They represented the deputy medical superintendent level of the hospitals and had considerable experience before joining the Army. In their military work they had been given responsibilities in a much wider sphere, and they had in consequence acquired a new conception of the scope of work to be done. The army psychiatrist was called upon to advise on the replacement of misfits into new jobs; and on the fitness of candidates for officer cadetships; they had to deal with people in their working environment and had to shape environment to the patient. In the services the prestige of psychiatry had gone up, and after the war there would be a great call for trained psychiatrists. But psychiatry should not be allowed to lose touch with the mental hospital which was its natural home. The psychiatrist must have good mental hospital experience and maintain close mental hospital contacts. He must not be confined to one of the small pockets of psychiatry if his proper outlook was to be retained. He should be based at a mental hospital, but should be engaged part of his time in duties outside the main hospital. He should mix with general medical colleagues and should be available for forensic psychiatry.

He disapproved of the suggestion that every child who threw a brick through a window should be examined by a psychiatrist.

If a Medical Officer of Mental Health were appointed, he should continue to be a practising psychiatrist, in order to keep up his technical efficiency and to keep in touch with medical problems.

He supported Recommendations 6 and 7 of the Report.

Several speakers emphasized the point that if good men were to be kept in the service they must have wider scope and have experience in all branches of psychiatry. They endorsed the recommendation that free interchange of medical staff should be encouraged between psychiatric units, extra-mural treatment centres and mental hospitals. Many also expressed the view that it was very undesirable that the Mental Health Services should be controlled by the Public Health Authorities, or that the Medical Officer of Health should have any duties in respect of mental hospitals.

Dr. MACMILLAN (Nottingham) proposed that the meeting endorse Recommendations 5 and 6 of the Report, but the proposition was not seconded, although several speakers expressed a similar view.

Dr. RUSSELL said the White Paper placed all hospitals under a new authority concerned with personal health services as distinct from public health services. Hospital staffs and consultants would not therefore come under the control of the M.O.H. nor of a county or county borough. Adequate representation on the local health services councils was more important. The mental hospital should be the H.Q. of the local psychiatric service, and the staff should be employed half time at the several extra-mural centres.

Dr. MOULD said the Licensed Houses provided a service for which there would continue to be a real need. They were the small shops of the service and they had the goodwill of the Board of Control.

Dr. FREIZE STEPHENS said the Planning Committee should discuss the question of training nurses.

Dr. POOL said the Yorkshire Regional Council had recently drawn up a comprehensive scheme under which it was proposed to set up psychiatric units in eight towns in Yorkshire.

Dr. SKINNER thought the training of personnel for the future service was the most important thing. A professor of psychiatry at the teaching unit of a region was required. He would be the head psychiatrist, under whom all the ancillary services could be administered.

Dr. FURNISS supported the recommendation that psychiatric in-patient beds should be provided at voluntary hospitals and psychiatric clinics.

Dr. BAMFORD (and several other speakers) emphasized the desirability of the appointment of a professor of psychiatry as the head of the psychiatric unit of a teaching centre.

Dr. DRURY deplored the absence of definite information regarding the size of the proposed "area."

It was resolved to recommend that paragraph 24 of the Report be deleted.

Resolved that the Spring Meeting of the Division be held at the Royal Victoria Station Hotel, Sheffield, on Wednesday, April 26, 1944, when the Interim Report in the light of the Government White Paper will be further discussed.

SOUTH-WESTERN DIVISION.

MARCH 24, 1944.

Dr. G. W. T. H. FLEMING (Chairman) opened the Discussion *re* the Future of Mental Health Services by reading some of the recommendations of the R.M.P.A. Medical Planning Committee. He stressed the importance of the fifth recommendation that the name of the Board of Control be changed to "The Board of Mental Health," that its powers should include all branches of mental hospitals, that its constitution should be improved and its members better paid. He suggested that the medical officer of health was incompetent to deal with those mentally afflicted, and that a Medical Officer of Mental Health should be appointed for each area.

In dealing with Recommendation 20 he said that the question of vested interests cropped up, and that he would like the opinion of the meeting as to the provision of treatment for the psychoneuroses and psychoses.

https://doi.org/10.1192/S0368315X44245764 Published online by Cambridge University Press

He laid great emphasis on Recommendation 21, and considered that special legislation and accommodation were required for drug and alcoholic addicts.

Dr. A. GUIRDHAM considered that there was no fundamental difference between the psychoneuroses and psychoses, and that they should be treated together and under the same roof.

Lieut.-Col. R. W. ARMSTRONG said that mild cases of the psychoneuroses should not be admitted to mental hospitals, but that there should be beds for them in general hospitals. They did not want a special hospital for the psychoneuroses alone.

Dr. R. G. MCINNES said that he ran a small hospital for the psychoneuroses alone. He found in actual practice that it was not good to treat the psychoneuroses and psychoses together. He went so far as to insist that in a general hospital the psychoneuroses should be segregated from those physically ill—their absorption in a general hospital ward being inappropriate. His opinion was that the general hospital nurses were not competent to deal with the psychoneuroses, but he realized the difficulty of having good nurses for the psychoneuroses in a general hospital. Further, that even the mentally trained nurse was not sufficiently capable of dealing with the psychoneuroses. She was inclined to look upon a psychoneurotic as a more difficult and complicated case.

He referred to the last meeting of the Registered Hospitals Association, when doubt was expressed whether there would be a sufficient number of patients capable of paying for the treatment, accommodation and amenities which they supplied. He, however, looked favourably to a limited span of life for them. At this meeting of the Registered Hospitals Association there was a discussion as to whether Registered Hospitals should not devote a part of their energy to special research work and post-graduate study, especially if they were near a teaching centre. His opinion was that registered hospitals should not be too conservative in what they did. We psychiatrists seemed afraid to oppose the authoritarian organization of our speciality. We kept quiet and did not take any other line. We really wanted to watch the motive for any change closely. We failed to apply the knowledge of our special branch of medicine to the questions involved.

Capt. G. T. STOCKINGS, R.A.M.C., agreed with a Medical Officer of Mental Health, but thought expense would have to be considered. He thought it very important that the Child Psychiatry Service should be under him.

Dr. C. DAVIES-JONES said in the Isle of Wight he had the plan on a smallish scale. Everything should be run under the guidance of the psychiatrist. In the Isle of Wight the Child Guidance Clinic was under the Education authorities, but the local psychiatrist was the director —unpaid. We should certainly fight for the Child Psychiatry Service to come out of the hands of the School Medical Officer—he knew nothing about it.

Dr. ELIZABETH CASSON said we must use our aggressive tendencies to fight authoritarianism. She agreed with the way the authorities in Bristol and Bath ran a small nursing home for psychoneurotics with attached out-patients' clinic. If too much under the Medical Officer of Health it would be spoilt.

Dr. B. ARMITAGE said although a guest he would like to clear up a point about Recommendation 20, "there being no fundamental scientific difference between the psychoneuroses and psychoses." This had been placed there for members to "bite at." It was really more an administrative than a clinical difference.

Dr. JONATHAN GOULD stressed the fact that we must be more coherent among ourselves and also the usefulness and importance of research work.

ALL THE MEMBERS agreed that provision must be made in any future mental health service for senile psychotics. The present way of their being dumped in any place, workhouses, etc., must not be tolerated.

NOTICES BY THE HON. LIBRARIAN.

The Library is open to members between the hours of 10 a.m. and 5 p.m.; Saturdays, 10 a.m. and 1 p.m. Books are issued to borrowers between 10 a.m. and 1 p.m., and between 2.30 and 4.30 p.m.; Saturdays, between 10 a.m. and 12 noon.

The Hon. Librarian will endeavour to obtain, as far as possible, any books on psychiatry and allied subjects required by members.

Library Lending Department Regulations.

1. Books shall be lent only to members within the United Kingdom and Eire who are not in arrears with their subscriptions.

2. No member may borrow from the Library more than three volumes at one time.

3. Books and journals are sent carriage paid from the Library, but members are responsible for the books from the time they leave the Library until they are received back.

4. Books damaged or lost while in possession of a member will be repaired at his expense or must be replaced by him.

5. A member borrowing a book or periodical from the Library shall be required to sign and return to the Librarian a form of receipt for the same, which will be regarded as an acceptance of these Regulations.

https://doi.org/10.1192/S0368315X44245764 Published online by Cambridge University Press