drs. T. Wishart Davidson, R. W. Lennon and C. E. H. Turner.

DUNN, JOHN FREDERICK, M.B., Ch.B., D.P.M., Assistant Psychiatrist (Senior Medical Officer), Lancaster Moor Hospital.

Proposed by Drs. A. A. Martin, S. Smith and H. C. Fisher.

TAYLOR, RONALD MOCHRIE, M.B., Ch.B., D.P.M., Senior Medical Officer, Highcroft Hospital, Birmingham.

Proposed by Drs. D. Anton-Stephens, E. Jacoby and R. W. Tibbetts.

The Report of the Divisional Management Committee and that of the Divisional Representatives on Council were given by the Hon. Secretary.

The following Officers were elected for 1958/59:

Chairman: Dr. T. M. Cuthbert.
Honorary Secretary: Dr. G. M. Woddis.
Assistant Honorary Secretary: Dr. W. V. Wadsworth.
Junior Representative on Council: Dr. B. Ward.

The following members were elected to the Divisional Committee of Management: Drs. J. F. Donovan, B. Finkleman, E. U. H. Pentreath and C. E. Turner.

Clinical Session

Dr. L. J. Segal, Consultant Psychiatrist at Monyhull Hall, read a paper entitled:

"A Preliminary Report of the Distribution of Somatotypes in the Populations of a Mental Deficiency Hospital"

SCOTTISH STUDY TOUR 1958

by EDWARD S. STERN, *Honorary Secretary*, and others

Twenty-five members, including officials of Health Ministries of four countries, twelve medical superintendents, and also five doctors' wives, visited Scottish psychiatric clinics. Those travelling from London left by sleeping car on the evening of 19 May, without mishap, except that British Railways had unfortunately berthed one of our ladies with a gentleman who was not a member! The rest of the party were joined at Dumfries, and from there the journey was made by motor coach.

Our first visit was to Crichton Royal, where Dr. Harper showed us the unrivalled Easterbrook House, with its swimming bath, hair salon, hall, gymnasium, ping-pong room, library, and canteen. The staff is equally lavish, with two full-time gymnasts, one pianist, and five nurses on recreational therapy alone. This is but a sample of the Crichton, with its great buildings, gardens, and complete equipment. It looks back to a long tradition. We were entertained to lunch and then visited Drumlanrig Castle, with its great collection of pictures, by invitation of the Duchess of Buccleuch, on our way to Ayr, which was reached that night.

Next morning we visited Ailsa Hospital, Glengall, which Dr. Brawn Miller is rapidly bringing to a leading position. He has trebled the admission rate in as many years, raised the proportion of voluntary patients, provided occupations,

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opened wards, and established busy out-patient clinics and home visits. Cooking is done on the wards, which allows women to play the feminine rôle, as well as improving the meals. We were struck by the good standards of furnishing and carpets on the wards. Meanwhile, the ladies were taken on an exciting tour under the care of the Baillie. Again we were treated to an excellent lunch by the Board, before which we were plied lavishly with the "wine of the country" by Dr. Miller, and after which he took us on a visit to Culzean Castle on the sea cliffs, and entertained us all to tea.

The same evening we reached Glasgow and were received at the Southern General Hospital, where we met local psychiatrists and doctors on the hospital staff. Next morning our host, Professor Ferguson Rodger, explained his department and how he had planned it. We were struck by his thoughtful approach and the complete use he had made of its possibilities. The demonstration room has a one-way screen and amplifier, which seems to be a feature of Scottish psychiatric teaching. An exhibition of psychological tests, paper chromatography, nuclear sexing, and scientific publications, was mounted in the laboratory. Dr. Freeman gave an address on how he uses analytical knowledge in teaching elementary psychiatry. Dr. Sclare described his co-operation with the chest physician in the treatment of the asthmatic in a group with a number of his fellows, "so that he can get his difficulties off his chest" and enlarge his circle, for "he suffers from a diminution of his breathable world". Dr. Munro showed a case of Klinefelter's syndrome. The psychiatric department is up to date in every way, and well integrated with medical and other services. Surely, we thought, this must be the best in the world. It is impossible to describe it adequately in a short article.

Some of us went to see the well-housed, equipped and staffed Notre-Dame Child Guidance Clinic, where Sister Jude entertained us hospitably. A large party went to Woodilee, where Dr. Cramond and his team had got patients up, introduced the new treatments, and improved wards so that now the number of voluntary admissions is rising and the hospital is designated for teaching. Another party visited Lennox Castle, which has 1,400 mental deficiency beds, and is built in blocks—15 villas and 15 huts—on a steep slope. Dr. MacGillivray, the Medical Superintendent, has 140 patients under the Criminal Justice Act, and a school for backward boys.

The 23 May was spent in the long and beautiful drive from Glasgow to Inverness, where we were welcomed by Dr. Whittet with true Highland hospitality, and met the Chairman of the Regional Hospital Board and Board of Management. After enjoying the pipes, sword-dances, reels, and Highland fling, to say nothing of whisky and Loch Ness salmon, we were entertained to a Caelidh, at which we Sassenachs cut poor figures compared to the Northern Celts. Next morning, Dr. Whittet read a paper on "Psychiatry in the Highlands and Islands", and showed how the problems of distance have been faced in the psychiatric covering of one-third of Scotland from Craig Dunain Hospital. "Gay in song, Calvinist in religion, we're an interesting study for the summer months. Civilization has left us grace and favour here, in spite of its ravages elsewhere. Work and open doors don't cure all patients: for they had these things at home. Psychiatry has been oversold to the public; we lead them to think that we can cure more than we do. Our patients are not blinded by science—it's what they think you are that counts. 75 per cent of them are born psychiatrists—I'm the amateur." We were conducted round this well-situated, spacious hospital, with its fine ward furniture and carpets. After lunch we visited the non-statutory unit—Dunain House—which admits mainly alcoholics. Throughout our visit we were impressed by the high standard of feeding enjoyed by staff and patients as well as visitors.

At Aberdeen we were personally welcomed by Professor Millar, who introduced us to the University staff, and showed a keen interest in us and our wish to see Scottish Psychiatry. He has achieved an exceptional degree of happy co-operation between all psychiatric interests. In his own department we were given a talk by Dr. McKenzie of the U.S.A. He and the Professor favour the psycho-

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analytical approach to the treatment of psychotics, and they successfully brought us into the discussion. Visits were also made to Kingseat Mental Hospital, where Dr. Stewart is forging ahead steadily and carrying his staff with him as he consolidates each advance. This hospital was the first in the British Isles to be laid out on the villa system—a plan similar to that now favoured by the World Health Organization.

A visit to the Aberdeen Child Guidance Centre under Miss Margaret Buchanan was of interest in showing a well-organized school psychological service and also a peculiar problem of Aberdeen children who may be subjected to considerable educational pressure at home owing to the strong local academic tradition. Beechwood School for the Physically and Mentally Handicapped, under Miss Mitchell, is of a standard of building and equipment that has to be seen to be believed, including remedial gymnasia for spastics and others, domestic training, cooking, laundry, carpentry, and shoemaking. A short visit was also paid to Woodlands Home for in-patient care of lower grade children, run by Dr. Moore Taylor, with its young staff and general air of neatness.

Next day we drove to Murray Royal, Perth, where we met Dr. McDougall, an old friend of the tourists, and Mr. Smart, the Chairman. After luncheon in a dining room with large windows looking over the Cairngorms, we toured this contented hospital and visited Gilgal, the neurosis unit which admits mostly alcoholic voluntary patients. Dr. Stalker read us a paper on psychosomatic physiology.

Next morning was spent in Professor Kennedy's luxurious psychiatric department at Edinburgh University, and he gave us a full account of his achievements and thoroughgoing plans for teaching, research, co-ordination, and direction. Dr. Laverty read a paper on drug trials. Dr. T. A. Munro and the Board of the Royal Edinburgh Hospital for Mental and Nervous Disorders kindly entertained us to lunch, after which some toured the hospital, with its fine accommodation for private and "amenity" patients at Craig House. Others were welcomed by Dr. Bailey at Gogarburn Institution, and were particularly struck by his wide experience, friendly treatment of patients, including rehabilitation in a ward they run themselves, and close link with the Neurosurgical Department of the Royal Infirmary. Others visited the Department of Psychological Medicine of the Royal Edinburgh Hospital for Sick Children, where Dr. Methven explained the organization of teaching and treatment, and her Senior Psychiatric Social Worker, Miss Macewen, described interesting cases. We also visited the residential unit, which though only housed in a hut, in its happy atmosphere and professional skill is, like the rest of the department, an example that we would wish to follow.

That night a most successful closing dinner was held in Edinburgh. The next morning, 29, was left free, and in the afternoon we visited Dr. G. M. Bell, the pioneer of open doors and thus of the modern liberal attitude to patients, at Dingleton. The atmosphere of this hospital is so strikingly happy, with its elimination of hostility, violence, and incontinence, without regimenting patients into groups or drilling them in habit training, that any doubters must have left Dingleton fully converted. On behalf of the town, Provost Laurie attended to express his appreciation of the new freedom given to the patients. The hospital is attractively decorated in pleasing colours, with matching bedspreads and curtains, and interesting furniture. Mrs. Bell hospitably entertained the ladies.

We paid a private visit to Abbotsford, and were charmingly and enthusiastically shown round by Mrs. Maxwell Scott. Dr. Bell and his Board then entertained us to dinner at Peebles Hydro., and after a visit to Melrose Abbey "by the pale moonlight", thus ending the tour on a high note, he saw us off to our several destinations by the night train.

Summarizing: The Scottish psychiatric scene is as different from the English as is the geographical. The administrative units—Regional Hospital Boards and Hospital Groups—are smaller and so there is a more intimate and probably more efficient government. But apart from this, all administration is medical, and it appeared

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to be better informed, smoother in its working, and more economical, the medical superintendents being willing to make decisions and accept responsibility. In the mental hospitals the Matron is usually in charge of both male and female sides, to give better nursing co-ordination. The mental hospitals we visited were advancing, if occasionally with a little canny hesitation. But above all it was the University Psychiatric Departments which struck us as far in advance of anything we had seen elsewhere. They are well integrated with the mental and mental deficiency hospitals, child guidance clinics, etc. The medical superintendents and other medical directors hold appointments as lecturers in the University, which in turn makes ample use of their facilities and clinical material for teaching. The senior academic staffs were distinguished by having had practical experience in the mental hospital field, and so they are well respected by their colleagues. Instruction is given, not only to undergraduates and postgraduates, but also to medical auxiliaries, ministers of religion, etc. Research is active and the professorial units specialize in the investigation of rare cases and the carrying out of difficult biochemical, pathological, or psychological work.

Finally, the boundless hospitality, both private and public, that we enjoyed from our hosts, made the tour a happy and easy one. We thank them all heartily and especially Professor Ferguson Rodger for suggesting this tour and the General Board of Control for Scotland for planning it and personally meeting and helping us throughout.

NOTICES BY THE HON. LIBRARIAN

The Library is open to members between the hours of 9 a.m. and 5 p.m., Saturdays, 9 a.m. and 12 noon. Books are issued to borrowers during these hours.

The Hon. Librarian will endeavour to obtain, as far as possible, any books on psychiatry and allied subjects required by members.

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2. No member may borrow from the Library more than three volumes at one time.

3. Books and journals are sent carriage paid from the Library, but members are responsible for the books from the time they leave the Library until they are received back.

4. Books damaged or lost while in possession of a member will be repaired at his expense or must be replaced by him.

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8. All communications should be addressed to "The Librarian, Royal Medico-Psychological Association, 11 Chandos Street, Cavendish Square, W.1."

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