4. Needs in different Regions should be looked into.
5. It is generally agreed that it is "not unacceptable" to consider short courses for people already coping in their work with problems of a similar nature to those met with in the P.S.W. field.
6. It is generally agreed that, so long as there is a shortage of P.S.W.s, priority should be given to the needs of mental hospitals.
7. In areas where it is geographically possible, possibilities of "grouping" hospitals to share P.S.W.s should be investigated.
8. There should be, in future, a closer link between the Scottish Branches of A.P.S.W. and R.M.P.A.
9. It was agreed that the Sub-Committees should meet every six months and that, for the sake of continuity, present Members should remain until after the next meeting in May, 1957.

In addition there was a discussion on the factors which made psychiatric social work attractive in relation to the individual mental hospital.

It was suggested that Psychiatric Social Workers might attend one Divisional Meeting each year.

It was felt that, from time to time, if a Section of the Division had special reference to psychiatric social work, their representatives might be informed.

The next Divisional Meeting was fixed for Friday, 20 September, 1957.

Dr. W. A. Cramond, spoke on chlorpromazine and reserpine in relation to the mental hospital, and Dr. J. R. Roy on tranquillizing drugs in the treatment of neuroses and their use on out-patients. Their talks were very much enjoyed and an interesting discussion followed.

All those who were present will wish to thank Dr. David Ross and his Board of Management for the arrangements and hospitality extended to the Division on this occasion.

IRISH DIVISION

THE SUMMER QUARTERLY MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Thursday, 25 July, 1957.

Twenty-one Members were present.

The Autumn Meeting was fixed for Wednesday, 6 November, 1957, at the Royal College of Physicians, Kildare Street, Dublin.

The following were unanimously elected Ordinary Members of the Association:

CLYNE, JAMES, M.B., B.Ch., B.A.O., D.P.M., Senior Assistant Medical Officer, Sligo Mental Hospital.
Proposed by Drs. Mary Sullivan, J. V. Glass and F. G. L. Barnes.

DOORLY, DENIS, M.B., B.Ch., B.A.O., D.P.M., Medical Officer, St. Patrick's Hospital, Dublin.
Proposed by Drs. Mary Sullivan, J. N. P. Moore and T. Lynch.

Dr. J. V. Glass then read a paper entitled **"A Mental Health Service".** He gave first a summary of the development of mental hospitals from the old Asylums for the Insane established in the middle 1800's, which had left them with a psychiatric service predominantly institutional, with relatively few and inadequately developed extra-mural services. Two other results of this development were that to the general public mental illness was synonymous with Insanity or Lunacy, and so to be hidden and feared; and that psychiatrists in the main were reluctant to consider extensive out-patient therapy, lacking the feeling of security engendered by having patients in hospital.

In his opinion, broadly speaking, the best place for a sick person was at home and the modern trend to hospitalize, except where operative and special treatment made it necessary, was dictated more by the inadequate staffing of medical services than by the

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best interests of the patient, both as an individual and a member of a community. To a great extent it would be better to provide better medical and nursing facilities for domiciliary cases than to expend large sums in hospital building. This was particularly true for the mentally ill, for many of these if removed from their usual environment had even greater difficulty in re-adjustment on returning home. With the increasing number of neurotics, psychoneurotics and early psychotics seeking to avail themselves of treatments now available, it would impose an impossible burden on the already overcrowded mental hospitals if even a sizeable proportion of these were admitted for treatment. With the rapid changes in outlook and in therapies now was an opportune time to make an appraisal of our psychiatric aims. Attention would have to be paid to the precipitating factors in homes, schools, at work, etc., with a view to prevention. Greater emphasis should be laid on the importance of early recognition and early treatment of mental illness; and to encourage patients to come early while still not fully incapacitated, it was essential to provide facilities for extern treatments which would not cause a break in work or of the family circle.

Dr. Glass gave an outline scheme of (1) diagnostic clinics with arrangements for domiciliary consultation, (2) lesser treatment clinics for simple psychotherapy, drug prescription and follow up, (3) treatment clinics for E.C.T., abreactions, group therapies, etc. (day hospital type), and (4) lastly a residential treatment hospital for those requiring deep insulin, prolonged narcosis, etc., or whose behaviour was unmanageable or unsafe at home. From the latter early discharge to (3) or (2) was desirable, with in many cases supportive measures, material assistance of special occupation, aiming to minimize the risk of the personality deterioration so often seen at present with the loss of the will to strive for re-establishment in the general community. The scheme gives the hospital its proper role, and by the emphasis on therapy and cure rather than on hospitalization, would do much to encourage early treatment, and to lessen the old fears and stigma which are still strong.

As a necessary auxiliary the newly-established rehabilitation service should include provision for mental cases, who without help are liable to drift back to hospital with its regulated life and freedom from responsibility. Much could also be done by enlisting the help of the various voluntary associations dealing with social welfare, and by general publicity aimed at enlightening the public as to the nature of mental illness, and the possibilities of and facilities for treatment. It was essential also that there be a closer link between psychiatry and general medicine.

Reference was made to the encouraging results reported by the Worthing and District Mental Health Service, where domiciliary care and out-patient treatment were first choice unless definitely contra-indicated.

The paper was discussed by Drs. FitzGerald, Barnes, Eustace, Moore, Dunne, Dolphin, Ramsay, McGrath, E. O'Sullivan, McLaughlin and E. O'Brien.

Dr. Glass replied.

Dr. P. J. Power, of Ballinasloe, then read a paper entitled **"The Treatment of Ulcerative Colitis with A.C.T.H. and Cortisone, in a Patient Suffering from Schizophrenia".**

The paper was discussed by Drs. FitzGerald, Dunne, McGrath, Shea and Hill.

THE AUTUMN QUARTERLY MEETING of the Irish Division was held at the Royal College of Physicians, Kildare Street, Dublin, by kind permission of the President and Fellows, on Wednesday, 6 November, 1957.

Thirty-two Members were present.

Dr. S. D. McGrath read a paper entitled **"Some Impressions of the Second International Congress for Psychiatry, Zurich, September, 1957".**

He reminded members that Zurich had a remarkable psychiatric tradition. It was the home of Carl Jung and it was also the city in which Eugen Bleuler worked; it was at the University Psychiatric Clinic at Burgholzli that he made his historic formulation of the Schizophrenias.

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Papers read ranged from such simple matters as "A follow up of Schizophrenic patients treated with Chlorpromazine", to such esoteric matters as "A study of schizophrenic thinking; its expression in terms of symbolic logic and its presentation in terms of multidimensional space" from a Chilean contributor, and "Family Relationships of a set of Monozygotic Quadruplet Schizophrenics" from the U.S.A.

Dr. McGrath reported the discussion of three subjects which he thought important. First the attempt to delimit schizophrenia. He said that although the dynamically orientated psychiatrists decried it, there was a marked tendency on the part of German and Swiss psychiatrists to speak of schizophrenia as a specific disease. Many speakers such as Ruemke of Holland and Stroemgren of Denmark suggested that the term schizophrenia be reserved for cases which are true dementia praecox or process schizophrenia with the classical primary symptoms of Kraepelin and Bleuler. These cases, which have an extremely bad prognosis and progress inevitably to hebephrenia, constitute about one-third of the cases seen. Recovery is rare and remissions are few. The other cases, they maintain, should be termed schizophrenia-form psychoses or pseudo-schizophrenia. A clearer delineation would give greater meaning to reports of the incidence of the disorder and to the results of treatments.

Secondly—"Psychopharmacology", a most elaborate symposium on "Pharmacological treatment of Schizophrenia" was planned extending over three sessions. Sixty-six speakers were listed. The sessions were under the chairmanship of Dr. Nate Kline. Dr. Kline listed 10 problems which required elucidation such as—do these drugs have a curative effect or do they merely suppress symptoms? What are their long-term effects? What is their mode of action? How should new drugs be screened? etc. It was decided to set the ball rolling with a discussion of terminology—should the drugs be called tranquillizers, ataractics, neuroleptics, psychotropes, or "what have you"? Everybody seemed to have his own pet drug. Dr. Kline reported that the use of E.C.T. in hospitals under the Veterans Administration had declined by 50 per cent. and several speakers mentioned that on the grounds of expediency they had given up insulin coma treatment.

This question of the older physical method of treatment was discussed in a symposium under the title of "The Changing Indications of the various Somatic Treatments in Psychiatry", under the chairmanship of Dr. Kalindsky. Bini, Pichot, Lopez Ibor, Sargant, Hoch and other well-known workers took part. It was interesting to hear them unanimously recommending that insulin coma therapy should still be retained as a treatment for schizophrenia. One interesting group of drugs mentioned as having considerable potentialities were the amine–oxidase inhibitors. Ipromazid, a close relation of Isoniazid, is the one being most commonly tried at present. These compounds have energizing and anti-depressive qualities.

The third field, which particularly interested Dr. McGrath, was the social aspect of schizophrenia. Freudenberg of Netherne gave a very interesting paper entitled "The Relative Importance of Physical and Community Methods in the treatment of Schizophrenia". Aubrey Lewis made an interesting contribution entitled "Restoring the Schizophrenic to the Community".

In this broad field of social psychiatry one might include studies of schizophrenia in different cultures. Extremely interesting accounts were given by psychiatrists from China, Nigeria and Thailand. All agreed that schizophrenia occurred in clearly recognizable form in their countries. Most of the speakers thought that the conflict between old customs and beliefs and the adoption of western ways and religions were potent factors in causing breakdowns. A particularly delightful paper was given by Dr. Ratanakorn of Thailand who said that the incidence of schizophrenia in his country was high, constituting 72 per cent. of all admissions to mental hospitals. He attributed this to the country's culture which creates an introvert type of personality. Buddhism, the Thai religion, forbids aggressiveness, teaches contentment and moderation to "an immoderate degree", thus encouraging lack of initiative and a turning away from reality. There are over 21,000 Buddhist temples and almost

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3,000,000 priests in Thailand. Dr. Ratanakorn said that amongst the thousands who spent their days in and around the temples in contemplation, could be distinguished many clear-cut cases of schizophrenia. He concluded his talk with beautiful coloured slides of Thai scenes.

Discussion followed in which Drs. J. FitzGerald, J. N. P. Moore, W. F. McAuley, Cassin, McEvoy, Shea, Dolphin and Moran took part. Dr. McGrath replied.

The Memorandum from An Bord Altranais on Training School Programmes was then discussed by Drs. J. FitzGerald, Glass, Hayes, McGrath, Cassin, Moran, Dolphin and Ramsay. It was proposed by Dr. Ramsay and seconded by Dr. Shea that the report of the Sub-Committee be sent to An Bord Altranais as the recommendation of the members of the Irish Division R.M.P.A. (In 3(c) of Report, put in "*Cold*" before "clinical approach".)

The question of forming a branch of the National Association of Mental Hospitals was referred to the next meeting. The problem of old people in mental hospitals was discussed and it was decided by the members that if the county medical officers and the resident medical superintendents were satisfied with such institutions as Heatherside in Cork for the reception of geriatric cases, there would be no objection to transferring such patients from mental hospitals. It was also suggested that a R.M.O. with psychiatric experience was of advantage in these institutions. Units should be about 25.

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