near to their hearts, namely, the Place of Psychiatry in the Public Health Service. The Association, as well as the Royal College of Physicians and the British Medical Association, had been discussing very carefully the matter for a very long time, and a Memorandum had been presented which gave the medical point of view. It was hoped that it would have its influence with the Ministry.

The advantage of having Sir Laurence Brock's address was that the Association was pressing the matter from the medical point of view, the members thought of it from the medical point of view, and if the Memorandum was to be really valuable and interesting to their fellow citizens it had to be introduced through the eyes of the Civil Service, of which Sir Laurence Brock had been so distinguished a member. He represented the Service which would have to introduce and utilize their activities to the public, and for that reason all eagerly awaited what he had to say on the subject of the place of psychiatry in the public health service.

After the Lecture the PRESIDENT said that they had listened to a masterly exposition of difficulties and hopes by one who had always shown great and sympathetic understanding of those difficulties.

Dr. GOLLA, in proposing a hearty vote of thanks to Sir Laurence Brock for his Address, said that one had sensed the intense interest in the room in the Lecture, which had exhibited a power of sympathy and understanding in a subject which, after all, was one which Sir Laurence only approached 17 years ago at a time of life when most would have found it hard to change, and whether one agreed with all he said or not, one felt he was one with them in heart and spirit. It was something to be proud of that in this country there was such sympathy, understanding and culture in those responsible for administration. Whatever the type of administration, the people who did the work were the Civil Servants, and they would be helpless without people like Sir Laurence Brock to deal with Ministers.

A great friend and helper to the specialty had been lost by Sir Laurence Brock's retirement.

The vote of thanks was accorded by prolonged applause, and in making his acknowledgment Sir Laurence Brock said he would take the opportunity of saying "Farewell." The Maudsley Lecture was his swan song, for it was a rule of the Civil Service that the retired person faded right out and did nothing which might embarrass his successor, and he would not be able to take any active part in the Association's deliberations in the future, neither would he very often be a silent observer, as he would no longer be enjoying the hospitality of the taxpayer. He had received many kindnesses at the hands of members, so much hospitality, and had made so many friendships that it was not easy to say "Goodbye." He hoped it would be understood if he was not present, or was present but kept silent, that he had not lost his interest in psychiatry and its future developments.

He thanked his audience for the way they had listened to the Lecture; it was very long because he had so much ground to cover. They had been very patient with him, and he would thank them all for the patience with which they had all received him and the hospitality they had always extended to him. He had visited every mental hospital in the country, not quite all the mental defective institutions, and could claim that he had done what was possible to show his interest in their difficulties and problems. He hoped to continue to receive the *Journal of Mental Science* so that he would know what was happening in the world of psychiatry.

"I thank you all, goodbye."

The proceedings then terminated.

NORTHERN AND MIDLAND DIVISION.

AUTUMN MEETING.

THE AUTUMN MEETING of the Association was held at the North Riding Mental Hospital, York, on Thursday, October 25, 1945, by kind invitation of Lt.-Col. J. Ivison Russell, the Medical Superintendent.

The Divisional Committee of Management met at 12.30 p.m., and was attended by Dr. K. K. Drury (Chairman), Drs. Duncan Macmillan, M. A. Archdale, and T. M. Cuthbert (Hon. Sec.).

https://doi.org/10.1192/S0368315X46246035 Published online by Cambridge University Press

Lunch was provided, presided over by County Councillor George Foster, Vice-Chairman of the Visiting Committee, who welcomed the members, paid tribute to the work of the Association, and referred to the activities of the Mental Hospitals Association. In reply the Chairman (Dr. K. K. Drury) thanked Councillor Foster, and asked him to convey the appreciation of the Division to the Visiting Committee.

Minutes of Meeting.

The business of the meeting commenced at 2 p.m., and was held in the Lounge of the Nurses' Home.

1. The Minutes of the previous meeting (11.iv.45), having been circulated, were taken as read, confirmed and signed.

2. Present: Dr. K. K. Drury (Divisional Chairman) in the Chair; Drs. J. S. Allen, M. A. Archdale, F. Back, C. B. Bamford, Rear-Admiral C. K. Bushe, Drs. M. C. Campbell, T. Wishart Davidson, T. M. Davie, D. S. Fairweather, Major W. Fraser, Drs. F. Webster Furniss, R. A. Hooper, Major E. H. Larkin, Drs. Duncan Macmillan, S. D. Mitchell, J. R. Murray, J. J. O'Riordan, N. E. Panton, Arthur Pool, D. Robertson, J. C. Rohan, I. W. Russell, Lt.-Col. J. I. Russell, Drs. E. Smith, F. T. Thorpe and T. M. Cuthbert (Hon. Div. Secretary).

Apologies for absence were received from Dr. T. C. Graves (ex-President), Col. C. F. Penton, Miss Ruth Darwin, *C.B.E.*, Drs. Adamson, Burt, Drake Brockman, Brunton, Dove Cormac, Cobb, Forsyth, Gilmore, Goodlad, K. A. Graves, Henderson, Knight, D. M. Macmillan, MacArthur, Maddox, MacPhail, McGrath, MacGilp, Mould, Nicole, Noble, O'Connor, Rollins, Roberts, Rubenstein, G. S. Robertson, Frieze Stephens, Starkey, Isabel Wilson, A. H. Wilson, Woddis and G. C. Young.

3. *Appointment of Divisional Chairman.*

Dr. DRURY said that, as members were aware, he had been appointed Honorary General Secretary; he much regretted the necessity for relinquishing the Chairmanship of the Division, but it gave him very great pleasure to propose that Lt.-Col. J. Ivison Russell be appointed the new Chairman. Dr. Drury reviewed Col. Russell's activities on behalf of the Association, and stressed his valuable work in the establishment of the Occupational Therapy Certificate. Dr. Drury called on Dr. M. A. ARCHDALE, who warmly supported the proposal to appoint Col. Russell; this was carried with acclamation, and Dr. Drury invested Col. Russell, who then took the Chair.

In his reply Col. RUSSELL thanked the members for appointing him and Dr. Drury for proposing him. He said that he felt that the real feelings of the Division would have an excellent opportunity of being understood by those at the centre who directed the affairs of the Association now that Dr. Drury was the Hon. General Secretary.

4. *Report of Divisional Committee of Management.*

Dr. DRURY reported that the Committee had met earlier in the day and had made suggestions for future meetings of the Division. They had also decided that the membership of the Committee should be expanded to include those interested in aspects of psychiatry other than those which were of interest to the mental hospital and mental deficiency members. The CHAIRMAN then asked for suggestions, and after discussion and on the proposal of Dr. POOL, seconded by Dr. DRURY, *it was agreed* that "This Standing Committee be increased by the addition of three new members."

5. *Report of the Representative Members of Council.*

Dr. WISHART DAVIDSON and Dr. K. K. DRURY reported on matters of interest which had arisen at the previous two Council Meetings: Salaries and Conditions of Service; Proposed Revision of the Bye-Laws and discussions with the General Nursing Council on the question of R.M.P.A. Examinations. In the discussion which followed there was evidence of some apprehension lest consideration of Mental Hospital Medical Staff salaries should become side-tracked, or subordinated to those of Health Service Officers.

https://doi.org/10.1192/S0368315X46246035 Published online by Cambridge University Press

6. *Appointment of Divisional Committee of Management.*

The following were re-elected: Dr. Dove Cormac, Dr. M. A. Archdale, and Dr. Duncan Macmillan.

The following were elected new members: Dr. Muriel Barton Hall, Dr. A. Pool, and Dr. J. R. Murray.

7. A Paper, "**Mental Disorder in the Adult Ament,**" was read by Dr. J. C. ROHAN, B.A., M.B., B.Ch., D.P.M.

SUMMARY OF PAPER.

Dr. Rohan said that his remarks applied only to adult defectives. There was evidence to show that some certified defectives were unbalanced rather than subnormal—dements rather than aments. The certified institution also received some who, beginning to degenerate early, were later to develop frank psychosis. There was an increasing tendency to certify under the M.D. Acts persons well on in years; he quoted examples, and said that these middle-aged dements gave rise to particular problems. Schizophrenic personalities and behaviour traits—mutism, apathy, lack of personal interest, phases of disorderly excitement and repeated absconding—raised difficulties of placement and training. Such cases were dependent and unproductive. The correct diagnosis was suggested by (1) poor and unreal emotional responsiveness; (2) mannerisms, stereotypies and mechanical excitements—indicative of morbid mental processes; and (3) their occasional revelation of the remnants of a vocabulary range, or a conceptical expression, neither of which a defective could ever have possessed. In some schizoids adaptation to institutional surroundings was prevented by an extreme "touchiness"; this was almost confined to females, and was sometimes so pronounced as to compel their transfer to a mental hospital. Some shut-in types, however, achieved an inner security and became trustworthy, friendly and reliable workers; the provision of suitable employment was of the greatest assistance to this type.

In discussing the diagnosis Dr. Rohan said that the difficulties depended upon the grade of the subject. In the higher types the form of insanity resembled closely that seen in non-defectives. The same difficulties arose in the certified institution in differentiating the eccentrics and psychopathic personalities as in the outer world. The more prolonged behaviour disorders so characteristic of unstable defectives also gave rise to difficulties of diagnosis, but schizophrenia should be suspected when these occurred in low grade aments; here actions replaced and represented verbal functions and ideational processes.

Dr. Rohan then described the clinical pictures presented in 39 subjects who were certified under the Lunacy Acts during a period of seven years. He said that 4·4 per cent. of all admissions (aged 16 +) during a 6-year sample period had been certified under the Lunacy Acts, but this was an underestimate of the load of certifiable psychosis for the period in question. In general the prognosis was poor in these mental disorders, especially in the degenerative states of slow occurrence; it was better in the more acute and in the affective-reaction types. Removal to a mental hospital was highly beneficial, but relapse was common.

In only two of the 39 cases could external factors be said to have been significant, and he discussed the reason for this; on the other hand, 29 per cent. showed a strong familial hereditary tendency, and this rose to 35·7 per cent. when the epileptics and encephalitics were eliminated. (Only hereditary insanity was considered and the histories were incomplete.)

The speaker then dealt with the advantages and disadvantages of treatment in the certified institution. He stressed the need for, and mutual benefit of, cooperation between the mental hospital and the institution, and quoted the case of a certified defective who was successfully treated as a voluntary patient in a mental hospital.

DISCUSSION.

The CHAIRMAN (Col. Russell) said that Dr. Rohan had presented an interesting and stimulating paper. He doubted whether insanity and psychosis were synonymous, and whether undesirable traits in a patient were characteristic of psychosis.

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He endorsed Dr. Rohan's plea for greater co-operation between the two types of institution.

Dr. POOL said that Dr. Rohan had quoted the figures of 4·4 per cent. psychosis in a mental defective colony; his experience in a large mental hospital indicated that about 20 per cent. (433 in 2,100 cases) of psychotics were defective. These figures raised the question of "exchange," and this was an exceedingly difficult problem, as neither side wanted to take many cases from the other; there was, in fact, no available space.

Dr. BACK said that the subject was an interesting one; he thought that the mental defective institution should be prepared to deal with all their patients.

Dr. ALLEN said that in a personal review of 450 certified mental defectives, 48 were discovered who showed evidence of mental disorder. In addition, account must be taken of those early psychoses (before the age of 18) which had slowed down and left the individual permanently enfeebled. Juvenile general paralysis and mild schizophrenia simplex were the commonest examples of this process. The latter type were characterized by a progressive falling away of interest and by solitariness. Paranoid features were particularly evident in those certified under Section 9 and in those who had been in contact with the law. In the last seven years he had only sent two patients to a mental hospital.

Dr. FURNESS paid a tribute to Dr. Rohan; he thought that 4·4 per cent. was too low a figure, and he asked what the incidence of dementia in the general population was. He referred to three cases sent to a general hospital who, on return, were discovered to have developed a psychosis. He thought that admission to a mental hospital on a voluntary basis was a good idea.

The CHAIRMAN said that a defective who was discharged from certificate must be reported to the local M.D. Authority (B. of C. Circular 772/32).

Dr. DUNCAN MACMILLAN also stressed the need for co-operation; he said that he took the higher grades of defective psychotics over to the mental hospital for treatment and found that this worked very well. He thought the most important action to take in psychopathic conditions was to arrange their admission to Rampton. He was interested in the "voluntary admission" idea, as he had taken this up with the Board and they had ruled against it. He thought the figures quoted by Dr. Pool were a legacy of older days.

Dr. ROBERTSON spoke about juvenile general paralysis.

Dr. ROHAN, in reply, said that the diagnosis of insanity in defectives must be based on a positive resemblance to adult psychosis; it was very difficult in the lower grades, and it was necessary to avoid seeing schizophrenia in every case of abnormal behaviour. He though certification under the 1890 Act should be carried out when the patient became unmanageable. He had made use of the 1930 Act when, on approaching the Board, he had been unable to get a lead—so he had gone ahead.

The CHAIRMAN then proposed a vote of thanks to Dr. Rohan, and this was carried by acclamation.

Tea was provided, and afterwards Dr. DRURY, on behalf of the members, thanked Col. Russell for his kindness and hospitality.

This concluded the business of the meeting.

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