Greetings and Honours to Members.

The Hon. General Secretary (Dr. Drury) reported receipt of telegrams from Dr. Jens Christian Smith, Roskilde, Denmark, conveying best wishes for the meeting and kindest regards, and from the Dansk Psykiatrisk Selskab sending best wishes, and regretting the inability of the Danish Society to send a representative to the meeting.

During the year five members had been honoured:

Lt.-Col. A. A. W. Petrie, *C.B.E.*
Dr. Kate Fraser, *C.B.E.*
Dr. Bernard Hart, *C.B.E.*
Dr. A. R. Grant, *O.B.E.*
Dr. W. M. McAlister, *O.B.E.*

Presentation to the President of Foreign Delegates.

The Hon. General Secretary said that for the first time for many years it was the duty of the Secretary to present to the President some foreign delegates. The Association was more than pleased to welcome them.

The following delegates were then presented to the President:

France:

Dr. Noel Peron and Madame Peron.
Dr. Jean Dublineau, General Secretary, Société Médico-Psychologique de France; also representing the Congrès des Médicins Aliénistes et Neurologistes de France.
Dr. Albert Brousseau, representing the Société Médico-Psychologique de France.

Holland:

Dr. Van der Hoop and Mrs. Van der Hoop.
Dr. Kraus, President, Nederlandsche Vereeniging voor Psychiatrie en Neurologie.
Dr. A. J. Westerman Holstijn and Mrs. Holstijn, Secretary, Nederlandsche Vereeniging voor Psychiatrie en Neurologie.
Professor K. Bouman, Professor of Psychiatry and Director of the University Psychiatric Clinic, Amsterdam.

Dr. C. A. Meier, representing the Swiss Society, had been expected, but had not yet arrived.

This concluded the business part of the proceedings of the Annual Meeting and the gathering passed to the scientific discussions.

Ageing and Senility.

"Ageing and Senility: A Major Problem of Psychiatry," by Dr. Aubrey Lewis, (see p. 150).

"Social Aspects of Ageing and Senility," by Miss H. Goldschmidt (see p. 182).

"Psychological Aspects of Ageing and Senility," by Mrs. Margaret Eysenck (see p. 171).

"Some Biochemical Changes in Senility," by Dr. Derek Richter.

ANNUAL DINNER.

The Annual Dinner of the Association was held at the Savoy Hotel, London, on Wednesday evening, September 5, 1945, under the chairmanship of the President, Lieut.-Col. A. A. W. Petrie. There was a distinguished company of guests, the principal being the new Minister of Health, the Rt. Hon. Aneurin Bevan, M.P.

"The Ministry of Health."

The President, in proposing the toast of "The Ministry of Health," coupled with the name of the Minister, said that in Mr. Aneurin Bevan they had a man of great determination and courage, all of which he would need to tackle the twin

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

problems of health and housing. They in the province of mental health shared the anxieties of the profession as a whole concerning the changing order. Like everyone else, they wanted liberty. There was no body for whom they had greater respect than the Civil Service, but for obvious reasons the members of that service had undergone a certain curtailment of liberty. An extension of nationalization seemed to involve further encroachments, and they in the medical profession wondered whether they were to be civil servants, bound by strict rules. It was needful to remember that the individualism possible in the smaller services had in some cases resulted in progress when the larger service had fallen behind. The Society was started 104 years ago, and to-day it had 1,100 members devoted to all branches of psychiatry. They were endeavouring to devote more and more time to positive mental health, to constructive health services which would include prevention, instead of devoting all their attention to terminal phases. He instanced the many fields in which psychiatrists were at work, including child guidance, vocational service, and the rehabilitation of the individual.

Mr. ANEURIN BEVAN said that his good people at the Ministry had prepared three separate speeches for him, but he did not propose to make use of any of them. Such indiscretions as he made should, in this maiden speech, be his own. He had noticed during the past few weeks a tendency on the part of political speakers to take rather a depressing attitude towards some of their problems. He himself, on the problems of the national health service and of housing, felt distinctly optimistic. He was convinced that a nation which had achieved so much during the last six years was not going to fail to solve problems such as these. War, whatever evil it brought in its train, was good for mental health. A great physician had told him at the beginning of the war that he was quite convinced that during the war there would be a great decline in stomach diseases, simply because, in their concentration on beating Hitler, people would stop thinking about their own insides. The late Wilfred Trotter, who wrote on the instincts of the herd in peace and war, spoke of war as bringing all people together in a moral unity. War brought about a certain psychological buoyancy and dedication of spirit, and he had yet to find a man who was dedicated and ill at the same time. But now the war was over, and there was a possibility that the moral unity which had sustained us would be fragmented. Therefore it was for the Government to provide the British people not only with work, but with work informed by design, so that they could bring to the tasks of peace the same effort, the same self-confidence, the same buoyancy as had enabled them to win the victory in war. Let them stop saying " Woe ! woe ! " about their difficulties, and talk rather of their possibilities.

He would not be expected to say much about the National Health Service, first because his mind was not fully made up, and any definite conclusions he had formed about it must first of all be given to the House of Commons. If he committed himself to any statement that evening it would take his Cabinet colleagues by surprise because they had not been informed thereon. But he was confident, although he detected a certain gleam in the eye of Dr. Charles Hill when he met him that evening, that when they got down to principles and administrative details there would not be very much that separated him from the medical profession. All of them were anxious to provide the people of Great Britain with the best kind of medical service. The doctors felt anxious lest a national machine close upon them which would obliterate their individuality. They need have no fear—no fear at all. He conceived it as the function of the Minister of Health to provide the medical profession with the best modern apparatus of medicine, and enable them freely to use it and put it at the disposal of the people of the country. Every doctor must be able to use that apparatus, according to his training, without interference from secular organizations. The individual citizen must be able to choose his doctor, and the doctor must be able to treat his patient in circumstances of inviolable privacy.

He looked upon the general practitioner as the most important man in the medical profession. But he hoped—this must be regarded as tendentious—that the National Health Service might be so organized as to rescue general practitioners from the isolation in which at present many of them worked. They would try to organize more group associations among general practitioners and break down their separateness. It would be necessary, he knew, to have very lengthy discussions with the medical profession. He wished to say, without any desire to be controversial, that he hoped the doctors would turn up at the meetings of their own

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

organizations, and not allow their spokesmen to speak for silent thousands. There was always a tendency for the man who had come to the top to be the spokesman for all below him, and the man at the top was always inclined to take a very complacent view of the circumstances which had led to his survival. He therefore hoped that in the discussions they were bound to have in the near future the general body of the profession would make itself felt and make quite clear its own point of view, so that Dr. Charles Hill, when he met him, might speak for a unanimous profession.

He knew that many doctors felt that with a state medical service there was a danger of the doctor being placed too much under the control of the bureaucratic machine. He himself, as he had no need to remind them, was a Socialist. Being a Socialist he believed in industrial democracy, and it was because he believed in industrial democracy that he held that the doctors as a profession must have a greater and greater say in the management of their own service. He wanted the miners, the railway men, the engineers to have a far greater share in the management of their own work and in the policies which governed it, and he claimed no less for the doctors. The doctors themselves must have a recognized status in the new health service. So he hoped the doctors would not meet him as though he were an antagonist on the other side of the table. He matched his own enthusiasm for medicine with theirs. He wanted co-operation from the profession, not suspicion or antagonism, and he believed he would get it.

At the same time they were going to do some unorthodox things—a good many unorthodox things. Whatever reputation he had managed to achieve, it had not been a reputation for orthodoxy. He would attempt a number of experiments, and in these he hoped to obtain the enthusiastic co-operation of the medical profession. There was something seriously wrong with the health service of Britain when it gave free treatment to the insured person and left the members of his family to get it however they could. But he was convinced that this job of organizing a good medical and hospital service was something to inspire the idealism of all the worth-while members of the profession.

Of course, they were approaching it under conditions of great difficulty. The war had destroyed many of our hospitals. Furthermore, a thing that was haunting them at the Ministry of Health was the dangerous depletion of nursing and domestic staffs at hospitals. He was informed that wards were closing down all over the country because of the lack of nursing staffs. They would have to pull together to try to attract to the nursing profession very many more nurses.

He would say nothing about the organization of mental health. If by insanity was meant the failure of the organism to adapt itself to environment, then they should be worried about the condition of insanity in the general population, because society itself was quite insane. What kind of therapy they were going to adopt he did not know. He seemed to have been living in an insane world ever since he came to adult years. He was brought up in a community in which there was mass unemployment. It was their duty as statesmen, politicians, and citizens to try to bring about a sane condition of society. Many of the maladjustments and neuroses of modern society arose directly out of such conditions. Unless in the future we were able to plan our social life intelligently, with a design and purpose into which the individual could adapt himself, there would be increasing mental malady which no clinical measures could solve.

Speaking again of the forthcoming discussions concerning a National Health Service, Mr. Bevan drew a distinction between doctors individually and doctors collectively. He did not know that their collective intelligence was higher than that of any other group, but individually they were sympathetic and charming.

" I know very well I am not going to succeed in my task by bullying methods. I have to meet them across the table and try to break down their suspicions. I am satisfied we can do it, and that before another year is over we shall be able to lay before the people of Great Britain a structure of medical and hospital services which will make Great Britain the envy of all the world."

" The Guests."

Dr. C. W. Bower proposed " The Guests," coupling with the toast the name of Dr. Charles Hill, Secretary of the British Medical Association, and also certain visitors from abroad. He referred in felicitous terms to the many distinguished

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

guests present, including Sir Alfred and Lady Webb-Johnson, Mr. F. W. Dean, Deputy-Chairman of the L.C.C., Sir Eric Salmon, Clerk of the L.C.C., and Lady Salmon, Mr. P. Barter, Chairman of the Board of Control, Dr. Anthony Feiling, President of the Medical Society of London, and a number of others.

Dr. CHARLES HILL, in responding, spoke of Mr. Bevan's human and reassuring speech. It would be idle to contend that the announcement of Mr. Bevan's appointment as Minister of Health aroused in the collective medical breast a confident expectation that the next few months would be peaceful. No doubt the south-west wind would blow. When he read of Mr. Bevan's appointment, his own small daughter asked him whether he was glad, and before he replied the line of a hymn came into his mind, " God moves in a mysterious way His wonders to perform." But evidently in the Minister they had a man of energy, drive and vision, whom one would be proud and pleased to meet in discussion. He would find in the doctors a group of men who were no less in earnest than himself for the good health of the people, and no less anxious to extend, improve, and adapt the health services to modern needs. In passing Dr. Hill denied that the B.M.A. was " anti-Beveridge."

He agreed with Mr. Bevan in recognizing the dangers of a silent or inarticulate profession, leaving it to its leaders to voice what they thought it wanted. The profession as a whole must express its opinion, and he hoped that the profession would be placed in such a position and the time-table of the discussion so arranged that that would be made possible. It had been found a matter of some difficulty with one-third of the profession serving in H.M. Forces—a higher proportion than in any other section of the community—to represent all views.

" When Mr. Bevan meets the medical profession he will not find suspicion; he will find a cordial desire to discuss the problems and to help him in evolving a workable scheme. But we do not, in the main, believe that the best public interest will be served by the translation of an independent profession into a branch of central or local government. We shall seek to maintain the integrity and intellectual freedom of our profession, we shall attach ourselves to fundamental principles, and a master of penetrating criticism, like the present Minister, will not fail to assess the real value of the criticism we shall bring forward. He will find goodwill on the part of the profession. I will not wish him godspeed in his work, for that might be misunderstood, but I speak for the profession when I say that we wish him good luck and success in the immensely difficult task he will have to face."

Dr. Hill went on to say how much the British Medical Association appreciated the co-operation which had been worked out in the last few months between itself, the Royal Colleges, and the R.M.P.A. This was something in which the Association rejoiced, and he hoped this co-operation might continue.

Dr. G. KRAUS (Holland) spoke of the pleasure of the Dutch delegates at being present. To him and to them, after all their experiences of recent years, this visit meant much more than an ordinary occasion. He expressed on their behalf and on his own the greatest admiration for British psychiatry.

Dr. NOEL PERON (France) recalled the fact that six years ago the French delegates attended the meeting of the Association at Brighton. The sky was then overcast, and it was feared that the clouds of war were coming. They in France had lived for four years in a dark tunnel, but at the end of the tunnel they saw a little light; that light was their confidence in the British Empire. He spoke of the pleasure with which that evening, crossing Westminster Bridge, he had heard the chimes of Big Ben. It reminded him of how, morning and night, in the darkest days in France, they heard the B.B.C. He hoped that soon transport would be a little easier than now and visits would be more frequent. That evening saw the first new meeting between France and England. It took place on medico-psychological ground. Here would soon be a great highway for the traffic of ideas and for the making of the friendships of peace.

" THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION."

Sir ALFRED WEBB-JOHNSON, President of the Royal College of Surgeons, proposed the health of the Association. He spoke of it as a " royal and ancient " body—it had been in existence for over a hundred years. In relation to psychiatry he himself had always had somewhat of an inferiority complex, possibly attributable to the fact that it was difficult to spell the word, with its silent " p."

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

Some fifteen years ago he had the temerity to admit under his care in a private room at the Middlesex a lady who had escaped from a mental home, and although it was unusual, she made a good recovery, and now occupied an important post. Although some of them might not be experts in psychiatry or psychology they had to move with the times, and the modern tendency was all in the direction of emphasizing that side of the picture. Every good doctor, of course, was in the way of being a psychologist; he must study the psychological and the sociological background of his patients. Even non-medical people had made great contributions to this subject. Some of the most vivid studies of abnormal mental states had been made by laymen. The man who created Hamlet and Macbeth and the melancholy Jacques must have made careful study of people in curious mental states.

" Canst thou not minister to a mind diseased ? "

asked Macbeth, and it was the doctor who replied :

" Therein the patient must minister to himself."

The impatient relative—far more difficult to deal with than the patient himself as a rule—cried :

" Throw physic to the dogs ; I'll none of it."

To be exact men, medical teachers should be writers. He would never forget being called up at three in the morning to see Rudyard Kipling, who had a perforated duodenal ulcer. A surgeon would take a page or more of a text-book to describe it, but Kipling himself, when he asked him what was the matter, put it in five vivid words—" Something has gone adrift inside."

For many years he had had a personal interest in psychiatry. He could not have been a close friend and associate of Wilfred Trotter without absorbing some of his enthusiasm. The same was true of John Bland-Sutton, who devoted himself to the psychology of animals. He himself was most proud of the fact that when he was Dean of the Middlesex Hospital he was able to arrange a psychiatric out-patient clinic and psychiatric beds in the general hospital. He was convinced that that was the right approach in the early stages of mental disease. He had, for example, the greatest respect for the Maudsley Hospital, but the fact remained that the man or woman who had been in the Maudsley was at a disadvantage. If he or she had been in the Middlesex no such disadvantage would obtain.

" Your branch of the profession has a great future. Do not prejudice that future by making exaggerated claims. Retain your link with the Royal Colleges. Do not become isolated from general medicine and surgery. Your Association has great resposibilities. You will have to give guidance to the Ministry of Health so far as your own subject is concerned. You will have to advise the General Medical Council concerning the education of undergraduates in your specialty. I do hope that you will insist that they shall have a sound training and a good experience in general medicine before they are allowed to specialize. You have to maintain a link with social medicine. You have got to have out-patient departments in the great teaching hospitals, and also to insist on having—in this you will have the support of all deans of medical schools—beds in general hospitals. Because of my admiration for what you have achieved in the past and my expectations of what you will achieve in the future, I give the company this toast, and couple it with the name of your Honorary Member, Dr. Gordon Masefield."

Dr. GORDON MASEFIELD, in reply, thanked Sir Alfred for his words of advice. He himself had been fortunate enough to be nurtured medically at the Middlesex. He was old enough to remember Sir Alfred descending from the Far North upon that hospital, and he had followed, as a Middlesex man, his glittering career with pride. It was an honour to the Association that its health should be proposed by the President of the Royal College of Surgeons. In reply he wished only to touch on a very few matters.

The members of the Association during the war had done well in many spheres. Many of the younger men, as the Central Medical War Committee knew only too well, had left their work, and joining in one or other of the services, had served in all the spheres and fields of war. He congratulated the service psychiatrists on

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

one thing—that they had killed once for all that terrible misnomer called " shell-shock." In his personal opinion they seemed to have taught most of the rank and file in all the services all the symptoms of " effort syndrome." Psychiatry in the Services had made its mark and come to stay. When he was a regimental medical officer in the last war he remembered one incident very well. A poor young chap in the front line had been showing definite abnormal behaviour. He sent him down for mental treatment, and did not expect ever to see him again, but he came back to the unit in about three weeks with nearly all his teeth extracted. " Mental " had been misread for " dental " ! But he was still a schizophrenic.

Somehow the story reminded him of the fact that recently when going through the names of candidates for membership of the Association he came across one who was described as " psychiatrist to the M.C.C." Aptitude tests and personal selection seemed to be exactly the thing for the great cricketing authority. But further investigation showed that the initials stood only for " Middlesex County Council."

The relations of the Association with its neighbours continued to be friendly. He referred especially to the Royal College of Physicians, and thanked them for their kindly co-operation in helping to prepare the memorandum on " The Future of Psychiatry "; also the British Medical Association, to which a further debt of gratitude was owing. Dr. Hill had told them it was a joint piece of work, and he believed it was remarkable because a large body of medical practitioners were united in principle and also pretty nearly in detail.

When the so-called normal people had been housed, he would like to think that they had a long-term policy for the housing of the abnormal. One of the defects of mental hospitals and institutions was that the architects built for too long. Environment being such a tremendous factor in the health of mental patients, especially those undergoing long treatment, if they had brighter surroundings, more fresh air, and less penal-looking settlements, the chances of preventing chronicity would be improved.

Sir Alfred had referred to the Mental Treatment Act, which the present Lord Privy Seal had steered through the House of Commons. Section 5 of that Act might well be amended. Temporary treatment had proved its worth, but only for a very small proportion of mental patients. It was hedged about with so many restrictions that it could not fulfil the purposes they all hoped it would fulfil. If it could be extended so that all non-voluntary patients were on a temporary basis for the first six months, doing away with what was still the stigma of certification, he believed that progress would be made.

He next referred to those indefatigable and hard-working auxiliaries of theirs, the mental nurses, without whose co-operation they would achieve very little. The mental nursing profession was in a process of evolution, but these people in a modern mental hospital were nurses in the best sense of the word. Their status as mental nurses should be improved; it should be equal to that of the general trained nurse. At the present time negotiations were taking place with that mostly matriarchal conclave the General Nursing Council. He would, with great humility, ask the Minister if he could possibly spare a short time to think over the constitution of the General Nursing Council, on which at the present time the representation of the mental nurse was very slight. No doubly trained nurse sat on the General Nursing Council at all. An improvement might be effected in that respect. The Association's examinations had been held for fifty-odd years—the Association was a pioneer in teaching, training, and examining mental nurses—but if the General Nursing Council became the only authority for examinations, then it was quite plain that mental nursing should have a much larger proportion of seats on the Council.

The mental nursing profession had not had their due. There was need of a real publicity campaign to point out what was required of a mental nurse in modern times. The Rushcliffe Committee had helped matters by improving conditions, but it was up to the Association to improve the teaching in mental hospitals, and also to see that all possible amenities were provided.

"As a specialty we wish to be in closer co-operation with all our medical brethren and sisters. We do not wish to be isolated, and we are proud that the Association at the present time may be said to embrace all branches of psychiatry, and we desire to see an ever closer collaboration between them and between psychiatry as a whole and general medicine."

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

THURSDAY, SEPTEMBER 6, 1945.

The Future Organization of the Psychiatric Services.

[Consideration of Memorandum prepared by the Association, the British Medical Association, and the Royal College of Physicians.]

The PRESIDENT said that the Memorandum was, as stated, the Joint Report of the Royal College of Physicians, the British Medical Association Group of Practitioners of Psychological Medicine, and the Royal Medico-Psychological Association. Committees of each body had considered the future of psychiatry. It was felt that the weight of the whole of psychiatric opinion in the profession would have such weight with the Minister and his advisers as to compel a reasonable meeting of their views. The advantage of the Report was that it contained the expression of opinion of the other sections of the medical profession. A document prepared after a joint conference was submitted to the B.M.A. Council and met with considerable criticism, some of which definitely represented an expression of opinion of the general practitioners. The British principle of compromise had had to be adopted. The Report also represented the views of other specialists, some of whom had strong views, particularly the neurologists. Further it was considered by the not unpowerful body of opinion represented by the medical officers of health, with whom, if there was to be an effective advance, it was essential that they should co-operate. The terms on which they would co-operate were of the greatest importance, and every endeavour had been made to avoid psychiatrists being engulfed.

The document, therefore, was a great deal more valuable than any document would have been which came alone from the Association or any other body of psychiatrists, because any group of psychiatrists would draw up a report which would not be precisely and in similar terms to the present report. Even if complete unanimity was obtained among the psychiatrists, their views could not be forced on a profession in which psychiatrists were not in the majority, and it was necessary to get the rest of the profession to agree to the points of view put forward.

Sir Alfred Webb-Johnson had stressed the point of not stressing views, but views could be under-stressed as well as over-stressed, and they had not only to convince the general body-politic of the nation but their own profession. There existed more prejudices and complexes about psychiatry than about most subjects, and many of the objects of the report would only be attained by the education of the medical profession in general.

That was the background of the report. It represented essentially a compromise, but it represented the agreed official opinion of the great bulk, in fact the overwhelming majority of the medical profession through the British Medical Association, because it had been approved by the General Practice Committee, the Special Practice Committee, and the Public Health Committee of the Association. This represented such a body of medical opinion that it would be difficult for any Ministry or any Minister to ignore it.

There had been a good many expressions of opinion as to the modes of liaison, representation and so on, but every endeavour had been made to give as far as possible all sections of the speciality the opportunity of putting in their particular sections. Unfortunately, although psychiatry was growing into a unified whole, those who had come into it through the study of the neuroses had a slightly different outlook from those coming in through the psychoses. There was child psychiatry and social medicine in general, and they had had to link up with and give representation to those points of view. The preparation of the Report had had an educational effect in bringing the different standards together.

The Royal College of Physicians was primarily interested in the development of education, and to a considerable extent that part was left to the College, and the Report of the Royal College was obtainable and had been referred to. Proposals had been drawn up for both pre-graduate and post-graduate psychiatric education. The pre-graduate education was of vast moment, because it was hoped that at last the bulk of the profession had been induced to concede of the necessity of psychology in the proper education of any medical man. Dr. Gordon Masefield had made this point with the General Nursing Council, and if both the medical and nursing professions were convinced of the necessity of teaching psychological principles, the Association would have gone a long way towards inducing a rational mode of thought towards the speciality.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

The proposals were, perhaps, a little far reaching, but they contained the germs of what would eventually have to be, namely, a proper tuition of medical students as opposed to, in most universities, the exceedingly limited number of lectures on which it was almost impossible to teach the students. Whether all the proposals of the Royal College of Physicians on the education of the medical student in psychiatry would be implemented he did not know, as there was a great deal of opposition to them. However, there was every hope that there would be a great expansion of the proper teaching of the medical students. It would take time, but was on its way, and although education had not been specifically referred to in the Memorandum, the two Reports had been drawn up together and he did not think anyone among the psychiatrists would oppose them. Opposition was more likely to come from members of the medical profession, who might feel they were being " psychiatrized " too quickly.

With regard to post-graduate instruction, this also was of vital moment. At present the Diploma of Psychological Medicine was excellent; it provided a good satisfactory elementary basis, but the amount of time that had to be devoted to acquiring the information was very limited, and again, the report of the Royal College of Physicians had proposed a vastly extended D.P.M. which would take about five years to obtain. When attained, however, the holder would be in a position to call himself a specialist in psychological medicine. The criteria of what would make a specialist had also been discussed, and that became a vital point when the various salary scales were put forward. There had been various proposals, and the Association's proposal was that 10 years' experience plus a D.P.M. should entitle persons to call themselves a specialist.

These were the proposals for a reorganization of the education of the medical student and of the specialists, and when they were attained they would be infinitely better and more efficient psychiatrists than in the past.

The first half of the Memorandum explained the various lines of development and was purely explanatory. It was to be read by people whose ideas on psychiatry were limited and in some cases prejudiced.

The whole trend of the document was that there should be a properly co-ordinated mental health service. That did not mean that everybody concerned in it would be tied down into it. People who undertook private practice were just as essential as those in a public body. The whole essence of the scheme was to link up everybody in it so that they could co-operate. Dr. Masefield in his speech at the Annual Dinner referred to the fact that some people would be doing the work in the great teaching or other hospitals, and those in general hospitals would be doing work in the mental hospital and vice versa. The whole basis of the scheme was co-operation and linking up, so that as far as possible everybody took part in some part of the work.

There were certain principles laid down with which some still did not agree. As regards the treatment of psychoses in general or mental hospitals, that was a matter on which the profession in general had not agreed. The treatment of mental illness was intimately mixed with physical treatment, the milder types of psychoses, and a number of neurosis patients were better treated as in-patients at general hospitals, but there were people who felt that the mental hospital would be spoilt if that were done. They must not retreat behind the walls of the mental hospital; there had been a tendency in that direction in the past, and he felt that it was wrong. Psychiatrists must be part and parcel of the whole medical profession, and that was the underlying principle of the Report.

It was necessary to be practical, and one of the matters considered was the adaptability of existing services. An endeavour had been made to utilize everything at present existing. If plans were set on a completely new scheme the building problem alone would hold them up for many years. The administrative proposals were constructive to obviate the bureacratic hand with its deadening influence, and an endeavour had been made to see that administration should not handicap anyone in their work.

Certain amendments had been made at the behest of one or other of the bodies which had been agreed to by all the bodies. They were quite limited, and did not represent anything vital.

From p. 14 onwards were proposals and the reasons for making them. This was the work of the R.M.P.A. Some other bodies had prepared certain portions of this Memorandum but had not crystallized what they had wanted, and the Association's

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

representatives had crystallized everything they thought should be done to form a comprehensive complete service, so that the aspirations of psychiatry could be given an opportunity to develop in co-operation with the rest of the profession. Whether the effort had succeeded he did not know, but it was certainly a joint effort which a number of years ago would have been considered to be impossible.

The document could not be altered, but if members would comment upon it, it would be of great help to the representatives discussing it with the Ministry. One discussion had already been held in which the possibility of the integration of the Board of Control more closely in mental health was considered and certain practical suggestions were made. There was a forensic aspect of psychiatry which had always to be considered, and the liberty of the subject and the safeguarding of that was something which any public body must safeguard.

It was hoped that Parliament would consider the developments which had occurred since the 1930 Act, and feel that early treatment which was so desirable could be provided.

General Discussion.

Dr. J. B. S. Lewis asked what was the object of the discussion since the Report had already been approved. Was it merely to draw out second thoughts for the benefit of representatives confronting the Ministry?

Dr. Lindsay thought there was room for profitable discussion. The general approach to the whole document and the ideas to be given to their negotiators could be summed up in a very few words. A few negotiators had been selected to interview the Minister without any real authority from the people who elected them. There were certain priorities in the document, and if these were not pressed during the negotiations the document would not be worth the paper it was written on.

Major H. A. Palmer said that he did not believe the average psychiatrist was competent to carry out all he would like to carry out. How many of those present would take over with confidence an insulin ward and give the treatment themselves, or be prepared to carry out up-to-date personnel selection tests, or to organize the requirements of a modern rehabilitation centre? He would like to make three positive contributions to the discussion and would make them provocatively. He suggested that the whole business of psychiatry consisted of fundamental processes, only one of which was mentioned in the Memorandum. There was firstly the collection of case material; secondly, the process of filtration; thirdly, there was treatment, and in order to carry out treatment one must be able to give it, know what it meant, and not have to leave it to the junior medical officer. The fourth process was rehabilitation, and that did not mean exercises in the back yard of the hospital. The fifth process was re-allocation—something of which in civil life nothing was known. Lastly, there was the disposal of the mentally afflicted.

The second point he wished to make was with regard to the danger of specializing. It was his experience that the man who was a good collector of cases, the man who knew how to deal with difficult people was not necessarily a good treater of cases. It was a different technique and a different approach, and it was as reasonable to expect two men to do the same job as it is to expect a neurological surgeon to be a good orthopaedic surgeon. A man who carried out treatment was not the man who would carry out successful personnel selection. He suggested they should take a lesson from the surgeons; a neurological surgeon left orthopaedic surgery to the orthopaedic surgeon, and a mental service run by medical superintendents was doomed to failure.

He suggested that psychiatry was "on the spot," and would continue to be "on the spot" until psychiatrists studied the individual processes of their speciality.

The President said that the suggestion that the D.P.M. should be in two branches was considered. A great deal of discussion took place, and ultimately it was felt that the objections outweighed the advantages.

Dr. Brookes said that he would not attempt to answer the last speaker's allegation that they could not carry out the terms of the Report. It was everyone's desire to get people into hospital for treatment early in their illness, but in the Army people could be ordered into hospital while in civilian life they had to be persuaded.

Major Palmer said that filtration centres would help.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

The PRESIDENT said that he was living a dual existence at the moment. Out-patients did ignore the advice to go into hospital; one persuaded the patient and the relatives if the matter was urgent, but one had to defer to the wishes of the patient or one would not keep the out-patient department going. Sometimes it took several sessions to persuade a patient to go into hospital, but in the Army one had only to mark the appropriate sheet " hospital."

Dr. MCCALLUM said that psychiatrists now and in the future would be influenced by their external environment, and this would tend to diminish the tendency to isolation in the profession. For example, there was the teaching of medical students. Medical students were much more interested and keen to learn about psychiatry now than when he was a student, and furthermore they demanded a degree of knowledge which was surprising. They did not want airy-fairy theories, but concrete facts. Again, general practitioners and surgeons were going to make demands upon psychiatrists to an extent ever increasing; they would send their cases forward and demand that they be efficiently treated, and there would be an increasing demand for psychiatric patients to be treated in the general hospital. This would lead to a deepening of co-operation between the mental and general hospitals.

A third influence was that the practical plans of local and central authorities would force on to the profession a standard of work in psychiatry which did not exist at the moment. Services which were envisaged in the Memorandum would be demanded, and the Association should not feel diffident about planning these services because they must give them if they were to succeed.

Dr. J. R. REES regarded the Report as a bare minimum of what was needed for the mental health services of the future, but it was enormously useful, and he would like to suggest that the opinion of the meeting be taken as to whether the Parliamentary Committee could be asked to see that every Member of Parliament should be asked to dinner by some member of the Association to discuss the report, and give him some basic education in what psychiatry should mean and what mental health should mean. There were very few Members of Parliament who would not be glad to be briefed or be glad to have their questions answered. The present House had a great sense of responsibility. Members could also go through the Report with their local M.Ps., and send them into the discussion very fully aware of the importance of the human factor in the whole mental field.

Dr. BURKE said that he thought Major Palmer had rather contradicted himself; at one point he said every psychiatrist should be able to do everything; at another he said they had to specialize because one man could do treatment and another rehabilitation, and they were not the same men. The plans with regard to education would meet these points. They were asking in general that in future the psychiatrist should be adequately instructed in every aspect of psychiatric operation, they would have reasonable knowledge of all those things of which he spoke. They would take a special interest in the one for which they were most apt. Everyone would know reasonably something about everything, and each person would know a lot about something.

The filtration centres were the clinics and out-patient departments, and to some extent the general practitioners when they were instructed. The document had to be read by everybody, and had been modified as a result of experience of what other branches of medicine thought. Some of the hostility with which the original report was received was due to the failure of psychiatrists to produce something which could be understood by non-psychiatrists; they had failed to consider the minds of the people they were trying to convert. General practitioners spent half their time treating mild neurotics; that must be accepted and allowed for. The proposals were made with the idea of converting the people who were not altogether of their own way of thinking.

With regard to rehabilitation, the original document put forward by the Psychological Medicine Group of the British Medical Association had much to say on the subject, but the points now put forward were deliberately condensed. Rehabilitation was one point and personnel selection another, but they had been condensed because the case could not be overloaded.

Dr. CUNNINGHAM DAX was appalled at the apathy shown to the remark that people should not be sent into a mental hospital. Their energies should be put into the mental hospital so that people would go there for specialized treatment. The problem must be looked at from the opposite point of view. His own hospital

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

had trebled its admission-rate in three years; for the early cases the out-patient attendances had improved 250 per cent., and many more could be managed. Major Palmer was out of touch with the modern mental hospitals. Things had changed since he entered the Army, and he had not the least idea of what was done now. He was very much in favour of the observation ward and the early treatment centre, and he knew how useful they would be if they were graded. It would be more useful for the service psychiatrists to come back and add to their knowledge the extra things they had had the opportunity of learning, and civilian psychiatrists, in their turn, would add to their knowledge the progress made during the time they had been in the Services.

Dr. T. P. REES supported the last speaker's remarks. When the Maudsley Hospital was opened the idea was to remove the stigma of mental disorder. Last night they were told that the surgeons were going to open wards for treatment of early cases at the Middlesex Hospital with a view to avoiding the stigma of patients going to the Maudsley Hospital! Surely the stigma was not attached to the place but to the disease itself? Why should patients go to a mental hospital? Because the best mental hospitals had treatment to offer. Unfortunately there were hospitals where little or no treatment was available for patients. There were mental hospitals with 2,500 beds with only two or three medical officers, and any voluntary patient who went for treatment came out in the way he went in. The general practitioners of the district had no confidence in such hospitals, and what psychiatrists had to do was to convince the general practitioners around their hospitals that they had something to offer the patients. There was an observation ward at Croydon, and the stigma attached to that ward was at least as great, if not greater, than that attached to the mental hospital. The mental hospital was the obvious place for the treatment of mental cases, and if it was not a fit place the first step should be to make it fit for the treatment of mental disorders.

Dr. WALK also supported what Dr. Cunningham Dax and Dr. Rees had said. It must be the experience of many that patients who had been in a mental hospital made great efforts to return there instead of going through an observation ward. Sometimes the only way to do it was for the patient to be a voluntary patient, otherwise the relatives had to go to the relieving officer, and they were sent to the observation ward very much against their will. Dr. Dax's and Dr. Rees's hospitals were modern and attractive in appearance, layout and equipment, but he personally had been astonished at the ease with which one could persuade patients to become voluntary patients in a mental hospital that had not these advantages. Cane Hill was an old hospital, badly in need of repair and redecoration, but patients came voluntarily and returned when it was necessary. He felt it was because they could offer modern treatment, and the spirit of a place was much more important than bricks and mortar.

The PRESIDENT said that an interesting comment was made by a South London practitioner with regard to the Maudsley. He said it was much easier to get patients to go into Mill Hill and Sutton (the wartime Maudsley) than into the Maudsley Hospital itself in spite of its high reputation. Mill Hill was a public school, and Sutton was a rather obsolete workhouse.

Dr. GORDON MASEFIELD suggested that a vote be taken as to whether the meeting should pass to the next item on the agenda, which was very important.

It was agreed to do so.

The Revision of the Constitution and Bye-laws of the Association.

The meeting then considered the Report of the Committee appointed to consider the revision of the Constitution and Bye-laws of the Association.

The PRESIDENT said that a number of important changes were envisaged. When the Association started life it was very homogeneous; there were 40 members who were all medical officers in what were now mental hospitals, but with the expansion of branches of psychiatry it had become necessary to ensure that all branches of the speciality were represented on the Council, and this was the object of the proposed alterations. Starting with the principle that the Council should be as small and effective as possible and yet as representative of the different sections as possible, it became obvious that the two things were rather difficult to reconcile; without drastic changes the Council would number 40, 50 or 60.

Dr. GORDON MASEFIELD, in presenting the Report, asked for criticisms. He said a copy had been sent to every member.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

Divisions.

Dr. CUNNINGHAM DAX asked who it was proposed should elect the chairmen of Divisions.

Dr. STEWART said that they were told that the Chairman and Secretary of each Division, or their appointed representatives, should act as representatives on the Council; later it was stated that they were officers of the Association. Did it mean that they handed over the rank of officer to their appointed representatives, or did they sit back and enjoy the prestige of officership while contributing nothing to the deliberations of the Council?

Dr. DUNCAN asked for the reasons behind the endeavour to exclude a Divisional Secretary who had held office for three years. He also wondered about the appointed representatives. It was not quite clear who appointed the representatives, whether it was the Chairman and Secretary, or whether the Division did so. He did not like the procedure of voting.

Dr. BOWER asked if the report was intended to be adopted in principle, and whether it would then form the basis for the next Bye-laws and Regulations. Was the present meeting the last time the Association would have the opportunity of speaking to it?

The PRESIDENT said that alterations to Bye-laws could only be passed by the annual meeting. The report could be approved so that it could be incorporated into the Bye-laws. If the report was approved the Committee could go forward.

In reply to Dr. Bower's further question as to whether final approval should be given at the next annual meeting, the PRESIDENT said that the alterations would have to go forward to the Privy Council for approval.

Dr. BOWER said that it was quite impossible to give serious consideration to the Report in the short time available until members had seen the rewritten rules and bye-laws. He felt that there should be a complete issue of the bye-laws and regulations.

The PRESIDENT replied that the only practical course had been taken in present circumstances. The matter would have to be considered further at another general meeting of the members.

Dr. SMITH said that " general meeting " meant an annual meeting or a meeting specially summoned to discuss such a matter.

The PRESIDENT said that it might coincide with a Quarterly Meeting. He thought members would want to say a good deal about the psychiatric services. If there was so much in the report that it could not be considered, it would have to be adjourned for another year. He did not think there should be such a lot of discussion if the meeting could agree on principles. Would it meet Dr. Duncan's point regarding the Secretary if the period was made four years?

Dr. DUNCAN did not see any point in turning out the Secretary if he was doing good work.

The PRESIDENT explained that the proposal was the same as the procedure adopted by the Royal Society of Medicine.

Col. MCCOWAN moved that the first paragraph should finish at " They shall be appointed annually."

Dr. STEWART thought something should be said about the tenure of office of Chairman.

Dr. BROOKES said that that already applied. He suggested that the words " unless by a certain majority he is re-elected " be added.

The PRESIDENT said that it was felt desirable to make the change because it was unusual for secretaries to continue for more than two years.

The HON. GENERAL SECRETARY said that the Chairman was limited, under Bye-law 25, to two years of office.

Dr. WALK said that that applied to sections and not to geographical divisions.

A MEMBER thought it was important that the constitution should be revised. It was unfortunate that the numbers of the paragraphs concerned were not quoted; it was not known which sections were standing, and which deleted or substituted. If copies of the Bye-laws were not available he would suggest that the actual numbers should be given so that members knew how to read the report.

Dr. GORDON MASEFIELD said that copies of the Bye-laws were very scarce and they could not be reprinted. If the numbers had been inserted, every member would have written asking for copies which it would be impossible to supply. He

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

decided that the only thing to do was to have printed the alterations and amendments.

With regard to the query regarding appointed representatives of Chairman and Secretary, this was put in because it was desired that no division should be disfranchised because of the non-attendance at Council of these officers. With regard to junior representation in the old bye-laws the words " assistant medical officer " were inserted; he hoped that that phrase would soon be out of date, and this was the only way of suggesting that a better representation of the " less senior " officers was wanted.

The PRESIDENT said there was a suggestion that the paragraph should finish at " annually," and there was also a suggestion to adopt the phraseology of the Royal Society of Medicine. This was a direct issue which the meeting alone could decide.

Asked if the " two-thirds " majority referred to the membership of the division or those present at the meeting, the President said that the best method would be a postal vote, but he thought it should be the people present at a meeting.

A LADY MEMBER seconded the proposal that the paragraph should finish at " annually."

Dr. T. P. REES said that the Committee were very much of the opinion that there should be a continual influx of new members to the Council.

Dr. DUNCAN said there would be ample opportunity later on in the discussion for representation of the Council to be considered. There would be elected members, and no doubt the meeting would have something to say about the election of the members.

A YOUNGER MEMBER thought there was a good deal to be said from the point of view of limiting the tenure of office of officers. There was not only the good secretary, but the not so good secretary, or the secretary who gradually became not so good, and the same position might arise with regard to the Chairman. He thought, however, he would be in favour of re-election after a lapse of a certain period.

He asked for a definition of the position of assistant secretary. Was the assistant secretary a secretary in training ready to step into the secretaryship, or did it mean that it should be an opportunity for what had been called the less senior members of the Association to have some experience in secretarial work in the Division, and not necessarily step into the Secretary's position on the completion of his term of office?

The PRESIDENT asked if the Divisions could be dictated to? He thought the idea was that the assistant secretary should become Secretary, but it was for the Divisions to choose their own officers.

Dr. GORDON MASEFIELD moved an amendment that the words " except after an interval of 1 year " be added to the first paragraph of the report.

This was seconded.

Dr. CUNNINGHAM DAX and Dr. J. B. S. LEWIS thought such a provision would make things very difficult for the new secretary.

Dr. BRODY thought the meeting did not quite know what it was doing. What was important was how the organization was going to run. Was the position of Divisional Secretary going to be important, or would the Sectional meetings be the more important? One could not decide what was wanted of the Divisional Secretary until one had an idea of how the Association as a whole was going to run. He would suggest that the question of tenure of office depended upon the functional activity of the body as a whole, and these minor matters should not be debated. He suggested that a special general meeting should be called or some part of an ordinary general meeting devoted to the whole problem with sufficient time given to discuss the Divisions. That discussion should be opened by someone who was able to give some idea of how the various parts would function, and how the Association as a whole would run under the new scheme.

A SERVICE MEMBER seconded the proposal that the discussion be closed forthwith and be referred to another meeting.

Dr. LINDSAY said that he was a little amazed to see the Report in print to be discussed by the present meeting. He certainly did not think that the individual members of the Committee were prepared to see it in print yet. There were some places where he was in general agreement with the Report, but there were many points which required polishing, and he did not think the meeting could give authority to proceed with the alteration of the Constitution. Members should have

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

been given the opportunity to compare the old Bye-laws with the suggested alterations. Under the Council it was laid down that the General Secretary should send voting papers to members on application. No one would apply for voting papers; if voting was to be properly carried out candidates should have their names put on a paper, and the paper sent to members to record their votes. It was not possible at that meeting to approve the report.

Dr. DUNCAN supported the motion for closure. Since the meeting had come to considering the report as a whole, he would say that there was a great deal of which he felt highly critical, and he supported the adjournment in the hope that something could be evolved which was not a mixture of general principle and detail. He would suggest that the Committee enunciate the principles on which they would like to see the constitution revised and get them approved, and then they could apply their minds to the detailed working out of these principles.

The PRESIDENT asked if the meeting believed in standing committees or sections. Until that question was answered the *ad hoc* Committee was left in mid-air. There must be some expression of opinion from the members as to how they desired the Association to be run.

Dr. LINDSAY asked what were the terms of reference for the Committee.

Dr. GORDON MASEFIELD said that the terms of reference were simply " the revision of the constitution and bye-laws of our Association." The members were elected at a general meeting, and comprised some 30 members of the Association representative of every possible shade of opinion in the Association.

A SERVICE MEMBER wished to make two suggestions. If the question was held over was it possible to ascertain one or two points about procedure? It would be valuable if a certain amount of time could be allocated to that important topic. Secondly, the proceedings at the adjourned meeting should be opened by a statement from the Chairman of the *ad hoc* Committee of the general principles involved in the suggested amendments. Also a meeting should be held in every Division before the general meeting was held to discuss the constitution, and a member of the Committee should attend to give some explanation of the motives for the changes.

The PRESIDENT said that he had apparently failed to make it clear that the basis of the proposals was that the Association was no longer a homogeneous body; the sections were increasing and demanding representation, and that was the keynote of the great bulk of the alterations recommended in the report, and which were reflected in the constitution of the Council. At the same time a number of obvious anachronisms in the constitution had been dealt with, the principle of security of tenure had been dealt with, and it was obvious that there were divergent views on that question.

Dr. T. P. REES said that the principles were quite clear. In the first place it was desired to set up Sections which should be represented on the Council. Up to the present the Association had consisted largely of people working in mental hospitals, and its officers had been recruited from amongst medical superintendents. There was a Child Psychiatry Sub-Committee, at the last meeting of which there were 80 members, and it was desired to form this into a Section and give it the power of reporting direct to Council instead of through the Research and Clinical Committee as at present. The same remarks applied to the sections of Neuroses and Social Psychiatry. That was the first principle which led to the request for a revision of the Bye-laws. There were other points. Some members felt that the Council was unwieldy—there were over 50 members—and that a smaller Council would be more effective. Also it was desirable to change the Council members more frequently. The recommendations were based on those three principles. He proposed that the meeting approve of those recommendations in principle, and that the details be left until the next General Meeting.

A MEMBER felt that the time was most inopportune to proceed to anything like a final settlement of the constitution in view of the present state of change and flux. Nobody knew exactly what the shape of things to come would be, and it would be foolish to change the constitution until the situation in which they had to operate was known. The advice of the Divisions should be sought, and before anything like a final decision was proposed, each Division should be asked to discuss something on the lines of the proposals before the meeting. When the feelings of the Divisions were known there would be a better idea of what the Association wanted.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

The PRESIDENT asked the speaker if he proposed that the Report should be referred to the Divisions for their comments.

He added that a considerable number of proposals had been made; the general feeling seemed to be for postponement. The last suggestion was that it be referred to the Divisions. No one had seconded Dr. Rees' proposal that the principles be approved.

Dr. FREIZE STEPHENS seconded Dr. Rees' proposal. It was quite clear what the general principles were; the difficulty was how to put them into practice, but that could be considered at the next general or quarterly meeting.

Dr. CUNNINGHAM DAX said that Dr. Rees wanted a change of Council, but he objected very strongly to (*b*) because the Nominations Committee would have the power to short-list the names sent in and then to add names. That Committee would consist of the elder statesmen of the Association; it would be in control of the Association and that was utterly wrong.

Dr. FREIZE STEPHENS said that the principles were quite clear. This started in 1935 when the Mental Deficiency people asked to be a separate section. It had taken ten years, and other branches had made similar requests. This had arisen from the general body of the Association, not from the Divisions. The principle was quite clear; was the Association to consist of sections or of one body only? That could be passed now; the details of procedure could be dealt with at another meeting.

The PRESIDENT said that the principle underlying was that the Council should consist of representatives of the Divisions and of the Sections. Was there any objection in the meeting to the various standing committees as proposed and the sections?

Dr. CUNNINGHAM DAX said that a fair representation was not provided for in the report.

The PRESIDENT pointed out that the Nominations Committee did not appoint representatives of the Sections or of the Standing Committee. Only a limited number of nominated members was proposed and they would not be in the majority. When the discussions took place it was shown how necessary it was to have nominations. For a number of years most of the assistant medical officers on the Council were nominated by the Nominations Committee. It gave the opportunity of filling any deficiencies on the Council.

Dr. BURKE suggested that the discussion be postponed partly because of the time, and partly because they had got themselves into a complete muddle of mind, and would not be able to get anywhere that day.

The PRESIDENT thought it was obvious the meeting would vote for an adjournment, but was it prepared to pass anything in the nature of general principles, or was the proposal that it should be referred to the Divisions? Did the members wish it to be reconsidered at a special meeting allied to one of the quarterly meetings, or did they want it deferred for a year? Was it desired to refer the matter to the Divisions, and what further information was required to be placed before them at the November meeting?

Dr. BRODY said that what was wanted was a guide. The main events in the Association were the Quarterly Meetings, both from the business and the scientific point of view. To say the Association was going to split up into sections was all very well, but what was to happen in practice? Was it suggested that the main clinical and scientific side should be in the sectional meetings or in the quarterly or divisional meetings? To what extent would those meetings be active? When the members had a knowledge of how it was intended the organization should function and what kind of emphasis would take place at each particular Branch the question of detailed administration could be considered.

The PRESIDENT said that they could not say what the Divisions should do because the Divisions could form their own sections.

Dr. FREIZE STEPHENS said that it was set out quite clearly on p. 4.

Dr. BRODY said that in actual fact the Committees functioned very well to a limited audience only, unfortunately.

Dr. GORDON MASEFIELD did not think it possible to lay down details of the working of the sections; that was for the Chairman and Secretary to decide. What had to be decided was the situation between the administrative side of the Association and the scientific side. The Committees would run the administrative side and the sections the scientific side. Surely it was wise to leave loopholes for

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

initiative on the part of the committees of the sections, and with regard to the quarterly meetings, he could only imagine that the sections would divide them up and decide which particular section should have the greater part of the time. To say that no progress was being made that morning was a waste of time and money, and he felt that some members were trying to prevent progress by some of their ideas. It was right that child psychiatry and neuroses representatives should be on the Council, and it would stop them from being on the Council for a very long time if these general principles were not passed that morning. The Nominations Committee had done its best to bring in representatives of the newer sections to the Council. When the Committee saw the nominations they could see where there were gaps, and see that they were filled.

Dr. WALK said that Dr. Masefield's explanation was just the kind of explanation which they hoped to hear given more fully at a subsequent meeting. Nobody was trying to obstruct the formation of sections, but that was not the same thing as saying they approved the whole document in principle.

The PRESIDENT then put the proposal to the meeting that the report be approved in principle before the meeting adjourned, and there voted :

For	18
Against	14

It was also agreed that the discussion be adjourned until the next quarterly meeting.

AFTERNOON SESSION.

Impressions of Conditions under German Rule.

The PRESIDENT, in calling upon Prof. Bouman, said he felt sure that the impressions which psychiatrists from occupied countries were about to give would prove of great interest to the Association ; also useful, in that German rule was one of the phenomena of war of which medical men working in Great Britain had had no direct experience.

Prof. K. HERMAN BOUMAN (Amsterdam) said : There can be no doubt whatsoever that the five years of German occupation have been the most dreadful period in the whole history of the Netherlands. Never in the long past has this country suffered more from the cruel and criminal action of any enemy. Never before has Holland been more on the brink of ruin and even total extinction than in the early spring of 1945. Until May, 1940, peace reigned in the Low Countries, and it seemed as though this paradisal peace and political neutrality would never end. Only those who could see below the surface knew better what was in store for us.

When the unexpected came, the nation reacted as one who had suddenly received a very severe blow and collapsed. Our Queen and the whole Government fled to England, and we were left at the mercy of an enemy who during five years had absolute power over the nation.

I will not mention here the political, economical and material consequences of the occupation. But I will try to sketch roughly some of the mental injuries caused by it.

The uppermost feeling in those first days was one of great and unmerited injustice done to the nation, convinced as it was of having done no wrong in any respect. The people were in despair for a time. When they came to their senses again and had recovered from the first shock, the nation took heart and set its face stubbornly, though fuming and fretting, against the usurper.

In those first days we were disappointed in our allies, whom we expected to drive the enemy out. But we did not know then, as we learned later, that they were not able to help us at that time. Even faint indications of hatred were observed. But notwithstanding the sweet whistling of the German fowler, who did his utmost to foster this hate, and who treacherously promised freedom and liberty—under German protection of course—the nation was never really anti-English. It is remarkable to state that the number of traitors and quislings (members of the National-Socialistic Union) never exceeded 2 per cent., and that this number dwindled little by little in the course of time.

Subdued by superior power, and in the first months of the war practically without hope, a resistance against the intolerable suppression developed gradually

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

nevertheless. Already from the first an underground rebellion commenced as perhaps has never before had its equal in our country.

When, after the Battle of Britain, the world began to breathe again more freely, we regained hope, but nevertheless we were convinced that we should have to go through hell before the enemy could be driven out of the country. And so we did.

The patriotic citizen acted up to the standard of honour and duty by rebelling against the prohibitions, commands and legal measures made by the Germans. Law-abiding as he used to be, he now became a law-breaker. What was formerly a vice, namely disobedience to the provisions of the law, suddenly became a virtue, And a moral revolution began.

Our world was soon filled with all kinds of prohibitive measures. Proclamations and posters appeared daily at the street-corners. A totally new code of morality was forced upon the nation. But it was not accepted, and the only result was vehement opposition to the tyrant. Secret organizations stimulated this rebellion, and the underground press, consisting of newspapers, periodicals and books, found ready readers. It became patriotic to do all kinds of things formerly looked upon as criminal actions, but now not only permitted, but even sacred in the name of Queen and Country.

The orderly civilian considered it nothing short of his duty to rob depots of the enemy, to set fire to storehouses, to cut telegraph wires, to blow up railways and bridges, to set free hostages and prisoners, to steal or destroy registers of the population, and so on. He became accustomed to all kinds of acts of violence. When the real history of those years is fully known, the world will be amazed at the audacity, courage and heroic deeds of those illegal forces, consisting mostly of young men and women of all classes of society. Many of them lost their lives, killed in the very act, or captured and shut up in prison and concentration camp, where great numbers of them died from starvation, ill-treatment and torture.

All this was honourable and glorious of course, but only as long as the war lasted. After that disobedience to the law and violence became a criminal action again to be punished conformably. This transformation in thought proved to be very difficult when, after the war, the law of the land claimed its rights again.

Another and more serious trouble was the deportation of men and women by the Germans. It began with the Jews in the first years of the war. Later, and especially during the last year, practically every man between 16 and 50 was in danger of being captured and carried off to Germany.

Real man-hunts were the order of the day. Houses were searched day and night. Razzias in the street were quite common sights. Everyone considered it his duty to shelter Jews or boys and adults in danger of being captured. Every house had its secret hiding-place. Lying and cheating became a necessity. Forging of passports was a common crime. The same may be said of many medical certificates to protect so-called " patients " against deportation.

Hundreds of thousands of men were nevertheless abducted to Germany. Their families were left behind, often in miserable circumstances. Many schools were closed—as occupied by German soldiers—whereby the children mostly knocked about the streets the whole day long. Family life was soon in a state of dissolution, with all the criminal consequences of this for the children.

The elements of family life being once undermined and dislocated, the fundaments of society life gave way and degenerated. Hence we have been confronted since the day of liberation with the problem of how to protect our children —war victims as they are—and lead them back to safety and the path of virtue again. This problem, difficult enough in itself, is further complicated by the fact that the armies of occupation (both German and Canadian) have left behind them tens of thousands of illegitimate children.

And—finally—what to do with the children of the members of the N.S.B., the political society of traitors and quislings, whose parents are at present incarcerated in concentration camps, it may be for a very long time ?

Not only the elementary schools and the secondary schools were disorganized. but also the universities. In the spring of 1943 our lecture-rooms, hospitals and laboratories were suddenly surrounded by German soldiers. With grenades and machine-guns they drove the students together and transported them to Germany, where they were compelled to work in the war factories. Since then our Universities were paralyzed, and all higher education became impossible.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

Another serious source of anti-social actions arose from the railway strike in the autumn of 1944. This strike was undoubtedly urgent, and completely justified from a military point of view. It rendered the transport of German troops well-nigh impossible, and contributed in this way to the final defeat of the enemy. But it also put an end completely to all railway transport for eight months in succession. That implied real starvation, especially in the big cities, for food supplies could not reach the population. The production of gas and electricity immediately fell to a very low level, and soon totally stopped. Coal shortage was one of the most critical problems in the severe winter that followed. And nevertheless houses had to be warmed in winter time and food had to be cooked. The result was the cutting down of trees, not only in the woods, but also in the streets of towns and cities. Wood theft was a very common crime even for governments and the police authorities themselves. In a very short time entire parks, avenues and forests were denuded of trees. Many a familiar landscape is now unrecognizable after the war.

Shops soon became empty, for there was nothing more left for sale. Not only food, but even the most indispensable things, textiles, articles of dress, kitchen utensils, furniture, and so on—in short everything of daily use was lacking.

Theft, plunder, ransacking of farmhouses, department stores, warehouses, cattle killing in the open, were symptoms of a famine never thought of before. People could be seen in long files on worn-out bicycles without tyres, with handcarts, on foot, often nearly barefooted, in the icy atmosphere of winter, going far from their home, for days and weeks in search of food in the country, until the farmer himself had no more to sell or to give away. No one who has seen these pitiful endless files of starving people stumbling through the snow far away from their home will ever forget the sight.

Another social disease, the black market—already seen in the first years of the occupation—attained dreadful dimensions. It ultimately became a real pest. Nobody could live without buying food at fantastically high prices, the alternative being starvation and death. As a matter of fact everybody, the rich and the poor alike, the man in the street and the government official of every rank, became eager buyers on the black market. At last money did not count any longer and became practically worthless. Only by bartering textiles, clothing, furniture, silver, gold, objects of art and so on could one obtain the badly needed food. This barter was in existence until long after the end of hostilities.

Just before the end—a few months before the triumphal entrance of the Allies—a new and most serious danger arose. The Germans deliberately destroyed our dykes, our only protection against sea and rivers, and the greater part of our cultivated land became inundated. What this meant may be judged from the fact that practically the whole of our western provinces lie a few meters below the level of the sea. If this intention had been crowned with any success it would have been the end of Western Holland. For all our large cities are situated in these provinces, the most densely populated of our country. As there was practically no necessity to flood all the arable land, and as it was purely a cruel act of vengeance by an army convinced that it was already totally defeated, it will remain for ever in the memory of our nation as a brutal and criminal attempt only.

There may have been at the beginning of the war feelings of disappointment, even hatred, as far as our Allies were concerned, but this mood changed after the German had taken off his mask of friendship and we saw the real brute.

All of us who saw the first planes of our allied forces, flying low over the fields and dropping their welcome packets of so badly needed food, will not forget the last days of April, 1945. Had they come only a couple of weeks later the death-rate from starvation—now numbered by several thousands—would have been tens of thousands, and perhaps hundreds of thousands, and more. Our Allies came late, and just in time. But they came at last!

After the day of liberation, May 5, 1945, the nation, mad with joy, could breathe freely again. But after the first week of mad enthusiasm people began to understand that they were confronted with numerous new and difficult problems, never before thought of. The cyclone had passed, but the ruins remained.

Not only the material debris, but still more the immense mental hurt, occasioned by force of arms and slave-hunting during this most terrible of all wars, presented problems almost unsolvable.

If we survey the course of history, above mentioned, and consider the plight

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

we were in, we shall easily find many serious direct criminogenetic and pathogenetic causes. As far as we know, crime never before rose to such a height in our country. Especially youthful delinquents were innumerable.

During the occupation, theft, robbery, and all kinds of economic crimes were, as we have seen, quite common in everyday life. As far as aggressive criminality is concerned—especially very frequent in our statistics—we have to consider that all aggressiveness, accumulated in wartime under the suppression of the usurper, found an outlet in acts of resistance against the enemy, but could not be subdued immediately after the day of liberation. It soon became evident how difficult a matter it is to transform oneself into a law-abiding, honest man again. The reverse is much easier !

Another important question is how to combat the venereal diseases. At the outbreak of the war, statistically in this country on the lowest level of the whole world, it has now reached a height never thought possible before. During the war these diseases spread throughout the whole country and through all classes of society.

We cannot yet supply the exact statistics, for a great part of our statistical apparatus has been destroyed, and it will take some time to collect the facts anew.

Family life uprooted, youth endangered, labour disorganized, the school put out of action, criminality showing its brutal face, morality on the decline, poverty everywhere—those are the wounds, the bleeding wounds inflicted by the war. It will take a long, very long time, with all hands on deck, to restore the psychical health of the nation. Here indeed lies a very important task for Mental Hygiene activity. In this respect we have already started work during the occupation by preparing in underground committees the great work that would have to be done after the day of liberation.

When all is said and done there is invaluable gain too. Common grief and hatred during the occupation has linked and bound together the different groups of our nation. The joint resistance came from the same heroic heart. Never before has our nation felt so strongly that it was one and indivisible notwithstanding the sometimes seeming discord. Political adversaries, formerly bitter and violent opponents, imprisoned during the war for months and years in the same concentration camps, came back as sworn friends. Representatives of different classes of society, who had never before any occasion to meet each other, now under the strain of life in underground collaboration, by united revolt and ever impending danger, came to estimate and appreciate each other. Mutual understanding and goodwill grew up in place of ignorance and aversion. Thus we are welded into one unit, out of which we shall find the power to build up a new and better future.

Dr. H. A. Brousseau (France) spoke as a result of his experience while in charge of the Infirmerie Speciale, attached to the Préfecture de Police in Paris, his duty being to decide whether those taken by the Police in the streets and elsewhere were or were not certifiable as insane, or whether they should be sent into hospital for a short period of treatment or observation. He was also in charge of the section dealing with delinquents and criminals judged to be insane, and it was here that, seven days after the German occupation of Paris, he had had his first experience of German psychiatry. A German officer arrived to interview a French woman patient who had stated on the paper sent him by the Police that she was pregnant by Hitler ; the officer demanded to see the doctor treating her and the patient also. When he questioned the latter she maintained her statement, and the German officer would not listen to any explanation or suggestion by the doctor that the woman might be suffering from delusions. He was furious as to the use of the name of Hitler in the case. He examined the daughter of the patient by a White Russian father to decide whether she had the same heredity as the mother, and he did this by examining the eyes of the daughter !

Dr. Brousseau said he had noted that the number of patients had during the war fallen to about one-fourth of the number received in average years. The fact that men were away fighting and that there was less alcoholism was insufficient to explain the fall. Neither could it be attributed to the fact that people were busy all day in search of food and fuel and had not time to think of their diseases. A similar drop had occurred during the war of 1914–18 ; also during the 1870–71 war and the Napoleonic wars. Now, however, patients were being received at the peace-time rate.

Young soldiers, and especially the young men from the country districts, were

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

afraid of being questioned by officers of the German Army, and they fell into a psychopathic state. It was found that such men were usually not so communicative within their own families as their brothers and sisters, and it seemed that that was why they fell more easily into that condition. Electrical shock had proved successful in the treatment of such individuals, in contrast with the numerous failures as a result of its application to the placid type of individual.

Medical men in France had had many difficulties to contend with. Sometimes they and their staffs were denounced by psychopathic patients to the German authorities, as a result of which doctors were arrested by the Gestapo, and sometimes also they were taken before the S.S. They had to deal with a good deal of malingering on the part of individuals who wished to escape compulsory work for the Germans, and in that regard psychiatrists had been able to help, especially when they diagnosed a case as one of schizophrenia.

Finally, two months before the liberation of France two men had been kidnapped from the criminal section for which the speaker was responsible, one a swindler and a liar; in fact, one of the most interesting maniacs he had ever known. The other had delusions and had stated that his sister was married to Anthony Eden, and he also claimed relationship with a member of a noble English family—the Earl of Warwick. Those two had evidently been able to win the confidence of the men of the Resistance Movement who had kidnapped them, and during the week of insurrection in Paris they had come to the speaker's house with eight other men to demand an explanation of their treatment. It was with great difficulty that Dr. Brousseau had eventually succeeded in having one of the men re-arrested three months later; the other was now a captain under a false name in the French Army.

In conclusion the speaker said it had been a great delight to witness the return of French prisoners of war and political deportees to France. It was anticipated that they would return in a very bad condition mentally and without any reaction, but their fortitude and courage had been amazingly maintained, and they were obviously eager to take their part in building a new and better world. Dr. Brousseau hoped that that would eventually be achieved with the aid of all the good friends of France in Great Britain.

Dr. NOEL PERON said that Dr. Brousseau's modesty had prevented him from telling his audience that he, too, had had a very trying time on one occasion when men of the S.S. and the Gestapo had visited him at his home and he had barely escaped arrest. But that was an event which was not uncommon in the case of French medical practitioners during the German occupation, because they so frequently used their wits to fight in a clandestine way against the enemy. On the whole, however, during the early years of the occupation members of the medical profession went quietly on their way because the Germans took over a certain number of general hospitals and special hospitals for nervous diseases, and were so proud of their knowledge that they regarded the French medical staffs as of no value, and thus there was little contact with the Germans. The physicians deemed it wise to act up to the German estimation of them, and during the first two years of the occupation they continued to treat their patients as best they could; but that was not an easy task, especially when it came to treating those in the mental hospitals.

Frenchmen had often heard the hunger of the Middle Ages referred to, but little did they think that was something they would live to experience. In 1942 really very painful things were seen in the public hospitals for the treatment of mental diseases and also those for the treatment of the old and aged. Obviously the great hunger of the Middle Ages had returned, and it was necessary to do everything possible to combat the evils arising from it. Starvation among patients in the public and other hospitals was common; many diseases occurred as a result of malnutrition, many of which were of a serious nature, and frequently resulted in the death of the sufferer. The death-rate in certain hospitals rose steeply as a result of malnutrition, in spite of all that was done to provide a balanced diet for the patients so as to bring them back to a better state of health. In the first two years of the war 50 per cent. of patients in some hospitals died from starvation. There was a good deal of paralysis of the limbs, sometimes complete paralysis; neuritis, pellagra and other diseases due to lack of the necessary vitamins. At the same time surgeons were recording most unsatisfactory blood tests prior to operation. There was great lack of proteins, carbohydrates and fat; the milk was poor in quality, and there was a great increase of rickets.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

Towards the end of 1942 it became possible to provide a little more food for the sufferers and from then onwards cases of serious starvation ceased to occur on such a large scale as during the first years of the war. But medical practice became more difficult. By the beginning of 1943 the German authorities, who were not very good psychologists, were in complete opposition to the French population, the tendency of the latter being to take lightly all that came, whereas the Germans took everything very seriously and with bad grace. There was great lack of understanding on the part of the Germans. For instance, it was not unusual to see on the walls of Paris or in the Underground railway there large posters offering a reward of 1,000 francs to anyone who would reveal the name of an individual responsible for the killing of a German officer, or of someone who had put the electricity works and so on out of action. Such offers failed to produce a response, and from then onwards the psychological relations between the French population and the German authorities were very bad indeed.

And then began a kind of war against the Germans, who every day were taking more out of France, where the people were all so badly short of the necessities of life. The medical profession played a great part in the underground fight against the enemy, because it felt it a duty to prevent masses of the French population being deported to Germany for compulsory war work, or to suffer racial persecution and perhaps death. Day and night the Gestapo and S.S. men and all kinds of German police conducted manhunts. There were, however, places and ways in which it was possible to hide people. The German medical men had a great dislike of tuberculosis, particularly pulmonary tuberculosis, and of mental diseases. Many public hospitals and asylums were crowded with patients " suffering " from one or other of those diseases. Naturally there was a certain amount of risk, because the profession could not always be sure of their patients, or certain that the Germans were not becoming " cases " with a view to ascertaining what was happening in the hospitals. Frequently medical men were arrested, and in order to escape being shot they themselves became patients suffering from mental or other diseases.

Sometimes those who had been arrested by the Gestapo simulated hysteria or hysterical hemiplegia or paraplegia, and frequently after liberation they continued in the same condition in spite of the fact that they knew they were no longer in danger. They were unable to free themselves of the habit of hysteria, and often had to be cured by electrical treatment.

The medical profession in France had had also much to do in connection with the Jews. The speaker related that he had visited in 1943 a camp for Jews near Paris in order to see one of the patients, the wife of a colleague who had had to flee because he was a Jew. Because of that his wife was arrested and sent to the camp to await deportation to Germany. The French physician at the camp being a friend of the speaker's, they had managed to get the woman away from the German authorities. They also went to the camp with legal authorization to see a certain number of Jewish patients, five of whom they certified to be suffering from mental disease. The advice that they be transferred to a French public hospital was eventually carried out, and later the five escaped. Of the Jewish families with which Dr. Peron had been in contact, members of which had been arrested by the Gestapo and sent to Germany, none ever returned to France so far as he could ascertain. At first there had been a tendency to disbelieve that there could be any such thing as systematic destruction of Jews. Unfortunately, one of the speaker's Jewish students, a man with whom he was very closely acquainted, had been arrested and taken to Auschwitz in Silesia. He eventually escaped, but not before he had seen one Nazi train arrive containing 2,000 Jewish women and children, who immediately on arrival in Germany were taken to the gas chamber and destroyed. The student himself was liberated before he suffered a similar fate. Prior to that he and other French psychiatrists had found it hard to believe that there could be anyone willing to take part in the systematic destruction of human beings.

The total of political deportees from France to Germany had reached a high figure by the end of 1943 and the beginning of 1944, when the Germans were arresting all likely to be able to take part in the fighting against them at the difficult period of the anticipated landing of American and British forces. Some of those deportees had since returned to France; many had not done so, and there was anxiety as to their fate, especially in view of the terrible treatment accorded to

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

them in various concentration camps. Many medical men who had been deported and had been fortunate enough to be liberated had described the happenings at Buchenwald, Belsen and elsewhere, where there had been systematic starvation and, consequently, various diseases arising from it, which frequently resulted in the death of the sufferers.

French physicians had also been able to treat the Allied wounded, those dropped by parachute or injured in the fighting which had taken place between D-day and the liberation of France. Such men were not easy to hide but, especially in Paris, there was a special organization responsible for dealing with those taken to public hospitals. An allied soldier with a bullet wound in the flesh could be put down as being treated for mastoids, or some other disease. Thus many of the British and American wounded were treated under very satisfactory conditions, quite unbeknown to the German authorities.

From the general point of view it could be said that the French population did their best to put up every possible sort of opposition to the German occupation; naturally, that was not an altogether easy task, but there was the will and much was accomplished. As soon as D-day dawned the Germans themselves were occupied in fighting, and left the French population more or less to their own devices; that resulted in the safety of many French patriots, who otherwise would have been arrested and taken to prison or shot.

The week preceding the liberation of France had been full of excitement. The Germans were hurrying out of Paris, leaving the big houses in the Champs Elysées, taking with them all they could possibly carry away; sometimes taking articles from shop windows and putting them into their cars as they rode out of the city. The French watched with a cynical smile. Many rumours were heard as to what was happening, and it was difficult to decide what was true and what was untrue. Eventually the day of liberation came, and there was great joy when the Allied soldiers marched into Paris and quickly reduced all German resistance. After four years of suffering the liberated population was once more able to show joy and pleasure.

Paris was once more quiet. The members of the medical and other professions had again taken up their duties. There still remained keen remembrance of the German occupation and of the habits of the Germans. It had been noted that they had an especial liking for French monuments in which there was bronze. All such had been removed during the occupation, including that of Charcot, the great French neurologist, whose monument had probably been transformed into bullets. That to Pinel was in stone and still stood, so that psychiatrists were more fortunate than neurologists under the German occupation!

Dr. J. H. Van den Hoop expressed his appreciation of that opportunity to explain to English psychologists the mental state of the Dutch people, because he had previously been somewhat oppressed by the fear that it was difficult for those who had not lived under conditions such as those during the German occupation of Holland to understand the state of mind of the Dutch. He realized that the difference in mentality between the British and the Dutch had not hitherto been great. They had experienced the same gradual growth of democratic principles, based on centuries of Christian and humanistic education; there had been the same close contact with the sea and the world in general which had created in both nations the same love of freedom and respect for individuality. Neither nation admired militarism as such. War seemed to them one of the evils of life, not something to be exhalted as heroic. Therefore, on the whole, the two nations had had little difficulty in understanding one another. The British had the gift of a social spirit unparallelled in the world, for which the Dutch envied them, whereas the Dutch were more individualistic and intellectualistic. That, however, had provided no reason for misunderstanding. But now there was a reason why it was difficult for the British to grasp the mental outlook of the Dutch, and why it was not easy for the Dutch to grasp fully the British point of view.

Actually, the war had imposed an exactly opposite and extreme degree of influence on both nations. Only now were the Dutch able to realize the enormous efforts which had been made by the British and their Allies. Whilst the Dutch had had some knowledge of those efforts, and all their hopes were centred on the result of those efforts, it was difficult for them to grasp what it had all meant to each individual man and woman concerned. Whilst the British nation had been stimulated into activity and national unity, the Dutch had been crippled as a result

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

of the occupation ; they had to remain passive while every effort was made by the usurpers to break the national spirit and national organization.

Following the occupation of Holland after five days of fighting, there came a general feeling of perplexity and indignation, but there was one general reaction which demanded the attention of psychologists because it had come so spontaneously and seemed to be typical of the Dutch. They simply ignored the Germans ; they refused to look at them, and turned their backs on them when they could not avoid being in their presence, so that after a time the Germans said that in Holland they were " air." There was nothing premeditated in this attitude; it arose spontaneously in every part of Holland. There was a certain amount of contempt in it, which contempt grew more marked when the Germans commenced to play their mean tricks on the population. At first no public opinion could be formed ; but the people were impressed by the efficiency and discipline of the German Army. The Austrian traitor, Seyss Inquart, whom the Germans had appointed as Governor of the Netherlands, had told the Dutch that he would leave their social organization intact. Though none concealed their hatred of the German soldiers, it seemed best to go on working as usual.

At that period attention was concentrated on England, then standing alone as the only champion of freedom, resisting cruel air-raids with stubborn and persevering courage. When the Dutch heard the German bombers start off in the night they realized that England's fate would decide their own. They thought less of themselves. The example set by the British inspired those who might otherwise have become down-hearted, and so Dutch resistance began to be organized. It was at about this time that the Germans commenced persecution of the Jews, but they did everything quite gradually. At first there was what was regarded as a harmless form of registration, in which the Jews voluntarily co-operated, hoping that theirs might be a better fate than that of their compatriots in Germany. The general public did not know what to think of it, but they were startled when, at the beginning of 1941, the Germans brought to the Netherlands their Green policemen to organize pogroms in the Jewish quarter of Amsterdam. The reaction of the population was a spontaneous general strike, which was repressed with great severity by the German Army. The Germans were very suspicious, because it was impossible for them to believe that such a strike could take place spontaneously. They could only think of everything as being organized by authority, but they searched in vain for any responsible authority. After their experience in this regard the Germans proceeded with a little more caution, but towards the end of 1941 the first deliberate murders of Jews occurred.

The Jewish problem remained for a long time in the forefront of public opinion. To the Germans it seemed incomprehensible that the Dutch should protest more strongly against cruelty to their Jewish compatriots than about being themselves robbed with ever-increasing thoroughness. The Churches joined in the protest against racial measures. The Press was muzzled, but more and more underground papers appeared, arousing opposition everywhere. Many people hid Jews in their homes. General hospitals and mental hospitals took them in as " patients." Later, several psychologists and nurses were sent to prison because they refused to register or to hand over to the Germans their Jewish patients. All felt that personal freedom was menaced. It was feared that if the Jews could be put outside the law, their possessions taken and they imprisoned and murdered without trial, then the same fate would later befall other individuals or groups. And this fear proved to be justified when later the same arbitrary measures were taken against the Dutch who tried to escape enforced labour in Germany. The clash between democratic principles and military compulsion became ever more apparent. At first the Germans had tried to coax the population into co-operation, but the general hostility and contempt were so openly expressed that even the Germans could not fail to recognize it. They became more and more severe ; they dropped their mask of racial fraternity, and proceeded to educate the Dutch by the German method. It was well known that German children were moulded into the desired pattern by being shouted at and beaten. The Germans themselves had no experience or knowledge of co-operation as a result of mutual understanding and agreement. It being a militaristic nation, the people only obeyed their rulers as a result of a systematic subordination. The Germans, therefore, looked upon the Dutch as a lawless and obstinate race, more especially because they would insist on questioning the German orders. Feeling so superior, the Germans were irritated and bewildered

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

by the spirit of independence shown by the Dutch. Even now it seemed that the Germans thought the social structure they had established was so superior to that of other nations that they could not imagine that others despised them and their methods. They ascribed such a feeling to envy! They took so seriously their militaristic automatism that it was impossible for them to understand why others laughed at them. There was no place in their subordinated minds for any attitude except that which had been imposed on them.

It had, said Dr. Van den Hoop, been interesting and instructive to study the queer stereotyped ways of the Germans, and some who came to know them well learned how to manage them by, as it were, knowing exactly which button to press. There were Dutch women who could twist the German officials round their little finger. That facility had proved useful in helping prisoners and others. But, on the whole, it was far from a pleasant experience to live under such a rule. Gradually it extended to every department of human life. The Germans left nothing to chance. They only felt at home in an atmosphere of total organization. With the help of National-Socialistic traitors they aimed at having a complete hold over every national organization, or simply dissolved it and appropriated its funds; sometimes they founded new organizations run on German lines.

It was the pride of the members of the Dutch medical profession that they had succeeded in thwarting these plans as a result of the skilful tactics of their efficient leaders. In fact, they always obtained secret information which enabled them to be one step in advance of the Germans, and thus able to render their plans ineffectual. But it was by no means easy to combat the subtly organized infiltration of the Nazis into every department of the national life, and most sections of the population were less organized and less independent than the medical.

As an example of the efforts made to forestall the Nazis, the speaker mentioned that when it became known that the Germans intended bringing the voluntary medical associations run for the working-class under their domination, a group of medical men had succeeded in persuading their colleagues throughout the country to send a personal letter declaring that they would refuse to work for these voluntary medical organizations if they were brought under Nazi rule. At first 30 letters arrived, and the Nazis only laughed, but the next day 3,000 letters came in, and the following day 1,500 more. The Germans were greatly impressed and dropped the attempt. They, however, called together a number of medical men at The Hague and explained that they wished to treat with their organization, but the doctors declared that they had no organization, that it had been dissolved. " What," said the Germans, " no organization, and 3,000 letters in one day! "

In the early days of the occupation the officials had been over-impressed by the official attitude of the Germans and had dealt with them in too honest a manner, but once they saw through the Nazi schemes they learned how to say " Yes " when they meant " No." It was, at the same time, trying not to be able to be directly active and aggressive, but it was no use trying to kill Germans because that only resulted in severe reprisals on the population, the shooting of people, the burning of their homes, and so on. Many of those who organized sabotage were detected and shot; others were sent to prison, or to the awful camps on the slightest provocation.

The speaker next stressed one aspect of public reaction to the Germans which puzzled the enemy. They resorted to all kinds of lying propaganda and hampered the expression of public opinion, but the Dutch did not succumb to these. They were used to thinking out things for themselves. The Germans were not. A splendid example occurred in Amsterdam when the Germans tried to adapt the V sign to their own advantage by the display of large posters inscribed " V is Victory, for Germany is winning for Europe on all fronts." On one of the posters a youngster wrote, " Please don't take the trouble for me." It was obviously difficult for the oppressors to believe that none were impressed by them, all the more so as the bulk of the population always made plain their firm belief that the Germans would ultimately be beaten; they even went so far as to forbid the Dutch greeting each other with the words, " It is going to be all right."

Naturally passive resistance as the principal weapon against the oppressor had an effect on those who used it. It became the first duty of many people to do as little as possible under the German occupation; to lie and to resort to all kinds of falsification in order to deceive the Germans. The Jews attempted to save themselves from persecution by disappearing or, as it was termed, " diving." Later

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

all the young people destined to work in the factories in Germany had to choose between doing so, forced by terror and hunger, or "diving." These latter were, in the end, joined by many railwaymen when the general strike was ordered in September, 1944. Thus the number of "divers" rose to a high figure. Millions of guilders were collected to support them, and an enormous amount of risk was run to procure the necessary papers and coupons for them. Offices were burgled by bands of armed men, and hitherto quite respectable people became engaged in falsifications. The Germans reacted by organizing man-hunts. Nobody felt safe. "Divers," when found, were sent to the camps, together with those who had protected them. If a radio or underground paper was discovered, those responsible were sent to prison, and often all their moveable property was confiscated. If some act of sabotage took place, or if a traitor was killed, some well-known individuals in the area might be arrested and shot, or houses might be burned.

If the whole of Holland could have been liberated in September, 1944, there would, nevertheless, have been a great dislocation of social life, but the Dutch mentality would have been different, more vital and less chaotic. The bold attack by the Allies at Arnhem cost the lives of many brave and splendid men, but to the Dutch themselves the failure was even more disastrous. The population then had a vision of freedom, following long years of waiting for the invasion. Many young men stood ready to take part in the fighting and to help the Allies in every possible way. All their high hopes had to be damped down. Pressure by the Germans increased when Holland became a battle-ground. The railway strike enormously increased the general disorganization, and the Germans made it a pretext for the confiscation of the remaining cars and trucks and bicycles, and an excuse for the seizure of the remaining stock of provisions held by the Dutch. In a short time the food and fuel situation became appalling, and prices soared to an enormous height. The authorities were no longer able to provide even the necessities of life. People who up to that time had been patient and confident were seized with panic; all tried to secure as many provisions as possible. The already meagre rations were reduced; the supply of gas and electricity ceased; water supply was restricted. It was impossible to organize food collection because of the fear that the Germans would seize the goods and send them to their own devastated areas. When the rations fell to half a loaf of bread and two pounds of potatoes a week the people left the cities of the densely populated western part of Holland on bicycles, even those without tyres, or with handcarts, or on foot, often barefooted, to endeavour to get food from the peasants. Most of the latter refused to take money in return for food, it having lost its value, so that there was a lively system of barter. Often people stole the peasants' food, and then the latter became hostile towards the crowds besieging them. Even in the foulest weather there was a regular stampede of people of all classes to the fertile parts of the country. Many died on the roads, some of which were flooded as a result of the inundations caused by the Germans.

It was difficult, said the speaker, for those who had not actually experienced it to imagine the effect of famine on the psychology of those of another nationality. The care of his or her own family was uppermost in the mind of every individual. Many helped others but, on the whole, the social spirit declined. All the while man-hunts and reprisals continued; the Germans were as brutal as ever. But the efforts of the underground organizations never ceased. It was claimed that the secret information service was only second to that of Greece. A famine failed to affect it. The imperturbable mentality of the brave Dutch people could best be illustrated by the story of a man present at the trial of a young woman charged with helping the Allied pilots to escape. He had related how she was sentenced to death, and that when the judge asked had she anything to say, her only reply was: "You said there were 19 pilots who were helped to escape; as a matter of fact, there were 24."

Most of those who carried on the work of the underground organization knew few of their comrades, or how far their work extended and whether it was well performed or not. The Dutch were apt to under-estimate themselves and were also very critical of their efforts. Hence there was not any general degree of enthusiasm. They went on quietly waiting for their D-day, and were happy in the knowledge that they could during the period of waiting at least do something for the cause. It was a really great disappointment to most that the German surrender came without their having been able to take their part in the fighting.

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

To the bulk of the population, however, it was the greatest blessing that the densely populated famine provinces were spared the inundation and devastation of the war.

At present the situation was chaotic, and the Dutch would need much time and energy before they were out of their difficulties. Not only had they been robbed with a thoroughness unparallelled in history, but Government organization had been completely broken down, mostly by the Germans, in order to destroy the nation's defensive power, but partly by the Dutch themselves in order to prevent the enslavement of the population as a whole. Much of the social structure had been weakened to some extent by the evacuation to the country of great masses of people from demolished or endangered cities, and also as a result of lack of social contact—there being no transport—and the impossibility of expressing public opinion. Means of communication were now being restored, but slowly owing to the shortage of material. The Nazi traitors had been turned out of official positions, leaving many vacancies to be filled. There was a shortage of able people, on the one hand, and a certain amount of unemployment on the other.

The money problem was serious. The Germans printed an enormous amount of Dutch money to " pay " for goods and services, when they did not merely take them by force. Added to this, the black market and the famine had rendered money valueless, but at the same time made it easy to gain a great amount of money by trading in black market goods. Many working-class people did not now desire to work, having their pockets full of easily-gained cash. Even school children went about with several hundred guilders on them. There was general demoralization ; the desire to work no longer existed, first because it had been considered wrong to work for the Germans and, secondly, because work was so badly remunerated. The Dutch Government were now trying to withdraw the greater part of the currency. Meanwhile, the aversion to work was general.

The psychological necessity of having common values was obvious as a result of the second serious problem—increasing dishonesty. At first it was regarded as a duty to steal goods from the Germans, who had already stolen them from the population. People needing bicycles just took them whenever they could, and later it became common for people to argue that as they and their families had to live, they could have no scruples as to taking whatever they needed. This did not, of course, imply that all Dutchmen were traders in the black market, or thieves ; but there certainly was now less objection to stealing than formerly. Many had become poor, and to the poor it was no easy matter to remain honest.

A third problem arose as a result of the uncertainty as to the social outlook to be expected from the ordinary citizen. When living under normal conditions, people did not realize how great a part of their behaviour was regulated and conditioned by public opinion. In wartime the influence of public opinion was reinforced, but not in the occupied countries, where it was alienated by military propaganda. While the Dutch clung to their own values and rejected those of the Germans, they had no opportunity of discussing the correct line of conduct, apart from certain small circles enjoying the same environment. In many matters it was necessary to act blindly, and thus it was inevitable that the " common measure " more or less disappeared. The resistance against the oppressors enhanced the feeling that all were working with a common aim in view, but the individual ways and grades of resistance caused uncertainty as to what could be required of the average person. This, in turn, aroused suspicion and led to gossip, and a loosening of social ties. People withdrew into little groups. Always the first inquiry made about a person was " Is he all right ? " Now that all had emerged from their " dives " and public discussion was once more possible people were groping for a " common measure," which was by no means easy to achieve after a lengthy period of lost contacts. The trial of the traitors was being delayed, and everywhere Commissions were toiling to purge some social organization of those who might have been at fault in their attitude towards the Germans. This had all to be done, but it prevented the free and easy association of social groups. The Dutch had now to regain confidence in themselves as individuals as well as in their fellow-countrymen in order to find a common enthusiasm and urge towards great national aims.

At the moment much was being written in the Dutch press about a fourth problem, commonly ascribed to the Canadians, but showing itself on closer examination partly to be a relic of the occupation. Sexuality was rife, especially among young girls. It was the law before the war that men having sexual intercourse with girls of under 16 years of age would be prosecuted, and if a girl was above that

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press

age the parents could apply for a prosecution. The Germans had decreed that a girl of 14 was free to do as she liked, and that no parent could take any action if she had intercourse with a German soldier. Though most of the older girls turned their backs on the Germans, it was not unusual to see very young girls being courted by the German soldiers, or courting them publicly, because it gave them a feeling of being grown-up. Some older women also behaved badly, but, on the whole, the idea gained ground that mating might be started at an early age. Following the liberation there was much wantonness in the way in which the girls expressed their gratitude towards the Allied soldiers. Now that several areas of Holland had become leave centres for the Canadians, venereal disease was increasing, and the number of illegitimate children also. Indeed, the problem had become one of great national importance. It was not merely a problem arising out of the present war, for sexual morals had been changing during the last decades; common measures of conduct were lacking in that domain more than in any other. Indeed, it was one of the first problems with which those concerned with mental and moral hygiene had to deal, for it was becoming a social menace.

A difficulty in remedying the existing state of affairs lay in the decline of governmental authority. So far as the Dutch were concerned German authority was no authority; the officials and the population had all conspired in deceiving the Germans. That was not a favourable attitude on which to build a normal state of affairs once more. The habit of doing things in the wrong way and in a spirit of disobedience was by no means easily got rid of. As an illustration of this, a Dutch minister who had during the occupation carried on much underground work arrived at The Hague after the liberation, and when he was told by the military authorities that he could not be granted a permit to return to his home, looking at the permit for his outward journey he asked his secretary, "Cannot we forge the stamp?" Thus what he had been previously doing had become a normal habit and attitude of mind. Such an attitude on the part of the general public meant that authority could only gradually be restored. The Government had to persuade the people that it was worth while to respect the law of the land and to obey it.

The speaker felt that the details he had given showed that, however heavy the material losses the Dutch had suffered, the psychological disturbances caused by the war were even more severe. Only by long and patient effort could the social structure be rebuilt on a healthy basis. The foundation of the Dutch mentality was still strong enough to overcome the shock it had suffered, so that there was no reason for despair. He hoped his audience would agree that the social illness was external in origin. The nation as a whole had suffered a bad shock, and needed time to regain confidence and to be restored to health. It would be of great help to find understanding on the part of others, and it was hoped that that would be the case so far as the British were concerned, for to them the Dutch owed so very much—and that was why he had tried to explain in some detail the problems which had arisen as a result of the German occupation of the Netherlands.

* * * * *

The Session terminated with a hearty vote of thanks to all the visitors for the intensely interesting details they had recorded.

QUARTERLY MEETING.

A QUARTERLY MEETING of the Association was held on Friday, November 30, 1945, at 11, Chandos Street, Cavendish Square, London, W. 1, and the Barnes Hall, Royal Society of Medicine, 1, Wimpole Street, W. 1, under the Presidency of Lt.-Col. A. A. W. Petrie, *C.B.E.*, M.D., F.R.C.P., F.R.C.S.Edin., D.P.M.

The PRESIDENT gave a résumé of the Minutes of the Quarterly Meeting held in Birmingham on Thursday, May 31, 1945, which would be published in the Journal shortly, which was approved.

OBITUARY.

The PRESIDENT said that the first in the obituary list was an ex-President, Thomas Saxty Good, *O.B.E.*, M.D., M.R.C.S., L.R.C.P., Lecturer on Psychology,

https://doi.org/10.1192/S0368315X46245996 Published online by Cambridge University Press