A paper on "**Electrically Produced Fits in Treatment of Schizophrenia**" was given by Dr. G. W. T. H. FLEMING, Prof. F. L. GOLLA and W. GREY WALTER, and was discussed. The members had an opportunity of seeing a fit produced by this method in a schizophrenic patient.

Dr. G. W. T. H. FLEMING showed two interesting pathological specimens, (i) a case of Pick's disease, and (ii) rare malformation of the brain, and gave informative descriptions of these. Prof. GOLLA and Prof. RICHARD BERRY and others joined in the subsequent discussion.

Mr. A. TINGEY demonstrated and gave a concise account of "**Colorimetric Tests for Sex Hormone**".

Prof. REISS showed a film of the "**Life History of the Cretin**", which gave rise to a valuable exchange of opinion amongst the members.

Mr. L. D. MCLEOD gave a short paper on "**Tissue Respiration Methods**", which was illustrated by lantern-slides.

Papers were read by Dr. REISS and Miss Y. M. L. GOLLA on "**Drugs Affecting the Blood Supply of the Brain**". They explained their method of research and the results they had obtained so far and described the methods which they hoped to adopt in their future investigations. An interesting and instructive discussion followed.

Professor and Mrs. GOLLA kindly entertained the members to lunch and tea and Dr. Helen Boyle thanked them on behalf of the Division, and this was passed with acclamation.

Members had an opportunity of going round the Institute, and Prof. Golla ably pointed out the various modern apparatus used in their research work and the methods that were being employed under his direction.

NORTHERN AND MIDLAND DIVISION.

THE SPRING MEETING of the Division was held, by the courtesy of Dr. John Macarthur, at Bracebridge Heath Hospital, near Lincoln, on Thursday, May 4, 1939, when 45 members and 4 visitors attended.

Present: Dr. M. A. Archdale (Chairman), Drs. Allen, Bamford, Brunton, Back, Bruce, Bain, Barbour, Cormac, Collins, Davidson, Drake-Brockman, Davie, Drury, Fox, T. C. Graves, K. A. H. Graves, Hayward, Hopkins, Kennedy, Laverty, Mackenzie, Macarthur, McGrath, D. Macmillan, D. M. Macmillan, McIlroy, N. F. Mackenzie, O'Reilly, Parfitt, Pentreath, Pickworth, Pool, Robertson, J. I. Russell, Sharman, E. Smith, G. W. Smith, Turner, Thorpe, H. A. Wilson, S. Wilson, Waldo, Woddis and Young.

During the forenoon members visited Outlook House, the new Acute Hospital, and also the wards of the hospital, and were afterwards entertained to lunch.

The meeting opened at 2.15 p.m., Dr. Archdale presiding.

The minutes of the previous meeting were confirmed.

The following, after ballot, were elected ordinary members of the Association:

CECIL CLEE BERESFORD, M.B., B.S.Lond., L.R.C.P., D.P.M., Senior Assistant Physician and Deputy Mental Superintendent, The Retreat, York; 132, Lawrence Street, York.
Proposed by Drs. Macleod, O'Riordan and Pool.

ALASTAIR STORRER WRIGHT BUCHANAN, L.R.C.P.&S.Edin., Junior Assistant Medical Officer, County Mental Hospital, Chester.
Proposed by Drs. Grills, Russell and Fraser.

STEWART JAMES FREWIN, M.B., Ch.B., Junior Assistant Medical Officer, County Mental Hospital, Chester.
Proposed by Drs. Grills, Russell and Fraser.

JANET FRASER HENDERSON, M.B., Ch.B., D.P.M., Assistant Medical Officer, East Riding Mental Hospital, Beverley, East Yorks.
Proposed by Drs. Davie, Russell and Smith.

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press

GWENDOLINE DOROTHY KNIGHT, M.R.C.S., L.R.C.P., D.P.M.Leeds, Assistant Medical Officer, The Retreat, York.

Proposed by Drs. Macleod, O'Riordan and Pool.

JOHN DOUGLAS UYTMAN, M.B., Ch.B., Assistant Medical Officer, Scalebor Park, Burley-in-Wharfedale, Yorks.

Proposed by Drs. Gilmour, Valentine and Russell.

The following officers were duly elected :

Divisional Chairman : Dr. M. A. Archdale.

Representative Members of Council : Drs. M. A. Archdale, H. Dove Cormac, D. Macmillan and E. L. Hopkins.

Divisional Secretary : Dr. J. Ivison Russell.

Dr. H. Dove Cormac was nominated to serve on the Nursing Advisory Committee.

Miss Welch, Matron, Prestwich Mental Hospital, was nominated for the office of Nurse Examiner.

DISCUSSION.

Dr. H. DOVE CORMAC, in opening a discussion on **" The Position of the Medical Superintendent of the Future "**, said :

Before considering the future position of the Medical Superintendent it may be of value to refer to his duties (1) in the past, say thirty years ago, and (2) at the present time.

(1) The duties naturally fell under two heads (extract from Rules dated 1910), (*a*) Medical, (*b*) Administrative.

(a) *Medical :*

(i) To visit as many wards as practicable and see all the patients therein at least once in each day.

(ii) To make occasional visits at uncertain hours at night.

(iii) To be responsible for the condition of the patients, the direction of medical, surgical and mental treatment of the patients.

(iv) Classification of the patients.

(v) Occupation and recreation of patients.

(vi) The careful dispensing of all medicines and their administration.

(vii) Absolute control of diet of patients.

(viii) The whole duties of a medical officer of health over the hospital and estate.

(ix) Direction and control of duties of assistant medical officers.

(b) *Administrative*

The medical superintendent is given—

(i) Paramount authority in the hospital and premises occupied therewith, subject to that of committees.

(ii) Control over all officers.

(iii) Control over nurses, artisans and servants, and the direction of their duties.

(iv) Power to suspend a resident officer and to engage, suspend or dismiss all male and female nurses, artisans and servants, subject to confirmation by committee.

(v) The management and condition of the hospital.

(vi) The frequent examination of provisions, stores and all articles supplied to the hospital.

(vii) The economical administration.

(viii) Responsibility for and control of the work of the departments under the following officers : Clerk of the hospital, steward, engineer, clerk of works, farm bailiff, matron, nursing staff (laundry, kitchens, sewing-rooms, etc.), head male nurse, occupation officers.

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press

The work and responsibilities of the medical superintendent if conscientiously executed meant a really full-time job, and generally, most medical superintendents did carry out their stupendous tasks in a very efficient manner.

(2) *Present Time.*

In recent times, since the inception of the Mental Hospitals Association committees have been taking much of the administrative work into their own hands, and instead of dealing with their staffs through the medical superintendent, are doing so directly with under officers, and even with the lowest grades of employees.

They have also been influenced by certain bodies representing different sections of the staff, so that the authority of the superintendent has been gradually undermined, and this has apparently been furthered by the policy of the Board of Control during the past ten years.

The fairly recent appointment of a clerk and steward as a lay administrator has resulted in the hope and expectation of every clerk and steward to achieve the same position. In many mental hospitals, I regret to say, owing to the medical superintendent's ignorance or dislike of administrative work, the clerk and steward, though not officially, is virtually the lay administrator, and the position appears to be encouraged by the Board of Control, one of whose members at a Clerk and Stewards' meeting suggested what those people should do with regard to duties which at present really lie wholly within the province of the medical superintendent.

Towards the end of 1936 the Council of the R.M.P.A., after full and careful discussion, decided to send a protest to the Board of Control concerning the appointment as commissioners of men and women with no administrative experience. A deputation was subsequently received by the Board, when after some discussion it was learned that the salary offered by the Treasury was inadequate to attract those with the desired qualifications, and the Board proposed to endeavour to persuade the Treasury to increase the remuneration offered.

In the following July, at the Annual Meeting of the Mental Hospitals Association, the Chairman of the Board saw fit to launch an attack on medical superintendents, which appeared to be in the nature of a reprisal.

Since then repeated efforts are made to undermine the authority of the medical superintendent on every possible occasion when there is a chance of addressing a mental hospital committee.

All communications from the Board are now addressed to the clerk to the committee, whose authority is gradually being increased, and in many cases, I have no doubt, he begins to think that he is the committee when the latter is not sitting.

It is not only the Board who adopt this attitude; other departments of the Ministry are doing the same.

In sending an inquiry a short time ago as to a patient at Parkside (on the usual buff form in which the person addressed is the medical superintendent), the address of the medical superintendent was deleted, and "Clerk to the County Council" substituted. This individual passed the form to the public assistance officer, who sent it to the clerk to the guardians committee, who forwarded it to the clerk to the committee, who sent it to me. I considered it proper to put that inquiry into the waste-paper basket.

In fact clerks in the service of the Ministry appear to think that clerks everywhere are the most important people.

The County Councils Association recently passed a resolution recommending county councils to extend the powers and responsibility of the steward and matron so as to relieve the medical superintendent of some of his duties, because some stewards' association was very concerned that the medical superintendent could not devote enough time to purely medical duties, and they were supported by a report from two public assistance officers.

Further, the medical officer of health is another individual whose powers are being extended to the detriment of the authority of the medical superintendent.

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press

In many counties, in fact, the latter is a subordinate officer of the medical officer of health, who has no knowledge whatever of the work of a mental hospital, medical or administrative.

If the present trend continues, the work of the medical superintendent in the future will be confined to purely medical duties.

He will be a subordinate of the medical officer of health.

The clerk and steward will be the lay administrator, who will control the artisan staff, the farm and garden staff and other outdoor workers.

The matron will have independent control of the nursing and domestic staffs, and will no longer be subject to the authority of the medical superintendent.

When this position arises there will be no co-ordinating official except the clerk to the committee, who will be the virtual head of the hospital when the committee is not sitting.

It is bound to follow, therefore, that medical superintendents must expect a reduced rate of salary and emoluments (if the latter do continue to be allowed). They will be brought down to the level of medical officers of the Ministry of Health or assistant medical officers of health.

As a medical superintendent of nearly twenty-five years' experience I may perhaps be permitted to offer a few suggestions to those younger members at this meeting who are medical superintendents of recent appointment, and to those who will be superintendents in the future.

It is quite possible for a medical superintendent to acquaint himself with the work of every department in the hospital so as to be able to direct the work of the officers in charge of these departments. He can make himself familiar with all that takes place in his hospital, so that there is no need for any sub-officers to attend committee meetings.

Although a considerable amount of time has to be devoted to administrative work, it is quite possible to visit the wards frequently enough to acquire a good knowledge of all the patients and their mental states, and a medical superintendent can still keep his medical knowledge fully up to date.

It must, however, be realized that this can only be done by devoting the whole day to the duties.

Dr. MacArthur (Bracebridge) expressed thanks to Dr. Cormac for opening the discussion, and said:

I would like to associate myself with everything Dr. Dove Cormac has said. There seems to be a coalition to minimize the position, authority and control of the superintendent by a large number of public bodies, including the Board of Control. I agree that the clerks and stewards are doing all they can to aggrandize their own position, with the necessary increase in their salaries. I believe that a hospital is best run by one man, so long as he has the committee's trust, and he may delegate such duties as he thinks fit. The only way to have a well-run and efficient mental hospital is to have the control in the superintendent. I wonder if superintendents are not to blame in some ways, because some of the superintendents will not be bothered with small things. The top man must be the medical superintendent. Previous methods of divided control were not a success in the past, and it is exceedingly improbable that they will be in the future. Some superintendents make no attempt to interest the medical officers in the administrative side. A person who has learnt the administration under a superintendent finds his experience of the utmost value when he has to take over the charge of a hospital. A patient, or member of the staff, will come to the superintendent for help, but it is unlikely they would go to a lay administrator. The happiness of everybody depends on efficient administration, and the young people should be introduced to it early. I think one of the big mistakes in hospitals has been the joining of the offices of the clerk and the steward. I have not had the good fortune to meet many men who are capable of combining the two jobs, and I cannot see what training a man has

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press

under the present system, even if the junior offices are inter-changeable. What training has he comparable to the medical officer constantly in the wards for over ten years ?

Dr. DRURY (Leicester) : I have had experience in five mental hospitals. The whole object of a mental hospital is, in my opinion, that it should be a complete home for the time being for the people who are there, and once we get away from the idea of a complete entity, we get loss of efficiency. One of my former chiefs (Dr. Miller) knew every patient in his hospital, all their relatives, as well as the staff, their difficulties, trials, good and bad points, and he was able to perform extremely good work. Loss of efficiency results at once when we get away from the idea of a home. The secret of administration of a hospital is that the superintendent must be acquainted with everything that is being done, so that he can correlate them in a manner that will promote the health and happiness of the patient. The lay administrator must certainly lack the personal knowledge of the patients, and the clerk of a board can have a very hazy notion about administration of the hospital. I served one year under the Metropolitan Asylums Board and the administration there was as involved and troublesome as possible. If a problem arose to be answered immediately three months was a mild delay before it was done. Drugs required sanction by three or four committees. I believe that the opening remarks by the Chairman of the Board of Control at each annual meeting of the Mental Hospitals Association can do more harm to the position of medical superintendent in his own hospital than any other utterance, made as they are to the members of the committees.

Dr. COLLINS (Ministry of Pensions) : I have had experience of being a medical superintendent for twenty-six years, part of that time under the L.C.C., where centralization was at the highest point in the country. I have no hesitation in stating that when there is no centralization, it is happier for the patients, staff and everyone. The general hospital has only temporary interest in patients, but we have to keep them. It is necessary for the chief administrator to have a personal interest in all his patients, not to neglect the medical side, and to understand how medicine and administration can run together. Part of the treatment of mental patients must be that the head of the institution is someone on whom they can rely ; they could not confide in a lay administrator. Lay administration was tried at Colney Hatch in 1890 and was not a success, and personally I cannot see how a lay administrator is ever likely to be a success. When I went with a deputation to see the Board *re* the status of visiting commissioners, I considered at least two commissioners should have experience as superintendents—not retired, but aged 45–48—but I was not supported by the members of the Association. When a man is once a medical superintendent there is no one else. The deputy can always leave something over for his chief. Assistant medical officers must take an interest in the administration of the hospital. I saw in one committee's report that the salary paid to the superintendent as medical officer was £400, and as administrator, £600. Every medical officer who is interested in the running of a hospital will make his life more interesting.

Dr. BAMFORD (Stannington): On my appointment I had a great interest in medicine. As the months rolled by I realized medicine would be pushed into the background, because of the time needed for administration. I am glad that this discussion has taken place, and the time has come when some definite action should be taken. I suggest a boycott of those authorities which are attempting to undermine the authority of the superintendent. I have discouraged younger men from applying for posts under these Councils. I propose that this Association takes what steps are necessary to discourage the younger member from entering the service of those Councils which have as a policy the undermining of the medical superintendent and the usurpation of his powers.

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press

Dr. BRUNTON (Nottingham City): The point that I would stress is that this service should attract the men and women with the talents for research and to that end I would put forward three suggestions: Firstly, permit marriage after three years' approved service, so that family education could be completed out of earned income; secondly, that four years be added for pension purposes at the age of fifty-five to level up the period devoted to post-graduate training; and thirdly, that allocation of pension should be legalized to relieve anxiety regarding dependents, for no matter how brilliant, a person in this service cannot increase the ordinary income. I consider that these provisions would attract those who decide to take up research as a part of their career.

Dr. ARTHUR POOL (The Retreat): Now that I am clear of the West Riding Mental Hospitals Board I can speak more freely of centralization. Within a year of my appointment as medical superintendent to one of the West Riding Hospitals, a new series of regulations for the hospital was drawn up, the most significant of which was the removal of the principal authority from the superintendent to the clerk of the board. Centralization increased rapidly, and from the point of view of the medical superintendent's administration I found it was producing increased difficulty and irritation. For example, about two years ago a case of typhoid occurred. Appropriate treatment was given, and the nurses in attendance on the patient were offered passive protection by the administration of anti-serum. About six weeks after the case began I received a letter from the clerk to the board asking why it had not been reported to him, because his audit staff had notified him that five nurses had been off duty with serum sickness for a few days.

My experience has been that this attempt on the part of lay people to assume administrative control is being pursued as a definite policy, and is being made with a view to undermining the authority of the superintendent in a multitude of ways. With regard to the future, if it is the considered opinion of this meeting that we should delegate our authority, we should be consistent and go the whole way, even to the extent of copying the type of administration which obtains in a general hospital, namely, the honorary staff paying a visit of two to three hours' duration per day and having private practice in addition. A lay administrator and a matron would be in control. Personally, I do not see that it is going to be possible to maintain the dual position of lay administrator and medical superintendent; the only solution will be to develop a step further and take on the position of visiting psychiatrist.

The present aim of certain large authorities seems to be to reduce the status of a mental hospital to the level of a factory. The emotional factor in the lives of the patients and staff is neglected and happy service is becoming a secondary concern. What is gained in efficiency is lost by the lack of a spirit of happy co-operation in such a large mental hospital.

Dr. Dove Cormac mentioned that he did not regard the clerk as in any way responsible for running the hospital. With this I agree.

While there was no printed rule to the effect, it has been said in my office that when I was off duty and my deputy was not in the hospital, then the clerk and steward was to act as head of the hospital, and he has so acted.

Such is the trend of events in the West Riding hospital service, and in my opinion something should be done about it.

Whether there is to be a mass development on certain lines amongst the authorities depends on the way the situation is dealt with now.

Dr. BACK (Sunderland): I do not think this suggested action is necessary. The medical superintendent should delegate such of his duties as he thinks fit to the subordinate officers, and should receive a daily report from them, and be conversant with all that is going on on the estate. Staff conferences are desirable, whereby all the medical officers become familiar with what is going on in the hospital. I think Dr. Pool's suggestion is not practicable, as there is not sufficient

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press

work in the private field. It is necessary to educate the public as to conditions in mental hospitals.

Dr. PARFITT (Warwick): As the only superintendent who has been working with an administrator I am glad to be able to say something about Hatton, where I have been superintendent for the past three years. None of the dreadful things have happened which have been suggested. If the superintendent is to be in the forefront in psychiatry some delegation of his duties will be necessary. I think it wiser that medical superintendents should endeavour to mould this process rather than have it thrust upon them, because it is this latter process which causes disturbing situations. The medical superintendent has never been the sole controller of a hospital; this has rested with the visiting committee. Usually most of this authority has been delegated to the superintendent. Although the present position and advancement of mental hospitals have been due to the initiative of medical superintendents, I feel it is better for everyone concerned, committee, staff and patients, that their whole future should not be dependent upon one man. At Hatton the medical superintendent brings up any question concerning the comfort of patients and he has the final word. The sole idea of relieving the medical superintendent of certain of his administrative duties is that more time can be spent on medicine. The committee say we will have medicine at its best: the treatment of patients comes first.

Dr. ARCHDALE (Middleton Hall): The important thing for the head of the institution is his personality. If the head is trusted by all, committee, staff and patients, everything proceeds happily. Apparently if both the medical officer and the lay administrator decide to make a success of independent lay administration, they can do it. Dr. Parfitt tells us that in his three years' experience he has not found the difficulties mentioned by other speakers. If he requires anything, he has only to ask the committee. Medical officers of health seem bound to get some of the control of the superintendents under centralization, and we must face reality and accept things as they are bound to come. We should join that section of the British Medical Association set apart for us. Already the corresponding section of the medical officers of health have agreed to certain of our ideas.

Dr. DRAKE-BROCKMAN (Middlesbrough): Dr. Parfitt may have been fortunate in his experience. The training of a lay administrator is good, but theoretical; he has a limited training in several directions pertaining to mental hospital work. The man sitting for the Diploma of the Clerk and Stewards' Association has learned most of his training out of books, but there is one angle he cannot touch, and that is the responsibility of the human contact with patients and what results therefrom. If there is dual control, then the medical superintendent is to be pushed aside to some extent, and so far the medical superintendent has been in paramount control.

While all medical officers hope to become medical superintendents, the opportunities are so limited that only a percentage can achieve the position.

Centralization and dual control is going to result in by no means the best men coming into the service and the service must perforce suffer.

Dr. Brunton's proposals would attract the right type.

Lay administrators come from a hard-working and conscientious class of men, but whether such men have the psychological equipment to hold the responsible office of administrator may be a question.

If medical officers are to be subordinate to a lay officer, we may find instability, lack of team work with consequent lack of efficiency and harmonious running in the affairs of a hospital. I feel that the delegation of duties to a lay officer is coming whether medical officers approve or not. I learn that in one hospital the lay officer engages staff. I do not think such a person is quite capable of judging a candidate's aptitude for nursing duties.

https://doi.org/10.1192/S0368315X40245142 Published online by Cambridge University Press