ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION

SCOTTISH DIVISION

THE SPRING MEETING OF THE SCOTTISH DIVISION was held at the Royal Edinburgh Hospital on Friday 12 March, 1971, with Dr. H. J. B. Miller in the Chair. Dr. Martin Cuthbert, President of the Association was present at the meeting.

The following office bearers were elected:

Chairman — DR. H. J. B. MILLER
Secretary — DR. G. C. TIMBURY
Assistant Secretary — DR. P. W. KERSHAW
Junior Representative on Council — DR. W. D. BOYD

The following were elected to the Committee of Management:

Prof. A. K. M. Macrae, and Drs. R. C. B. Aitken, H. C. Fowlie, W. L. Flanagan, A. D. Forrest, E. M. G. Keddie, J. Clark, J. Scott, G. S. Stirling, R. Davidson, R. A. Robinson, J. K. Binns, J. B. Rae, E. Wood, W. J. B. Rogers and W. A. Cramond.

Dr. A. D. Forrest was elected for a further period of one year the Division's Representative to the Scottish Committee for Hospital Medical Services.

The scientific programme consisted of a discussion on **Comprehensive Mental Health Services.** The meeting was chaired by Dr. Stone and an introductory talk was given by Dr. G. C. Timbury. The meeting thereafter split into four groups to discuss:

(a) 'Psychiatry in the Institution'—led by A. D. Forrest;
(b) 'Psychiatry in the Community'—led by Dr. J. K. W. Morrice;
(c) 'Psychiatric Services for the Elderly'—led by Dr. R. A. Robinson;
(d) 'Psychiatric Services for the Young'—led by Dr. J. D. Haldane.

After lunch the four groups re-assembled for general discussion.

The Division is most grateful to Dr. J. W. Affleck and the Board of Management of the Royal Edinburgh Hospital for their hospitality throughout the day.

SOUTH-WESTERN DIVISION

THE Spring meeting of the South-Western Division was held at Glenside Hospital, Stapleton, Bristol, on Thursday, 1st April, 1971, by kind permission of the Hospital Management Committee and Dr. Donal Early, Chairman of the Medical Committee.

Members met for coffee, visited the hospital, and visited the Industrial Therapy Organization in Bristol. A reception was arranged by the Hospital Management Committee, and after members had been entertained to lunch, the Division was welcomed to Glenside by Mrs. E. Korner, J.P., who had taken up her appointment as Chairman of the Hospital Committee on that very day. Dr. Heaton-Ward replied on behalf of the Division.

The Divisional Committee of Management reported that the Division had been asked to nominate two representatives for the South-Western Regional Committee for Hospital Medical Services. Since the issue was involved, it was agreed that Dr. Heaton-Ward, Dr. Lindsay Walker and Dr. Donal Early should represent the Division to discuss the matter, and were authorized to nominate representatives as they thought fit.

The following were provisionally elected:

Chairman — DR. W. A. HEATON-WARD
Divisional Secretary — DR. H. J. CROW
Acting Assistant Secretary — DR. E. B. MCDOWALL
Junior Representative on Council — DR. P. COPUS

The following matters were discussed:

(1) The accreditation of hospitals.
(2) The role of the consultant and the staffing of provincial hospitals.

Both these subjects were regarded as important, and would be kept under review.

https://doi.org/10.1192/S0007125072302667 Published online by Cambridge University Press

Election of Candidates to Ordinary Membership

The following candidates were elected unanimously to Ordinary Membership:

MELLING, Norman Ernest, M.B., Ch.B., M.R.C.G.P., D.P.M., Locum Senior Medical Officer, Border Counties (Wales) H.M.C. Avondale, Talgarth, Brecon, South Wales. Proposed by Drs. G. Diggle, R. E. Owen, L. Dolney.

SINGH, K. Rameshwari, M.B., B.S. Senior House Officer, Pen-y-val Hospital, Abergavenny, Monmouth. Proposed by Drs. E. M. Davies, A. B. Rolfe, W. T. Wales.

Papers and Discussion

Papers were delivered on the general theme of 'The Future of the Mental Hospital'.

(1) In an historical introduction *Dr. I. D. Chisholm* spoke of the emergence of lunatic asylums over 150 years. The legislation of this century had progressively encouraged desegregation, so that communities and families as well as individuals must be considered. What are their needs? What forms of care? Who should administrate? Who will give the service? These are the questions that should be considered now.

(2) *Dr. Michael Nicholas* discussed the needs of mentally disordered elderly patients with or without physical illness. He distinguished three general categories—those suffering from functional psychiatric illness; from organic disease of the central nervous system, usually a chronic condition; and the 'graduate geriatric patients' —the chronic psychiatric patient now grown old. Effective hospital facilities must provide prompt admission; long-stay accommodation with a 24-hour service; and support to other services to avoid unnecessary admission and to control discharge. The maximum of therapeutic measures should be developed, and a realistic strategy for accommodation followed; in liaison with the Local Authority preliminary psychogeriatric assessment and the provision of day accommodation in hospital should be made, in addition to the utilisation of community services and the introduction of the psychiatric nurse in other units and boarding-out establishments.

(3) *Dr. Donal Early* discussed the rehabilitation of the long-stay patient in the two general groups of the chronic schizophrenics and those suffering from organic brain disease. He described the reorganization of Glenside two years ago in which the bulk of the hospital beds were distributed to these categories of patients; in which the medical deployment was orientated to a dynamic pattern, and in which Dr. Early himself had special interest in the rehabilitation of the 'chronic psychotic'. From the industrial success of the hospital patient, I.T.O. was born; and from the problem of living accommodation the Bristol Industrial Therapy Housing Association was formed, whose six houses and two hotels in the city now provided board/lodging for eighty people, and is expanding further. Dr. Early presented figures of the number of patients requiring various forms of care, and looked forward to a figure of patients requiring hospital accommodation that would be so reduced that one could begin to think in terms of the physical destruction of the old hospital and the development on the mental hospital campus of units of accommodation appropriate to the modern needs of the population. For Dr. Early, nothing short of total destruction would ultimately be enough.

(4) *Dr. H. G. Morgan* spoke of the teaching of undergraduates. In a teaching unit of the General Hospital there are activities which conflict with primary patient care—undergraduate and postgraduate medical teaching, nurse training and social work training. Since the Unit is concentrated in a single ward, interaction between Glenside and the Teaching Unit was encouraged, so that students were plunged into general psychiatry and could appreciate the whole spectrum of mental illness—and even gain insight into themselves. Some research activities were of value.

(5) *Dr. Max Valentine* described a data system for the computerization of clinical and social material obtained in the diagnostic interview with the patient. The system is named CAPRICE —Codified Automated Psychiatric Record Indicating Clinical Evaluation. This system he compared with the approaches made by Professor Wing at the Carl Jung Institute in San Francisco, and by Dr. Nathan Kline at the Monkland State Hospital, New Jersey.

The system included personal and family

https://doi.org/10.1192/S0007125072302667 Published online by Cambridge University Press

data and indicators of depression, anxiety and other main syndromes; and there is a therapeutic check list enabling assessment of the results of treatment to be made. Medical computer applications are sometimes tedious, at others rewarding. As Oscar Wilde on fashionable society—'To be in it is merely a bore; but to be out of it is simply a tragedy'.

(6) *Dr. Pierce Jones*, who had recently joined Glenside on a part-time basis, described the developing role of forensic psychiatry. He outlined the forensic tradition of Glenside and of St. Peter's Hospital for the lunatic poor which preceded it. The present work largely involved liaison—with prisons and the courts, with Alcoholics Anonymous and the probation service, with discussion groups and others, which enabled a form of 'crisis intervention' to develop.

Following the addresses a lively discussion developed. Amongst the particular points, the difficulty of computerizing data when more than one technician was involved was agreed to be a severe drawback, particularly as the use of precise English language was essential, 'If you put garbage into a computer, you get garbage out'.

Dr. Chisholm summarized the meeting, and indicated the urgent need of operational research. *Dr. Angus Galbraith* thanked the speakers and in expressing the Division's appreciation of a most interesting meeting, he mentioned his personal experience of the complete integration of the medical and nursing staff at Glenside Hospital.

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