Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The usual Quarterly Meeting of the Association was held on Thursday, May 22, 1930, at the House of the British Medical Association, 19B, Tavistock Square, London, W.C. 1, under the Presidency of Nathan Raw, C.M.G., M.D., F.R.C.S.E., F.R.S.E.

On the previous day, at the same place, the Council and the Standing and Special Committees held meetings.

Council Meeting.

The principal matters dealt with, other than those mentioned by the President at the General Meeting, were:

(*a*) Sanction was given for payment of travelling expenses incurred for beyond 25 miles by honorary secretaries on the Association's business attending divisional committee or sub-committee meetings.

(*b*) Further progress was made in the founding of a special award for original research as recommended by the Research and Clinical Committee.

(*c*) An invitation to join with two other bodies interested in mental nursing education in founding a "live" register for certificated mental nurses was declined.

General Meeting.

(1) Minutes.

Dr. J. R. Lord (in the absence of the General Secretary) read the minutes of the meeting held on February 4, 1930, and they were approved and signed by the President.

(2) Obituary.

Dr. Sydney Coupland.

The President said it was his duty to report—and he did so with very great regret—the death, since the last meeting, of one of the honorary members, Dr. Sydney Coupland. He was a well-known physician, and had held with great distinction the post of Commissioner in Lunacy, from which he retired some years ago.

Dr. J. R. Lord (Horton) said Dr. Coupland from 1879–98 was Physician to Middlesex Hospital, and replaced a general physician when appointed Commissioner in Lunacy in the latter year. He had retired in 1921. He was elected an Honorary Member of this Association in 1902. He was much interested in epidemiology, and his reports on smallpox outbreaks to the Royal Commission on Vaccination were of great value. His Harveian Oration, in 1915, on "Observations on the Statistics in Regard to Mental Disorders and their Occurrence, particularly from an Ætiological point of view," was a model of concise and logical thought, but, owing to the distractions of the war, was not at the time appreciated as much as it deserved. It was an important work, and was still quoted as authoritative.

There was no need for the speaker to describe to those present the charm of Dr. Coupland's personality and his kindliness. His visit was always made welcome

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

in every mental institution of the country. He had a keen insight into human nature and a great fund of quiet humour. Nothing escaped his observation, though while conversing with patients he would seem oblivious to his surroundings. Three words summed him up—they were "scholar," "physician" and "gentleman."

Dr. Coupland's retirement from the Board of Control was very much regretted by that Board at the time, and it was comforting to know that he had been spared for nine years to enjoy a well-earned rest after an arduous and useful life. Born in 1849, he was 80 years of age when he died.

He was sure all would agree to a motion expressing their regrets at his death, their sympathy with his relatives, and their appreciation of his eminent services to medicine and psychiatry.

The motion was carried by members rising in their places.

(3) Date and Place of Annual Meeting.

The President announced that the Annual Meeting would be held at Oxford from June 30 to July 4, and that Dr. T. Saxty Good, the President-Elect, asked for an early intimation from every member as to whether he would be able to attend.

(4) Report of the Council.

The President said that a meeting of the Council had taken place that morning, and many important matters had come before it. He only needed specially to mention two points. The Council had re-appointed the Parliamentary Agent, who had served the Association's interests well in the House of Commons. He had also to announce that Dr. R. R. Leeper, of St. Patrick's Hospital, Dublin, a Vice-President of the Association and Chairman of the Irish Division had been chosen as President Elect for the following year. [Loud applause]

(5) Election of Ordinary Members.

The President nominated Drs. M. J. McGrath and C. W. Bower as scrutineers for the ballot.

The following candidates were unanimously elected ordinary members of the Association:

Grant, Penuel Grant (Miss), M.B., Ch.B.St.Andr., D.P.H., Junior Assistant Medical Officer, East Riding Mental Hospital, Beverley, Yorks.
Proposed by Drs. T. M. Davie, E. P. Harding and R. Worth.

Cutts, George Lambert, M.R.C.S., L.R.C.P.Lond., L.D.S.Eng., D.P.M., Assistant Medical Officer, Bexley Mental Hospital, Bexley, Kent.
Proposed by Drs. G. Clarke, H. N. Parnis and L. C. Cook.

Ewen, John Harold, M.R.C.S., L.R.C.P.Lond., D.P.M., Assistant Medical Officer, Surrey County Mental Hospital, Netherne, Coulsdon, Surrey.
Proposed by Drs R. Coombes, W. D. Nicol and J. R. Lord.

Haworth, Norah Alice (Miss), M.A.Camb., M.R.C.S., L.R.C.P.Lond. D.P.M., Assistant Medical Officer, Severalls Mental Hospital, Colchester.
Proposed by Drs. R. C. Turnbull, R. Worth and J. R. Lord.

Fox, Edward Arthur Haslam, M.B., Ch.B., D.P.M., Assistant Medical Officer, County Mental Hospital, Parkside, Macclesfield.
Proposed by Drs. H. Dove Cormac, J. Ernest Nicole and L. C. F. Chevens.

Das, Banarsi, M.B., B.S.Punjab, Medical Superintendent-elect, Mental Hospital, Azra, U.P., India. Address: c/o Imperial Bank of India, 22, Old Broad Street, E.C. 2.
Proposed by Drs. G. Clarke, H. N. Parnis and D. R. Alexander.

Gemmell, Daniel Topping, L.R.C.P.&S.I., L.R.F.P.S.Glasg., D.P.M., Assistant Medical Officer, Storthes Hall Mental Hospital, Kirkburton, near Huddersfield.
Proposed by Prof. J. Shaw Bolton, Drs. C. W. Ewing and M. J. McGrath

Armitage, Bernard William Francis, M.A., M.R.C.S., L.R.C.P.Lond., Assistant Medical Officer, Croydon Mental Hospital, Upper Warlingham, Surrey.
Proposed by Drs. H. M. Berncastle, T. P. Rees and R. Worth.

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

CANNON, H. C. A. TANDY, Surgeon Lt.-Commander R.N. (retired), L.R.C.P. &S.I., Resident Physician, Moorcroft House, Hillingdon, Middlesex.
Proposed by Drs. G. W. B. James, R. J. Stilwell and H. F. Stilwell.

(6) DISCUSSION: "AMERICAN PSYCHIATRY AND ANY PRACTICAL BEARING IT MIGHT HAVE IN THE APPLICATION OF RECENT LOCAL GOVERNMENT AND MENTAL TREATMENT LEGISLATION."

Dr. A. A. W. PETRIE (Banstead), in opening this discussion, said he would like to confess, before he gave his impressions,* that no one appreciated more than himself the extraordinary fallacies to which tourists were liable. Many members had been longer in America than he was on this fleeting visit, and many of the impressions he had received might have been seen in England if he had kept his eyes more widely open at home. He had visited American general and mental hospitals, psychiatric clinics, reception units, observation wards, and mental deficiency institutions, as well as mental hygiene centres and various forms of child guidance organizations and the associated nursery schools. Observations were also made of psychiatric work in connection with juvenile courts.

Each State had its own method of dealing with the problems involved. In the progressive Eastern States it was usual for the mental hospital service to be a sub-section of the State hospital services under a medical commissioner. Concentration of executive authority in the State rendered progressive development easier, and there was less difficulty in obtaining legislative and other changes. In New York and New England well-organized State social services were being developed. The larger unit provided by the State allowed a co-ordination of activities not possible in smaller units. New York State, for instance, dealt with over 63,000 patients drawn from a population of 14,000,000. The Local Government Amendment Act, 1929, however, did make one authority in an administrative area responsible for the treatment of the early stages of mental disorder, and it was hoped that co-ordinated and efficient reception hospitals would take the place of the present observation wards in London and elsewhere, many of them of doubtful efficiency. He expressed the further hope that the Mental Treatment Bill, when it became law, would allow of the development of voluntary clinics on the same lines in the Maudsley Hospital and the famous Phipps Clinic in Baltimore. The latter consisted of 60 beds and an out-patient department, and education and research were prominent features. Notable also was the Clinic at Philadelphia, a hospital somewhat resembling Bethlem in London. It had decided to take a place in the country for certified cases of longer duration and leave in the city a hospital and a department for out-patients. The New York Psychiatric Institute connected with the medical unit of Columbia University would be one of the most notable in the world. Well-found reception hospitals and wards were increasing in number; that was one of the most hopeful signs in the United States.

Dr. Petrie doubted whether such hospitals and psychopathic clinics should be an actual part of the hospital to which they were attached. The out-patient department at the Boston Psychopathic Hospital which was the clearing-house for Boston area, attracted as many patients as the corresponding out-patient department at Boston General Hospital. In the event of noisy patients having to be taken, double windows should be provided. The work of these reception units was largely determined by the source of the admissions. In the Chicago Clinic, with its 175 beds, about 100 of these had to be cleared weekly in order to deal with new admissions. Dr. Petrie usually found that these units had not sufficient staff to deal with the great amount of material passed through them. A unit with 600 beds was being projected in New York. The chronic patients in the large State hospital in America were not any better dealt with, in Dr. Petrie's opinion, than this class were in England, and in the former country overcrowding prevailed at many places. Much difference of opinion existed in America as to what was the best size of a mental hospital. In Massachusetts, a very progressive State, 2,000 patients was the usual limit. He found in the States a similar tendency to that in England to modernize old hospitals by building new and up-to-date units for recent admissions, and infirmary blocks or hospitals for those suffering

* *Vide* p. 419 *ante*.

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

from physical diseases. He also saw in America good examples of the villa or colony hospital.

The consultants on the medical staff of American State hospitals were, said Dr. Petrie, usually appointed on a liberal scale. In the progressive States the house medical staff was in larger proportion to the patients than in England; in Massachusetts there was one assistant physician to 150 patients. A useful appointment common in the States was that of clinical director or clinical psychiatrist, who was equal in rank with the deputy medical superintendent and the pathologist. He directed and co-ordinated treatment, and was usually a teacher in a medical school. The laboratory facilities were similar to those in England, but equipment was usually more elaborate. A further aspect was that lectures to psychological and theological students and social workers in general were encouraged in the States. Much could be done in this way to break down the prejudice and mystery which were generally associated with mental hospital work. A sharp division existed between nurses and attendants, based upon the preliminary education required. Attendants had no special training. The line of cleavage would become more marked in the future when a complete secondary education for the nurses was demanded.

Occupational therapy, Dr. Petrie considered, was more broadly developed in the States than in this country. At St. Elizabeth's Hospital, Washington, for 4,000 patients, 16 occupational therapy officers were engaged. The hospital farms tended to be larger than here. Canning of meat and vegetables was commonly seen. Hydro-therapeutics was well organized, and hot baths and packs were usually employed—sometimes under conditions which in this country would be termed "restraint." Electrical treatment installations were generally of a high standard. Diathermy and other high-frequency apparatus were frequently used to induce high temperature in the treatment of general paralysis. Ultra-violet and infra-red rays were in general use, and it was common to see automatic recording apparatus in connection with bath treatment and blood-pressure.

Out-patient departments for mental cases were usually run in connection with the State hospitals. This certainly kept the medical staff in touch with the early phases of the disease. It was considered an advantage that the granting of trial or discharge should be vested in the medical superintendent, such decision being assisted by staff conferences at which the patients were examined. The terms of commitment, he said, varied in the different States, but, on the whole, were not much different from those obtaining in England. Temporary observation was permitted from 10 to 30 days. Several States permitted voluntary admissions, but owing to the overcrowded condition of the mental hospitals few were received on this basis in the State hospitals. With the cafeteria (self-service) system (which he described in some detail) there was a minimum of waste. Still, he did not think that even the advantages of the system would justify the cost of initiating it in this country. An interesting development was the wide establishment of beauty parlours and hairdressers' shops in State hospitals. They did not cost a great deal, and did much to improve the appearance and increase the self-respect of the woman patients. Another pleasing feature was the combined canteen and club-rooms which were provided for the patients on parole. The cost per patient per week in the States averaged about 35s. In Canada it was rather less, in New York a little higher.

Dr. Petrie was favourably impressed with the sense-training classes which he inspected at Wrentham and Letchworth. To a great extent the institutions trained their own people for the work, as there were not many trained teachers available. Child guidance, nursery schools and parent guidance were comparatively new features, and all these agencies had a psychiatrist who acted as director. Sometimes a children's physician, a social worker, and one who specialized in recreation were added. This work had been originally started in connection with juvenile delinquency.

The mental hygiene movement had done much to stir and educate public opinion in the States, and progress was being made because the profession and laity in the States were being educated to take a more reasonable attitude towards mental illness.

The PRESIDENT said he was sure the meeting felt grateful to Dr. Petrie for this very interesting description of his visit to America.

He would now ask Dr. J. R. Lord, who was the Association's representative

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

at the recent International Congress on Mental Hygiene, to continue the discussion.

Dr. J. R. LORD (Horton) said Dr. Petrie, in his remarks, had covered a good deal of ground, so much so that it left him (the speaker) much less to say than he would otherwise have had, but, like Dr. Petrie, he had written a rather long paper on his impressions of American psychiatry.* Time, however, would only allow him to comment on what was germane to the subject under discussion. It was also his duty to report on how he had carried out his mission as the representative of the Royal Medico-Psychological Association at the First International Congress on Mental Hygiene held at Washington, D.C., May 5–10, 1930.

In this respect he need only say that he had conveyed on arrival the President's compliments to H.M. Ambassador to the United States and to the President of the International Congress.

Other interesting incidents during his visit would be fully described in his paper when published in the *Journal of Mental Science*.

His visit to the States had been a short but intensive one. He had been enlightened on many subjects and disillusioned on a number of others.

The medical profession in America was not, he said, anything like as unanimous on the value of sterilization in psychotics or mental defectives as was thought. The layman, however, had taken up the subject keenly.

An important discussion took place at the Congress on the organization of the mental hospital in the mental hygiene service. Dr. Lord expressed his own view that if care were not taken there was a danger that psychiatry might again become a closed system, and revert to a position of isolation. There should rather be a "psychiatrization" of all medical and social services, leaving to psychiatry the special care and treatment of actual mental disorders from their earliest stages.

The magnitude of the problem of the mentally afflicted in the United States was probably greater than in England. The rate per 100,000 of the general population in America for first admissions to mental institutions of all kinds in 1929 was 76·0; in England and Wales it was 45·4. In America 277·7 per 100,000 of the population were in mental institutions; in this country 290·6. To the American figure for comparative purposes must be added 24·0 for parole cases, giving a total figure for that country of 301·7. In America there were 900,000 people known to be feeble-minded, *i.e.*, 8% of the total population.

American State institutions were for the most part shockingly overcrowded, even up to 50% of their measured accommodation.

State control of mental institutions had been commented upon favourably, but Dr. Lord could not help thinking that such a state of overcrowding would not be tolerated if the responsibility for providing the accommodation had lain with local authorities as in England. He had always laid it down that the more closely local people were identified with the care and treatment of their mentally afflicted and defective cases, the sooner ignorance and prejudice regarding them would be dispersed and the better provision made for them. The need for State control and for judicial intervention in the practice of psychiatry could then be reduced to minimum requirements. It was for the State to lay down great principles and advise how they should be carried out, reserving to itself a veto when such principles were disregarded.

One thing that appeared to be certain was that America had no intention of continuing to solve its psychiatric problems by bricks and mortar alone. That was the lesson America had for this country. Child guidance and welfare work of all kinds directed towards the prevention and early treatment of mental disorders; eugenic measures and parental education; and as far as buildings were needed, psychopathic hospitals and clinics, out-patient departments and psychopathic wards in general hospitals were to have the drive of the State dollars for the future—hence to some extent the reluctance to increase the State hospital accommodation.

America had also lessons for us in the importance it attached to the psychiatric education of medical men, social workers, occupational therapists, and others in the sphere of public welfare.

Research work, too, was more widely developed, and received greater support and encouragement both from the State and private citizens than in this country.

* *Vide* p. 456 *ante*.

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

Touching on legal matters, Dr. Lord said that as regards the mental hospital services (and certainly not if the Mental Treatment Bill became law) America had little to teach us except in respect of the way in which patients were allowed out on leave or discharged.

Although many State hospitals and municipal clinics could admit voluntary patients (the state of mind qualifying for such seemed to him almost to exclude any aberration), these did not receive much encouragement from the hospital authorities, judging by conversations he had had with many superintendents from all over the States. The overcrowding in the State hospitals, too, was against it.

A common practice was admission on two medical certificates attested by a judge who, upon the evidence, might commit the patient to a mental institution or temporarily for a period of days pending the determination of the patient's insanity, but on two such attested certificates alone a patient could, in an emergency, be detained but only for periods varying from 5 to 30 days if a "hearing" were demanded by the patient or his friends. Then the case was heard by the judge, who made out a committment order, or directed the patient to be set at liberty.

Some such admission procedure was thought, in many State hospitals, to be the wisest course even in non-litigious and voluntary cases, in order to avoid later complications.

Objectionable forms of judicial intervention still existed, but America did not seem to mind very much. A period of temporary and non-voluntary treatment for twelve months without any judicial intervention as proposed under our Mental Treatment Bill was, generally speaking, in America considered unthinkable by both medical and legal authorities. The stigma of lunacy, strong in England, hardly existed, he thought, in America. Both medical and legal opinion seemed to be that unless the patient signified his willingness to be detained for mental treatment, then a judge's order must sooner or later be obtained—usually sooner. He did not think American opinion on this matter would change, and why should it under the circumstances?

As in England, it was the hospital comparable to our registered hospital, which received a majority of voluntary admissions. He hoped that our experience under the Mental Treatment Act would not, as regards voluntary admissions to public hospitals, be the same as in America. He felt sure it would not if Sections 1–5 were properly provided for and administered by the Local Authorities.

He had been much impressed by the way America was seeing to it that the moulding of its future citizens during pre-school, school, high-school and university age should not suffer by reason of neglect of the essential aid psychiatrists, medical psychologists and trained social workers could give.

The introduction of psychiatrists as an integral part of college and university organizations was one of the most important advances America had made in modern times. That this country had much to learn from America in this matter, that should give rise to serious reflection.

He said he had been most kindly treated and hospitably entertained during his visit to America. Very soon had he forgotten that he was in a foreign country. The conditions of life, both intellectual and social, seemed so like those at home that the playing of the "Star Spangled Banner" or "Yankee-doodle" instead of "God Save the King" had startled him. He thought that any real enmity between the two nations was impossible, despite the vagaries of politicians. Even the presence of the negro soon excited no special interest. The only thing that bothered him was the currency, and he had never got used to that.

Dr. HAMILTON MARR (Edinburgh) asked whether Americans going in for psychiatry were required to pursue a definite course of study and take a diploma. In the Department of the Seine they insisted that those taking important positions in psychological work should have been medical officers of mental institutions for three or four years, and should pass examinations on those subjects before they became doctors. He would like to know whether a Diploma in Psychological Medicine was available to students in America.

Dr. LORD, replying, said he did not think there was anything in America comparable to the British Diplomas in Psychological Medicine. In the New York State Psychiatric Service the passing of a proficiency examination placed a medical officer in a grade which rendered him eligible for higher appointments as vacancies occurred. Medical officers were posted to such appointments by the State Mental

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

Hygiene Department. It was something like our Army and Navy system of promotion, and had much to commend it if factors other than mere seniority on the list were taken into account by the selection board.

Dr. PETRIE said that in the more progressive Eastern States of America higher positions could only be obtained after five years' experience.

Dr. R. R. LEEPER (Dublin) said that a great many Irish mental nurses obtained appointments in the States. It had come to his knowledge that those girls who possessed the Royal Medico-Psychological Certificate received a £40 increase in salary in consequence.

Dr. PETRIE, repling, said that he had heard that the Association's Certificate was much valued in the United States. If this fact were more widely known in the mental hospitals of this country, the difficulties in regard to the shortage in some places of mental nurses would be intensified by their emigration to the States. In his hospital nurses had obtained the Association's nursing certificate for the special purpose of taking up appointments in America.

The PRESIDENT: Has Dr. Lord any further interesting remarks to make?

Dr. LORD said there were two other points in which members would be interested. He visited St. Elizabeth's Hospital, Washington, as a guest, with others, of Dr. William A. White, the President of the Congress. As far as he could observe there were bars to the windows everywhere and behind these a thin mesh of wire-work. He asked his American friends whether that was common in American State hospitals, and the reply was in the affirmative. Obviously barred windows in mental institutions did not, in America, incur the strong disapproval they did in England.

He was much struck by the prevalence of mechanical restraint in American State hospitals and clinics. He had been told that it took the crudest form in some of the Southern States. One should not generalize too readily as to the advances made in the treatment of mental cases in America, or set up the standard of the Eastern States as applicable to all American psychiatric institutions. He had elsewhere compared the States in America to the countries in Europe, and it was important to bear this in mind when speaking of things American. There were great differences in the various forty-eight States. The backwardness in one was surprising, especially as it might be next-door neighbour to a State very enterprising and progressive.

Dr. BEDFORD PIERCE remarked that there was this to be said about the provision of bars to windows of mental institutions in America, the climate in America prevented any proper ventilation if windows were only partially opened, as in this country. It was necessary that there should be a free access of air through the wards, and widely opened windows and the provision of bars might be the only way in which this could be secured.

Dr. LORD, in reply, said that the reason given by Dr. Bedford Pierce for the use of barred windows had been mentioned to him when he was in America. Still, there were many modern patterns of non-escape windows which permitted of efficient ventilation and which were being used in this country. One of these had been put into use in the New York Psychiatric Institute. It could be locked in a non-escape position allowing plenty of natural ventilation, and when unlocked could be opened freely and cleaned with the greatest ease, both inside and outside, from the interior. This and other types had been available in America for some time, but there seemed to be no hurry to put them into general use. He had spoken of mechanical restraint and barred windows merely to show that practical necessity rather than emotionalism predominated in America.

Dr. Lord stressed again that America had no intention of settling its psychiatric problems by treating end-products only, but by prophylaxis and early treatment in out-patient departments, special clinics, and with the aid of social workers and child guidance societies. A recent return of psychiatric clinics for children showed the number to be 470. Ten years ago only 65 existed. They now dealt with more than 40,000 children annually. This growth showed the reliance America had placed in these organizations in solving its psychiatric problems.

Dr. SOUTAR thought that before the meeting closed Dr. Petrie and Dr. Lord should be cordially thanked for the very interesting information they had given. It was cheering to reflect that, whatever might happen in the domain of golf, etc., Britons could at any rate pat themselves on the back in regard to psychiatry; on that subject at all events there was no need for us to have any sense of inferiority

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press

to depress and oppress us. As a Scotch lassie said, "It is a very good thing to travel to see how poor other folks are."

Much of the information which had been given to the meeting was very startling. America was a very big place, and the differentiation between one State and another was great. We had the advantage of being an old country, which had gradually come to see that certain improvements were possible. In certain States in America many restrictions long banished here were still present. As to Dr. Lord's remark that there never would be any change, the same thing might have been said of this country, and not many years ago. The attitude of the legal mind towards psychiatry and mental affairs was now very different from what it was formerly. One had no right to say that the American legal mind would never change on this subject.

The Association felt very much indebted for the information given, which would no doubt be printed in the Journal, thus giving members an opportunity of studying it.

Dr. PETRIE, in reply, said he only wished to say that he might possibly have conveyed a false impression. He had heard a good deal of the other side of the subject, but it did not interest him personally in what respects the Americans did badly, but rather to know what would enable us in this country to do things better. He did hear stories about how people were appointed to posts, and he felt glad that such things did not happen in England.

Dr. LORD, in reply, thanked Dr. Soutar for his very kind remarks. His, the speaker's, principal point was that the psychiatrists in America were not asking for the cessation of legal intervention in matters of psychiatry. Nor did the public ask for it. That was his reason for saying that the legal position on the matter was not likely to alter. If the people did ask for it, he concluded, from conversations with judges and others, that American lawyers would yield on the matter much as those in our country had done. The question had never been acute there, and was not likely to be so, for the reason he had stated in his address.

This terminated the meeting.

DIVISIONAL MEETINGS.

SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division was held on Wednesday, April 30, at Hellesdon Mental Hospital, Norwich, by courtesy of the Committee of Visitors and of Dr. David Rice, the Medical Superintendent; the Divisional Committee of Management met at 1.15 p.m.

From 11.30 a.m. various parties were taken round the Hospital and grounds.

At 1.45 p.m. members and guests were entertained to lunch, at which the Chairman of the Committee of Management presided as host.

The CHAIRMAN gave the toast of "The King," and Dr. H. G. L. HAYNES proposed the toast of "Our Host," coupling with it the names of Mr. Alderman H. E. Witard, Chairman of the Committee of Visitors, and Dr. David Rice.

Mr. WITARD responded in a brief and humorous speech.

The General Meeting was held at 3 p.m.

Present: Lord Sandhurst, Drs. M. R. Barkas, C. Bower, J. D. G. Burks, M. A. Cholmley, A. G. L. Haynes, H. Hinchco, W. Brooks Keith, W. J. T. Kimber, A. M. McGrath, M. E. Martin, W. G. Masefield, E. D. T. Roberts, A. C. Sinclair and R. M. Stewart; Dr. C. R. F. Hall, visitor.

The minutes of the last meeting were taken as read and confirmed.

It was decided to accept the kind invitation of Dr. D. I. O. Macaulay to hold the Autumn Meeting at Chiswick House, Pinner. The date was left to be arranged by the Secretary.

The following was elected an Ordinary Member of the Association:

JOHN JAMES BLACK MARTIN, M.A., M.B., B.Ch.Edin., D.P.M.

Proposed by Drs. D. Rice, H. M. Berncastle and O. G. Connell.

Dr. Noel Sergeant was re-elected Divisional Secretary, and Drs. A. Helen A. Boyle, Hubert J. Norman, David Rice, E. D. T. Roberts, W. Robinson and F. R. P. Taylor were elected as representative members of the Council.

https://doi.org/10.1192/bjp.76.314.581 Published online by Cambridge University Press