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SUPPLEMENT, APRIL 1969

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION

AUTUMN QUARTERLY MEETING

THE AUTUMN QUARTERLY MEETING was held in London on 14 and 15 November, 1968, under the Presidency of Dr. Francis Pilkington.

Minutes

The Minutes of the Spring Quarterly Meeting held at Tone Vale Hospital, Taunton, on 3 April and 1 May 1968, having been published in the Supplement, were approved.

Obituary

The President announced with regret the death of the following members:

BARKER, JOHN CHARLES, Consultant Psychiatrist and Deputy Medical Superintendent, Shelton Hospital, Shrewsbury. Ordinary Member since 1957.

BARLOW, LAURA MARY, 123 Central Hill, Upper Norwood, S.E.19. Ordinary Member since 1947.

COBB, STANLEY, Bullard Professor of Neuropathology Emeritus, Harvard Medical School. Honorary Member since 1957.

ERSKINE, WILLIAM J. ADAMS, formerly Medical Superintendent, County Mental Hospital, Newport, Isle of Wight. Ordinary Member since 1901.

GONZALEZ-MELIAN, PEDRO V., Apartado 12607, Sabana Grande, Caracas, Venezuela. Ordinary Member since 1968.

HARDWICK, SYDNEY WALPOLE, Physician in Psychological Medicine, Royal Free Hospital. Secretary, South Eastern Division 1958–1964; Chairman, South Eastern Division 1964–1966. Ordinary Member since 1934.

JAMES, GEORGE WILLIAM BLOMFIELD, C.B.E., Honorary Consultant in Psychiatry, St. Mary's Hospital; 57 Wykeham Road, Hastings, Sussex. Secretary, Parliamentary Committee 1926–1929. Ordinary Member since 1914.

KITCHING, EDWIN HOWARD, Consultant Psychiatrist, Stockport Infirmary and Manchester Royal Infirmary. Ordinary Member since 1936.

PANTON, NYDIA ELINOR, 4 West Park Lane, Worthing, Sussex. Ordinary Member since 1943.

TUOHY, THOMAS, Assistant Medical Officer, District Mental Hospital, Waterford, Eire. Ordinary Member since 1956.

WERNER, THEODOR ALFONS, Consultant Psychotherapist, St. Bernard's Hospital; 18 Wimpole Street, London, W.1. Ordinary Member since 1944.

Election of Ordinary Members

The following were unanimously elected to Ordinary Membership:

AMIN, MOHAMMED MIYANOORWALA, M.B., B.S., D.P.M., Dip. Psychiat., Staff Psychiatrist, Bergen Pines County Hospital, Paramus, New Jersey, U.S.A.
Proposed by Drs. J. G. Edwards, G. M. Simpson, J. W. S. Angus.

BANIK, SATYA RANJAN, B.Sc., M.B., B.S., M.R.C.P.G., Registrar, Leverndale Hospital, Glasgow.
Proposed by Drs. J. K. Binns, B. G. Daly, J. M. W. Bolt.

BASIT, MOHAMMAD ABDUL, M.B., B.S., Medical Officer, Army Medical Corps, M. H. Secundrabad, A.P., India.
Proposed by Drs. S. K. Jetley, N. R. Banerjee, V. K. Pande.

BEN-ARIE, OVED, M.B., Ch.B., D.P.M., Registrar in Psychiatry, Groote Schuur Hospital, Cape Town.
Proposed by Drs. I. Sakinofsky, A. M. Obholzer, R. E. Hemphill.

BERG, MICHAEL CLEMENT, M.B., Ch.B., D.P.M., Consultant Psychiatrist, St. Vincent's Hospital and Medical Center of the City of New York.
Proposed by Drs. A. B. Monro, O. E. F. Hodgson, L. D. Gardner.

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BOK, WILLEM EDUARD, M.B., Ch.B., Psychiatric Resident, Ohio State University Medical School, Columbus, Ohio, U.S.A.
Proposed by Drs. R. M. Patterson, I. Gregory, G. Koz.

CAMPDEN-MAIN, BRIAN CAMPDEN, M.R.C.S., L.R.C.P., Private Practice, 824 S. Arlington Mill Drive, Arlington, Virginia, U.S.A.
Proposed by Drs. W. A. S. Falla, W. A. Norris, C. B. Robinson.

CEBALLOS, NELSON, M.D., Supervising Psychiatrist, Children's and Adolescent Units, Malcolm Bliss Mental Health Center, St. Louis, U.S.A.
Proposed by Drs. R. Munoz, J. H. Dorzab, E. Dick.

CHARATAN, FREDERICK BERNARD, M.D., M.R.C.P., D.P.M., F.A.P.A., Director, Community Mental Health Services, Nassau County, New York., U.S.A.
Proposed by Professors E. Stengel, T. Ferguson Rodger, Dr. A. Walk.

CHATTERJEE, MAJOR S. B., M.B., B.S., M.D., Specialist in Psychiatry, Military Hospital, Jullundur Cant, Punjab, India.
Proposed by Drs. N. G. Chakraborty, L. P. Varma, N. R. Banerjee.

CHAUDRY, HABIBULLAH, M.B., B.S., D.P.M., Registrar in Psychiatry, Roundway Hospital, Devizes, Wiltshire.
Proposed by Drs. M. A. Waters, H. J. Conway, T. D'Arcy.

CROKE, WINIFRED MARY, M.B., Ch.B., Psychiatric Registrar, Queen Mary's Hospital for Children, Carshalton, Surrey.
Proposed by Drs. L. Goldie, B. Kirman, E. Donoghue.

DAVIES, JOHN CHARLES ALLAN, M.R.C.S., L.R.C.P., D.P.M., Visiting Psychiatrist, Callen Park Mental Hospital, Sydney, Australia.
Proposed by Drs. J. D. Russell, W. S. Rowe, E. Fischer.

DEWSBURY, ANTON ROY, M.B., B.S., M.R.C.S., L.R.C.P., Registrar, St. Francis Hospital, Haywards Heath, Sussex.
Proposed by Drs. K. Bergmann, A. Folkson, F. T. Shadforth.

DIAMOND, JOHN DAVID, M.B., B.S., D.P.M., Honorary Assistant Psychiatrist, Royal Melbourne Hospital, Australia.
Proposed by Drs. O. H. D. Blomfield, A. Walk, Professor E. Stengel.

DUNCAN, MARGARET, M.B., Ch.B., D.P.H., D.P.M., Psychiatrist, Broughton Hall Psychiatric Clinic, Leichhardt, Sydney, Australia.
Proposed by Drs. M. D. McGrath, J. R. Strum, I. Pilowsky.

ELY, ERNEST WARD, B.S., M.S., M.D., Resident Physician in Psychiatry, Mendocino State Hospital, Talmage, California, U.S.A.
Proposed by Dr. W. G. Burrows, Professor T. Ferguson Rodger, Dr. H. V. Dicks.

FIELDING, JOHN MATHEW, M.B., B.S., D.P.M., Psychiatrist, Mental Health Authority of Victoria, Parkville Unit, Victoria, Australia.
Proposed by Drs. B. Davies, I. H. Jones, R. H. Hook.

GLUCKMAN, LAURIE KALMAN, M.D., M.A.N.Z.C.P., F.R.A.C.P., Psychiatrist, Auckland Hospital, New Zealand.
Proposed by Drs. H. D. N. Livingstone, J. R. E. Dobson, M. R. Sagar.

GOODWIN, DONALD WILLIAM, M.D., Instructor, Department of Psychiatry, Washington University, St. Louis, Missouri, U.S.A.
Proposed by Drs. G. E. Murphy, R. W. Hudgens, J. N. McClure.

GRANT, NAOMI INGRID RAE, M.B., B.S., D.P.M., Assistant Director, Division of Child Psychiatry, Psychiatric Institute, University of Maryland, U.S.A.
Proposed by Dr. C. P. B. Brook, Professor E. Stengel, Dr. J. P. Watson.

GREENE, VINCENT TERENCE, M.B., M.R.C.P.I., D.P.H., D.C.H., D.P.M., Assistant Medical Officer, St. Brigid's Hospital, Ardee, Co. Louth.
Proposed by Drs. J. J. Wilson, W. P. Berrington, M. A. Rahill.

HARDING, T. W., M.B., B.S., M.R.C.S., L.R.C.P., Lecturer, Department of Medicine, University of Ibadan, Nigeria.
Proposed by Drs. D. P. Goldberg, D. C. Taylor, M. R. Eastwood.

HARMAR, DENYS MACDONALD IRVING, M.B., Ch.B., D.P.H., L.R.C.S., L.R.C.P., L.R.F.P. & S.G., Psychiatrist, Sunmount State School, New York, U.S.A.
Proposed by Drs. M. Sim, O. E. F. Hodgson, H. V. Dicks.

HATFIELD, BRONISLAWA, M.D., Medical Officer, New South Wales Division of Psychiatric Services, Sydney, Australia.
Proposed by Drs. J. M. Collins, R. Migodzinski, E. B. Tompkins.

IMAM, MUHAMMAD WALI, M.B., B.S., Registrar, Bangour Village Hospital, Broxburn, West Lothian.
Proposed by Drs. B. E. A. Magill, P. M. Horne, M. Ashraf.

KATARIA, MOHAN S., M.R.C.S., L.R.C.P., D.P.H., Consultant Physician in Geriatrics, King's College Hospital and Honorary Consultant, Cane Hill Hospital, Coulsdon, Surrey.
Proposed by Drs. J. T. Hutchinson, E. Roderic-Evans, D. Smedberg.

LOWER, EDMUND STANLEY, M.R.C.S., L.R.C.P., D.P.M., Consultant Psychiatrist, Bristol Clinical Area.
Proposed by Drs. M. Tun Win, J. B. Gordon-Russell, A. H. Bakker.

MCFARLANE, ROBERT DUNCAN, M.B., Ch.B., Psychiatric Registrar, Cherry Farm Hospital, Dunedin, New Zealand.
Proposed by Drs. C. S. Moore, L. M. Franklin, B. James.

MCFARTHING, ANTHONY MARTIN, M.B., B.S., Trainee Specialist in Neuro-Psychiatry, R.A.F. Hospital, Wroughton, Swindon, Wiltshire.
Proposed by Drs. P. O'Connor, A. W. Black, D. N. Johnstone.

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MCKERRACHER, DONALD GRIFFITH, M.D., F.R.C.P.C., Head of Department of Psychiatry, University of Saskatchewan, Saskatoon, Canada.
Proposed by Professors M. Roth, L. G. Kiloh, Dr. A. Walk.

MARTIN, RONALD HENRY, B.A., B.M., B.Ch., M.R.C.S., L.R.C.P., Senior Medical Officer, Mental Health and Geriatric Services, County Borough of Northampton.
Proposed by Drs. J. De Bastarrechea, R. F. Shackleton, R. R. Tilleard-Cole.

MAURICE, WILLIAM LAWRENCE, B.A., M.D., Resident in Psychiatry, Washington University, U.S.A.
Proposed by Drs. J. N. McClure, G. E. Murphy, E. Dick.

MILSON, ANTHONY HOWARD, M.B., B.S., Psychiatrist, Repatriation Department, Sydney, Australia.
Proposed by Drs. J. D. Russell, W. S. G. Rowe, E. Fischer.

MITCHELL, GEOFFREY, M.B., Ch.B., D.C.H., Registrar, Royal Edinburgh Hospital, Edinburgh 10.
Proposed by Drs. J. W. Affleck, A. D. Forrest, E. B. Ritson.

MORTON, STUART THOMAS, M.B., Ch.B., D.P.M., D.C.H., Registrar in Psychiatry, Bangour Village Hospital, Broxburn, West Lothian.
Proposed by Drs. B. E. A. Magill, F. G. Lassalle, J. B. Rae.

MUNSADIA, ISHWARLAL DAHYABHAI, M.B., Ch.B., Registrar, The Ross Clinic, Cornhill Road, Aberdeen.
Proposed by Drs. R. A. Y. Stewart, G. E. Faulkner, J. G. Henderson.

PRESHAW, COLIN TAYLOR, M.B., Ch.B., Senior House Officer, The Ross Clinic, Cornhill Road, Aberdeen.
Proposed by Drs. J. G. Henderson, R. J. McIlwaine, J. P. Gomersall.

RAHMAN, MOBINUR, M.B., B.S., Registrar, Ravenscraig Hospital, Greenock, Renfrewshire.
Proposed by Drs. J. Moffat, D. Ross, E. S. Ross.

RAMLER, SIEGFRIED SZARFSTEIN, M.D., Landau-Piccadilly Mansion, Apt. B 12, 4 Po Shan Road, Hong Kong.
Proposed by Drs. D. M. Leiberman, M. Radzan, A. Norton.

RHEE, YOUNG WUNG, M.D., Psychiatric Residency, School of Medicine, Washington University, St. Louis, U.S.A.
Proposed by Drs. E. Dick, J. H. Dorzab, J. N. McClure.

SCHLICHT, THEODORE, M.B., B.S., M.R.C.P., D.P.M., Physician Superintendent and Consultant Psychiatrist, West Park Hospital, Epsom, Surrey.
Proposed by Drs. D. Richter, A. B. Monro, A. A. Black.

SILVERMAN, GERALD, M.A., M.B., B.Chir., Registrar, Friern Hospital, London, N.11.
Proposed by Drs. I. Sutton, B. G. Adams, J. T. Bruce.

SWEENEY, EDWARD, M.D., D.P.M., Registrar, Sunnyside Royal Hospital, Montrose.
Proposed by Drs. W. M. Lyon, H. J. Tomingas, A. N. Munro.

TURNBULL, UNA WATT, M.B., Ch.B., Registrar, Stratheden Hospital, Cupar, Fife.
Proposed by Drs. A. Morrison, I. R. Sherret, D. M. MacGregor.

WICKENDEN, PETER DOUGLAS, M.B., B.Ch., D.R.C.O.G., D.P.M., Area Psychiatrist, British Military Hospital, Hong Kong.
Proposed by Drs. R. G. Davies, C. H. Kelland, R. A. D. Miller.

WIJESINGHE, WALIMUNI CHANDRA PADMANATHA DE SILVA, M.B., B.S., M.D., M.R.C.P., M.R.C.P.E., D.P.M., Consultant Psychiatrist, General Hospitals, Kalutara and Galle, Ceylon.
Proposed by Professor E. Stengel, Drs. H. V. Dicks, P. G. McGrath.

Election of Associate Members

The following candidates for Associate Membership, having been approved by Council, were elected:

FORREST, DEREK WILLIAM, M.A., Ph.D., F.B.Ps.S., Professor of Psychology, Trinity College, Dublin.
Proposed by Drs. D. J. Bradley, R. D. Stevenson, E. L. Mateu-Lopez.

ROBINSON, JOHN ALLAN, M.A., B.A., M.Sc.(Psychology), Research Student, Trinity College, Dublin.
Proposed by Dr. E. Tylden, G. D. Morgan, J. J. Meenan.

Proceedings of Council

The General Secretary read the following report:

"Council met yesterday afternoon. As this meeting will no doubt be interested in the report of the Special Meeting of Council held on the 31 October this report of yesterday's meeting will be extremely short although the agenda was very long, and very important.

The main actions taken were:

1. Approval of the Association's memorandum in reply to the Ministry's request for answers to questions about the Royal Commission on Medical Education.

2. Approval of the memorandum, prepared by the Parliamentary Committee, on the Green Paper on the Administrative Structure of the Medical Services in England and Wales.

3. Approval of the Report on the Questionnaire on Postgraduate Experience and Training of Consultants in Adult Psychiatry.

Council also decided that a Special Committee should prepare a memorandum on the Seebohm Committee's Report on the Social Sessions.

In addition to these very important decisions Council transacted a great deal of more routine business which will in due course be described in the Annual Report of Council.

Council held a Special Meeting on 31 October, 1968 to consider a request signed by some 650 members, and to transact any other business relevant to the Association's Petition to the Privy Council to establish a Royal College of Psychiatrists. The request from the 650 members was for changes in the

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proposed new bye-laws governing admission to Membership of the College. It was signed by psychiatrists of all grades, but the majority were towards the junior end of the spectrum.

Council considered the request carefully and at length. They recognized that its submission bore witness to a state of concern on the part of a number of members, but also felt that their over-riding duty was to the 3,000 members who had not signed the request. Council therefore re-affirmed their authorization to the Petition Committee of the Association to continue with the processes necessary to lead to the formation of a Royal College, with all possible speed.

Council also expressed the sincere hope that the differences between those who had presented the request and the majority of the members of the Association would be reconciled. To this end they authorized the Association's legal advisers to offer to meet some of those who had submitted the request, for the purpose of exchanging information. If such a meeting led to the conclusion that it would be useful for representatives of the Petition Committee of the R.M.P.A. to meet members of the group who had submitted the request, Council authorized such a meeting or meetings to take place.

Council naturally regarded it as important that the membership of the Association should be as well informed as possible. They therefore authorized the preparation of this report for the Quarterly Meeting, and suggested that the President might write a letter to all members, so that those unable to come to this Quarterly Meeting should nevertheless be kept in touch with events."

A motion as follows was proposed by Dr. Low-Beer and seconded by Dr. Birley:

"This meeting takes note of the receipt by the Council of the R.M.P.A. of a petition, signed by more than 500 members, regarding the bye-laws of the proposed Royal College of Psychiatry, and request that the Council state what action has been or is being taken on this matter."

Dr. Low-Beer indicated that disquiet had been crystallized by the Report of the Royal Commission on Medical Education. Many people felt that the time had come for a pause in the progress towards formation of a Royal College. The requirements before becoming a College would be unjust to many non-consultants. It would be difficult to achieve a fundamental change of emphasis from examination to training, as the College would have to conform to existing patterns. There was therefore a strong doubt whether the present proposals for the structure of the College were acceptable for the good of psychiatry.

Dr. Birley, seconding the motion, said there was considerable disquiet about the present situation. He expressed doubt whether it would prove easy to change the bye-laws once they were authorized by the Privy Council, and suggested that if the pace of change was to be set by the existing Royal Colleges, it would be slow indeed.

In the course of a long discussion the above points were both reinforced and disputed. The question of a referendum was gone into, with views both pro and con being expressed. Royal College status was seen by some as being unnecessary and reactionary at the present time, while others indicated that to delay now meant in effect to hand political power back to the Royal College of Physicians.

In the later stages of the discussion a number of people indicated that some years ago they had been rebels in advocating a Royal College. The point was also made that the proposed Royal College of Psychiatrists was much more democratic and open to voting pressures than any existing Royal College. The sentiments were challenged by one speaker who did not know anyone who wanted a College, but several speakers remedied this deficiency. After a courteous exchange between Dr. Low-Beer and the President, the meeting ended in the knowledge that a meeting between the Association's legal advisers and members of the group supporting the motion had been arranged for the following week.

Seminars

The following Seminars were presented on 14 November:

"Aspects of Behaviour Therapy." Dr. V. Meyer.

"The Psychological Assessment of Individuals." Dr. J. Miller Mair.

"Adolescence and Some Attendant Problems." Dr. P. Boyd.

"A Psychoanalytic Approach to Depression." Dr. J. Sandler.

"Aspects of the Neurophysiology of Dementia." Dr. R. Levy.

"Psychogenic Abdominal Symptoms." Dr. O. W. Hill.

Papers

The following papers were read, following the Quarterly Meeting, on 15 November:

"The Distribution of Alcoholism in an English County." Dr. Milton Moss.

"Physical Effects of Alcoholism." Dr. Anthony Dawson.

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Maudsley Lecture

The Forty-third Maudsley Lecture entitled "Physiology of Faith" was delivered by Dr. WILLIAM SARGANT. *See Journal* p. 505.

In introducing the Lecturer, the President said:

"It is a very real and personal pleasure for me to be able to introduce Dr. William Sargant to you this afternoon. It is a personal pleasure because Dr. Sargant was one of the first friends I made when we both joined the staff of the Maudsley Hospital in the early thirties—more than thirty years ago. We were both very green and rather scared and before long became quite critical but we soon developed feelings of profound respect and deep affection for the Medical Superintendent, Dr. Edward Mapother, who was later to become the first Professor of Psychiatry at the University of London. Yet it must be admitted that at one time we were frankly rebellious, or we both suffered from the "itch to cure"—that very irritating itch—and there was really so little we could do to help our patients.

As the years went by my own energies were absorbed in various ways, but Dr. Sargant was determined to discover and perfect various forms of physical treatments of which there were then practically none in the whole field of psychiatry. He is now of course known far and wide for this work, and how he would have pleased our beloved teacher.

It was because of his search for new treatments that William Sargant began to read the writings on conditioned reflexes. This led to travels in various parts of the world, especially where there were primitive cultures, and that was how he gradually came to evolve his ideas about religious conversion and the physiology of faith.

It is this latter subject that he has chosen as his subject for the Forty-third Maudsley Lecture."

In proposing the vote of thanks, Dr. ELIOT SLATER said it gave him extraordinary pleasure to have the privilege of addressing the audience on the occasion of his old friend, Will Sargant's, delivery of the Maudsley Lecture for 1968. He did not need to say how much the Registrar had done for the Association in the many years of his service, though many people might not be aware how he had constantly fought, sometimes in a minority of one, for what he believed to be right, above all for new organization, new ideas, and a larger say for the younger members. But it was hardly for this that our Association had awarded him the highest academic honour in its gift. This was surely for his services to British and to World psychiatry, and to the countless patients who have been helped, who have often been rescued from enduring miseries, by his own efforts and by what he had taught and inspired others to do. Dr. Slater took advantage of the opportunity to say something of the life work and of the mind of the man who had done more perhaps than anyone else to transform British psychiatry from what it was when Will had first come to the Maudsley in 1935 to what it was a third of a century later.

This was rather an occasion for the Maudsley Hospital. The President, Dr. Sargant and the speaker were all its graduates. How, one wondered, did the Maudsley Hospital help to mould Will Sargant, and what had been his influence on its work and teaching? One could derive insights from a comparison and a contrast for the spirit of the Maudsley Hospital, as it had been over the past generation and the spirit of Will Sargant had been in many ways antithetical. Henry Maudsley would himself have wondered to see such different children of his spirit. The Maudsley and Will Sargant represented two aspects of science, each of them essential to its progress. One could represent them as the intellectual and the emotional components, caution and scepticism on the one hand, fire and enthusiasm on the other. On the one hand there was the slow, safe, but plodding crawl provided by method and system, on the other a delirious fox-hunt of gallops and checks. It was not really any wonder that the two could not easily live together, that shortly after the reconstitution of the Maudsley after the war antagonisms grew and eventually, very sadly, the place became too cold to hold him. This was a tragedy on both sides, since Will left the community of intellectual peers, of informed debate and critique, and the school lost the tremendous stimulation it might have had, the optimism and enthusiasm and drive of an intuitive therapeutic genius.

This was not hyperbole. In treating the individual patient Will did not use (though he may have thought he did) or at least did not use only well thought out classifications and step by step reasoning. Dr. Slater had watched him in conference, catechizing the patient, putting one leading question after another, until at last he had the answers which fitted the patient into a pattern of past experience where a line of treatment was suggested. By such methods one could of course deceive oneself; one could indeed often be wrong, but one could sometimes be right in a way which, like a flash of lightning on a black night, showed you not only what was at your feet, but also a glimpse of the entire landscape. Will could see ways of treatment where others often could see only a blank wall.

Perhaps if these methods had come on the scene earlier in his career, Will might have fitted himself into the Procrustean beds of controlled experiments

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and logically designed therapeutic trials. If he had, Dr. Slater doubted whether he could have done more than he had. The double-blind trial was not the way to make discoveries, only the way to confirm them. For discoveries one needed something once prized in our medical schools, now thought of less and less account, the flair that came from personal powers of empathy, a wish to understand the patient, a willingness to listen very carefully to what he said, because you knew he was trying to tell the truth as nearly as he could find words for it, and came also from the experience of many years of looking at and listening to hundreds of just such patients, the capacity to sense almost invisible leads, to collate, magically it might seem to the outsider some subtle way in which this particular patient resembled another or others in the past, the capacity to form unconsciously those seminal ideas which seeped up into the pre-conscious and then emerged when the circumstances were there to which they could give the key.

Will Sargant had been endowed by heredity not only with the temperament of the artist, but also with the qualities of the missionary and reformer. His warmth and enthusiasm had been of a mettle to withstand the erosion of the years. No one who knew him but was aware of his tender-heartedness to his patients, and knew also how this was tempered by a keen sense of what was possible. With this force of character the greatness of his achievement could be understood, achievement that would have deserved the highest insignia of success. But what is success in this worldly sense? "Success", John Masefield said, "is the brand on the brow for aiming low."

Dr. Slater closed by saying that the lecture had been as stimulating and controversial as ever.

The Vote of Thanks was carried by acclamation.

Section Meetings

At the meeting of the Mental Deficiency Section Dr. Richard Mein read a paper **"The role of the Clinical Psychologist in the Mental Subnormality Hospital".**

The following papers were read at the meeting of the Research and Clinical Section:

"A Service for the Psychiatric and Social Management of Repeated Acts of Self-Poisoning or Self-Injury" by Dr. R. C. Hicks.

"A Comparison of Patient Populations in Out-Patient, In-Patient and Day Patient Services" by Dr. N. H. Rathod.

"The Use of Statistics in the Evaluation of Comprehensive Psychiatric Services" by Drs. E. R. Bransby and J. Brothwood.

"Evaluation of the Therapeutic Community" by Dr. F. Letemendia.

The Child Psychiatry Section met at the Elizabeth Garrett Anderson Hospital and Dr. J. H. Kahn delivered the Chairman's Address entitled **"A Suitable Treatment for Cases".** The meeting was followed by the Section's Annual Dinner.

At a meeting organized by the Librarian on the History of Psychiatry Dr. M. W. Annear read a paper entitled **"Madness and Healing in Ancient and Classical Greece".**

The Chairman's Address to the Psychotherapy and Social Psychiatry Section was delivered by Dr. T. F. Main and entitled **"Psychiatrists, Psychotherapies and Psychiatric Settings".**

ANNUAL MEETING 1968

It is regretted that the following Committee and Section Reports were accidentally omitted in the October, 1968, Supplement.

Report of Parliamentary Committee

The Parliamentary Committee met five times during the year and the General Purposes Sub-Committee twice. Working Parties were set up and have prepared memoranda on behalf of the Association on a wide variety of topics of current public policy. These have included evidence to the Committee on the Functions of the District General Hospital, the Royal Commission on Assize and Quarter Sessions (jointly with the Forensic Psychiatry Sub-Committee), the Ministry of Health Joint Sub-Committee reviewing the Health and Welfare Service for Epileptic People (jointly with the Sections of Child Psychiatry and Mental Deficiency), the Select Committee on Estimates of the House of Commons on the Special Hospitals and the Advisory Council on the Penal System review of the Operation of Detention Centres (both the latter jointly with the Forensic Psychiatry Sub-Committee). In many cases the written evidence has been supported by oral evidence on behalf of the Association. Delegations have called on the sponsors of the Divorce Reform Bill at the House of Commons, The Abortion Bill 1967 at the House of Commons, and at the Home Office, and a variety of central departments as well as the British Medical Association and the National Association for Mental Health.

The Abortion Act 1967 received the Royal Assent on 27 October and is now in operation although the social clause is still causing some concern. The Sexual Offences (No. 2) Act 1967 provides that homosexual acts between consenting adults shall no longer be a

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