Moss, R. C. S.
Mountjoy, C. Q.
Nasser, D. I. P.
Noble, J. R.
Nolan, G.
Nott, P. N.
Oakeley, H. F.
O'Brien, M. D.
O'Connell, S. F.
O'Farrell, P.
Olsen, J.
O'Melia, J.
O'Riordan, R. J.
Orr, R. B. F.
O'Sullivan, K. B.
Paine, D. S.
Pallett, J. M.
Palmer, R. L.
Penman, J. M.
Perinpanayagam, K. S.
Perkins, R. J.
Petrie, G. M.
Phanjoo, A. L.
Picton-Jones, J.
Pinto, R. T.
Pitcher, D. C. R.
Pitt-Aikens, T.
Poncia, J.
Potter, P. E.
Proctor, O. H.
Qaragholi, S.
Raafat, I. B.
Rasalam, M. S.
Rasiah, L. W.
Ratnasabapathy, L. G.
Reid, D. G.
Revill, M. G.
Robinson, J. R.
Rollins, J. W.
Rooth, F. G.
Salih, M. A.
Sampson, G. A.
Saunders, W. A.
Savege, J.
Sebaratnam, N. P.
Shaw, S. H.
Shrubshall, N. K.
Siddiqui, U. A.
Singh, G.
Singh, J.
Singh, T. H.
Sirisena, O. M. J. M.
Sishta, S. K.
Slack, M. M.
Smith, S. M.
Soddy, A. G.
Sohail, S. T.
Spears, B.
Storer, D.
Stores, G.
Sturge, J. C.
Sutherland, E. M.
Swinson, R. P.
Syed, S.
Taylor, A. J.
Teo, H. K.
Thavasothy, R.
Tollinton, H. J.
Toms, D. A.
Valvis, M.
Varma, A. N.
Veall, R. M.
Viswanathan, R.
Vogler, E. J. A.
Warrick, G. H.
Weaving, H. C.
Weir, N. H.
West, P. G. F.
Whyte, R.
Wiley, Y. V.
Williams, D. D. R.
Wilson, A. M.
Wilson, C. R. M.
Woollacott, S.
Zaidi, S. M. N.
Zakauddin, M.

Scottish Division

A meeting of the Scottish Division was held at Gartnavel Royal Hospital, Glasgow, on Friday 26 November 1971.

The Division noted with regret the death of Dr. George M. Bell.

The Secretary presented the Report of the Committe of Management:

(a) The Committee recommended the co-option of Dr. A. C. Tait who had been elected to the Council.

(b) Representatives of the Division had met with representatives of the Social Work Services Group on 26 October 1971.

(c) The ad hoc committee formed by the Committee of Management to consider the White Paper on the Reorganization of the Scottish Health Services and the Report of the Joint Working Party on the Integration of Medical Work had met, and its observations had been forwarded to the Scottish Joint Consultants Committee and the Department. Dr. Sutherland had expressed concern that the ad hoc committee had not contained representatives of the Sections.

(d) The Research and Intelligence Unit of the Department had indicated that it was hoped that mental health statistic returns would be available by the end of 1971.

(e) The Committee of Management had agreed to indicate to the Psychotherapy and Social Psychiatry Section of the Division its full support for the Division's desire to promote training in psychotherapy in each Region of Scotland.

(f) The Committee of Management recommended that Professor A. K. M. Macrae should continue as representative on the Scottish Joint Consultants Committee for a further year.

(g) The Committee of Management proposed to write to the President expressing the hope that a generous attitude would be taken with regard to appeals for exemption from parts of the Membership examination.

(h) The Committee of Management had considered the future administrative arrangements for the Division and would make recommendations at the next quarterly meeting.

The scientific programme of the meeting consisted of a joint meeting with the British Geriatric Society. Papers were read by Professor W. M. Millar; Professor W. Ferguson Anderson; Dr. J. B. Murphy; Dr. J. H. Henderson and Dr. J. Williamson on aspects of mental disorder in the elderly.

Following lunch the meeting divided into discussion groups.

At the conclusion of the meeting the Chairman expressed the hope that a report of the meeting could be agreed by the Management Committees of the two organizations which could be forwarded to the Department.

Child Psychiatry Section

An open meeting of the Section was held in London on 19 November 1971, at which papers were read on 'Future policy and development of child psychiatry'.

Dr. John Brothwood, of the Department of Health and Social Security referred to a recent Memorandum (HM71(22)) which he understood had caused some concern in child psychiatric circles. He explained the background thinking to the Memorandum and suggested that the interests of all child psychiatrists

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working in hospitals were safeguarded. He also spoke about medical manpower in child psychiatry; the Table illustrates progress made in the past five years:

Child and Adolescent Psychiatry
Medical Staff Employed by Regional Hospital Boards

Grade	1966	1970
Consultant	143	177
SHMO	6	nil
Senior Registrar ..	26	37
Registrar	21	13

Dr. Pamela Mason, of the Department of Health and Social Security pointed out that a comprehensive psychiatric service for children and young persons had not yet emerged.

Changes in the administrative structure of the health and social services brought the need to re-examine current practice in child psychiatry in order to redefine its role within the community so as to ensure the most effective use of resources available.

The clinical practice of child psychiatry was essentially multidisciplinary in its team work approach. It could offer assessment and treatment of children and their families, consultation, support and guidance to personnel in related fields, and training of professional workers. It was important also that child psychiatrists participate in developments in non-medical institutions and services, and in mental health programmes.

She referred also to the recent Children and Young Persons Act, and to the need for psychiatric participation in assessment and treatment of children in care. Child psychiatry needed to be part of a comprehensive mental health service for children and to be hospital based, although must of the work will take place in the community.

Dr. Esther Simpson, of the Department of Education and Science referred to the fairly rapid expansion of centres in hospitals for the medical assessment of children with handicap, where the help of the child psychiatrist would often be needed. The paediatrician, family doctor and school doctor, as well as teachers would benefit greatly from the child psychiatrist's support and advice, and the child psychiatrist might well feel the need for the advice of the consultant paediatrician about children referred for psychiatric assessment.

There were now over 14,000 children assessed as maladjusted and requiring special education, and 69,000 were seen in child guidance clinics during 1970. But the Isle of Wight survey showed that 5·4 per cent of children surveyed had a psychiatric disorder, equivalent to 400,000 children of school age in the whole country. It is obvious that we are only dealing with the tip of a very large iceberg.

Only one in ten of the children assessed as having a psychiatric disorder in the Isle of Wight survey had attended a child psychiatric clinic; the rest had not been expertly diagnosed or assessed.

The speaker asked whether efficient screening procedures could be developed, how best use could be made of health visitors and social workers in identifying the psychiatrically vulnerable child and what should teachers and school doctors be looking for?

At present the classification of 'maladjustment' was far too broad and children so classified were placed in special schools without sufficient thought being given to what those schools could offer. Child psychiatrists could help a great deal in spelling out in some detail what they think likely to be the most helpful sort of educational environment for an individual child, and in advising us about desirable characteristics and training of teachers of maladjusted children.

Chandos House

Chandos House, where the Royal College of Psychiatrists has its headquarters, is one of the few Adam houses still remaining in London. It was built by the brothers Robert and James Adam in the years 1769 and 1770 for the third Duke of Chandos, whose portrait as a young man still hangs in the entrance hall, and for 45 years it was the London home of his family.

From 1815 to 1871 it was the Austro-Hungarian Embassy. For the first 25 years of this period the resident Ambassador was Prince Esterhazy, who was notorious for the lavishness of his entertaining. Contemporary newspapers contained many articles about his wasteful splendour and oriental pomp, and he was eventually ruined by his fantastic extravagance.

In 1871 the house reverted to the ownership of the Chandos family when the Duke of Buckingham and Chandos, a descendant through marriage of the third Duke, acquired a 99-year lease on the property, and it then remained in the possession of the family for the remainder of the nineteenth century. Coral, Countess of Stafford, lived there from 1905 to 1924, and the ninth Earl of Shaftesbury, grandson of the great philanthropist, from 1924 to 1927. From 1927 until 1963 it was the town residence of Viscount Kemsley, the newspaper proprietor.

The Royal Society of Medicine acquired the house in 1964, at which time it was in a sad state of disrepair. Since then renovations, repairs and redecorations have been carried out by expert craftsmen, and today the house looks much as it must have done in its heyday. The beautiful painted ceilings have been

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