### Discussion

**"The Place of Medical Administration in Mental Hospitals."**

*Opening Papers:* Dr. J. A. Carse.
Dr. C. Tetlow.

Before the discussion Dr. I. Frost asked for permission to move two motions, but it was agreed that in order to conform with Bye-Laws 120 and 122 these must be submitted in writing to the General Secretary before the February Quarterly Meeting.

### Maudsley Lecture

The Thirty-first Maudsley Lecture was given in the Barnes Hall, The Royal Society of Medicine, 1 Wimpole Street, London, W.1, by John R. Rees, C.B.E., M.A., M.D., F.R.C.P., D.P.H. (Director, World Federation for Mental Health) on **"Psychiatry and Public Health".** Dr. H. B. Craigie proposed the vote of thanks to Dr. Rees, and this was carried by acclamation.

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## SOUTH-WESTERN DIVISION

The Autumn Meeting of the South-Western Division was held at the Royal Victoria Hospital, Netley, Hampshire, on Thursday, 27 October, 1955, by kind invitation of the Director of Army Psychiatry, Brigadier J. T. Robinson, and the Officer Commanding, Royal Victoria Hospital, Colonel R. Phillipson. 35 members were present.

The Honorary Divisional Secretary reported that the Divisional Committee of Management had agreed on nominations for the offices of Chairman, Junior Representative on Council and Honorary Divisional Secretary, which would be circulated to members in due time for the Spring Meeting in 1956.

They also agreed to suggest to the Meeting that Drs. S. M. Allan and K. C. Bailey be re-elected to the Committee of Management, and that Colonel R. Phillipson, Dr. E. O. Hagedorn and Dr. A. J. Galbraith should be elected as new members to that Committee.

It was also intimated that the Divisional Committee of Management had received a kind invitation from Dr. G. W. T. H. Fleming to hold the Spring Meeting, 1956, at Hume Towers, Bournemouth, and they recommended the acceptance of this invitation.

The report was adopted, and as no nominations had been received from members for election to the Divisional Committee of Management, the names suggested in the above paragraph were unanimously agreed to by the Meeting for election to the Committee.

The following candidate was elected unanimously to Ordinary Membership:

Rushton, Helen Shackfield, M.D., B.S., Senior House Officer, Bristol Mental Hospital, Fishponds, Bristol.

*Proposed by* Drs. D. Early, E. G. Grant and E. C. Turton.

https://doi.org/10.1192/S0368315X57247676 Published online by Cambridge University Press

By kind permission of the Chairman, the subject of the possible re-introduction of the R.M.P.A. examinations for nurses was discussed and a good deal of divergence of opinion was revealed which did not, however, result in a motion being put to the Meeting.

## Papers

Colonel Philipson read a paper on **"Psychological Medicine in the Army Today".** He gave a concise and lucid description of the organization of Army Psychiatry and the functions of the Command Psychiatrist. He said that the task of Army Psychiatry was the maintenance of health, the prevention of disease and the care and treatment of the sick. Of the 2,400 young men called up every fortnight, 150 (or 7 per cent) were referred for psychiatric report, and of these, 60 per cent were found fit to serve in full, 20 per cent to serve in a reduced category, 18 per cent were dull and backward but could be usefully employed in a special unit, and 2 per cent were recommended for invaliding from the Service.

Colonel Phillipson gave a detailed list of the duties of a Command Psychiatrist, from which it was clear that these are very comprehensive and cover all aspects of the mental health and the treatment of mental sickness in the Army.

He said that at the Royal Victoria Hospital in the past four years, there had been an annual turnover of 1,200 patients through the 300 beds, 100 of which were used for psychotic patients and 200 for the treatment of neuroses. It was of interest to note that, of a large group of severe neurotics, 50 per cent had been returned to duty in the Army. The commonest neurosis was the anxiety state in over-dependent personalities who could not adjust. Colonel Phillipson pointed out that 999 of every 1,000 called up were fine young men in every way, but that even the loss of one in a thousand was considerable.

Colonel Phillipson was warmly complimented on his paper, which had given members a very clear picture of the comprehensive psychiatric service with which he was associated.

Brigadier J. T. Robinson, *O.B.E.*, M.A., M.D., D.P.M., D.T.M. & H., then read a paper on **"Psychoendocrine Investigations at the Royal Victoria Hospital".** He said that there was some evidence that those with endocrine disturbances are more vulnerable to stress. After quoting some recent researches, he said that these seemed to indicate that further endocrine investigation might yield information as to the cause of vulnerability, and consequently influence the Army situation. He said that, from the point of view from which he was speaking, patients could be divided into three categories: (1) Those showing a psychiatric syndrome, but with no endocrine disturbance; (2) those showing a psychiatric syndrome with concomitant endocrine disturbance, but in whose case a return to normal under care and environmental protection took place; and (3) those showing similar syndromes with endocrine disturbance, who failed to respond to general care. He thought that only in the third group would endocrine treatment seem to be indicated, and further, that where endocrine disturbance was correlated with the severity of the syndrome, endocrine treatment appeared to improve the condition.

He then described the investigations at the Royal Victoria Hospital, which had been concerned with the assessment of thyroid and adrenal cortical function. After describing in some detail the techniques and the programme of the investigations, which were mainly concerned with the measurement of thyroid function by the use of radio-active iodine, and the measurement of adrenal cortical function by the estimation of 17-ketosteroids, Brigadier Robinson went on to compare groups of cases and to quote individual cases, showing the return of endocrine

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status to normal coincidentally with the clearing of the clinical syndrome. He said that there was much need for further study of endocrine changes taking place during spontaneous recovery, and that reliable data from the investigation of endocrine function would help greatly in disposal after treatment.

He concluded by saying that although the series was comparatively small, he thought that it showed, even with existing methods of investigation, some cases could be usefully treated by endocrine means.

In the discussion which followed, Dr. D. E. Sands emphasized the potential interest of endocrine investigation of the spontaneously remitting patient and said that in some cases the biochemical state might be a more important indication than a constellation of symptoms. Dr. Myre Sim doubted whether we really knew what an endocrine disturbance was, and was sceptical of the value of endocrine therapy in such varied syndromes. Dr. Hemphill advocated a physiological approach to Psychiatry, but agreed that clinical findings must be given great importance in evaluation. Dr. Stevenson thought that medication which appeared to lead to clinical improvement was surely relevant to the problem. Several other members took part in the discussion, which reflected the great interest which had been taken in Brigadier Robinson's paper.

The Chairman, on behalf of the Meeting, expressed his thanks to Brigadier Robinson and Colonel Phillipson for the time and thought they had devoted to the preparation of these valuable contributions to the Meeting.

Prior to the opening of the afternoon meeting, and in the course of the luncheon, the Division had been welcomed to Netley by the Director-General Army Medical Services, Lt.-Gen. Sir Frederick Harris, *K.B.E.*, *C.B.*, *M.C.*, M.B., Q.H.S. At the close of the meeting, the Chairman, Dr. Shepherd, on behalf of the Division, expressed the warm thanks of the members to those who had acted as hosts, and complimented them on the excellence of the arrangements and the success with which Brigadier Robinson and Colonel Phillipson had given members an insight into both the Service and the research aspects of Army Psychiatry at the Royal Victoria Hospital.

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THE SPRING MEETING of the South-Western Division was held at Hume Towers, 27 Branksome Wood Road, Bournemouth West, on Thursday, 5 April, 1956, by kind invitation of the Chairman and Committee of Barnwood House, Gloucester, and Dr. G. W. T. H. Fleming, Physician Superintendent.

At the luncheon to which the Division was entertained prior to the Meeting, members were welcomed by the Chairman of the Committee of Barnwood House, W. I. Croome, M.A.(Oxon), F.S.A., who gave a brief account of the acquisition of Hume Towers by Barnwood House, and alluded to the value of research in Psychiatry and to the changes which had taken place since he became interested in it.

The Chairman, in reply, thanked Mr. Croome and his Committee for their kindness in inviting the Division to Hume Towers and for the generous hospitality which was displayed.

In the afternoon, and prior to the opening of the formal meeting, Dr. Shepherd (Chairman) referred to the untimely death of Dr. Dalton E. Sands, Physician Superintendent of St. Ebba's Hospital, Epsom, who had been a member of the Association for many years and was well known to the South-Western Division. Members stood in respectful silence.

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1. MINUTES

The Minutes of the last Meeting were read and signed.

2. PRESENT

23 members were present at the meeting and a number of apologies for absenc were received.

3. REPORT OF THE DIVISIONAL COMMITTEE OF MANAGEMENT

4. ELECTION OF CHAIRMAN, HONORARY SECRETARY AND JUNIOR REPRESENTATIVE O COUNCIL

Dr. I. Atkin and Dr. R. G. McInnes were elected to the offices of Chairma and Honorary Divisional Secretary, respectively, for the ensuing year.

Dr. Atkin thereupon took the Chair, and, investing him with the badge o office, the retiring Chairman, Dr. Andrew Shepherd, congratulated him and extende his good wishes for his chairmanship. In reply, Dr. Atkin called upon the Meetin to join him in thanking Dr. Shepherd for his very valuable services as Chairman which had been greatly appreciated by all members.

Dr. C. P. SEAGER was elected Junior Representative on the Council.

5. ELECTION OF CANDIDATES TO ORDINARY MEMBERSHIP

The following candidates were unanimously elected to Ordinary Membership

GOUGH, DONALD, M.A., M.B., B.Ch., Junior Hospital Medical Officer, Ton Vale Hospital, near Taunton, Somerset.

*Proposed by* Drs. K. C. Bailey, F. Bodman and R. W. Armstrong.

MAINE, JOHN LEIF FRANCIS, M.R.C.S., L.R.C.P., Assistant Medical Officer Broadmoor Institution.

*Proposed by* Drs. J Gould, S. G. James and R. Payne.

MANDELBROTE, BERTRAM, D.Sc., M.B., Ch.B., M.R.C.P., D.P.M., Medica Superintendent, Horton Road and Coney Hill Hospitals, Gloucester.

*Proposed by* Drs. K. Cameron, D. L. Davies and D. Leigh.

NEALE, DEREK HARVEY, M.A., B.M., B.Ch., General Duty Medical Officer R.A.M.C., Royal Victoria Hospital, Netley, Hants.

*Proposed by* Drs. R. Phillipson, T. B. Stephens and D. C. V. Stewart.

SIMPSON, ROBERT WALLACE, M.D., D.P.M., Senior Medical Officer, Knowl Hospital, Fareham, Hants.

*Proposed by* Drs. A. J. Galbraith, L. C. Cook and F. H. Taylor.

Dr. I. Atkin was unanimously elected to serve on the Executive Committe of the Psychotherapy and Social Psychiatry Section, as representative of the South Western Division, for one year from November, 1956.

Dr. G. W. T. H. Fleming read a paper on **"Experimental Psychoses".** He sai that this had been mainly concerned with three aspects of mental functioning— (1) The effects of the interference with oxygen supply; (2) the effects of mechanica and electrical stimulation; and (3) the effects of chemical substances. Dr. Flemin gave a review of experimental work which had been done from 1919 onwards.

Referring first to experiments in anoxia which had produced severe menta symptoms, including incoherence and distortion of judgment, the similarity o these to some fatigue states had been noted,

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He devoted most of his paper to biochemical investigations and experiments, including those which had been concerned with the effects of toxic amines and the so-called hallucinogenic drugs. He gave a detailed account of some of the work which had been done in this field and drew attention to the findings with mescaline, L.S.D. and other chemically-related substances.

It had been suggested that schizophrenia might be due to a specific disorder of the adrenals and that certain deteriorative products of adrenalin could produce effects similar to those produced by the hallucinogens. It was noteworthy that nearly all the known hallucinogens are indoles. It appeared from some of the work that had been done that cycles of activity involving the pituitary, the adrenals and the cerebral cortex, were probably all involved in the production of deteriorative metabolic substances which might interfere with normal brain function.

In the discussion which followed, the Chairman, Dr. Atkin, complimented Dr. Fleming on his interesting paper and expressed the view that further research of this kind was much needed, especially in the schizophrenic group of disorders.

Dr. Kelsey thought that the subject under discussion had a direct bearing on the question of body-mind relations, and referred to the tendency in some such conditions to regress back to a pre-natal status. Dr. Hemphill emphasized the dissimilarity between the effects of hallucinogens and schizophrenia.

Dr. Parfitt quoted cases of excitement, like catatonia, which were discovered to be due to atropine, and drew a distinction between chemically-produced psychoses and schizophrenia.

Dr. Bailey wondered whether the blood chemistry was substantially altered by the presence of unusual substances circulating in the blood stream, and thought that the mental disturbances seen probably represented something more fundamental than the direct effect of the drug itself.

Dr. Shepherd and others also contributed to the discussion. Dr. Atkin added that he felt the effects of hallucinogenic drugs must depend to some extent on the personality of the individual and asked whether the effects of mescaline, for example, were specific or differed from one person to another.

Replying to the discussion, Dr. Fleming said he thought that there would be differences of this kind and, in more general terms, he advocated a much more intense team study of brain and blood chemistry.

Dr. Atkin repeated his appreciation of Dr. Fleming's paper, and the meeting endorsed his remarks by acclamation.

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## SCOTTISH DIVISION

THE AUTUMN MEETING of the Scottish Division was held on 5 October, 1956, at the Royal Mental Hospital, Montrose.

Thirty Members were present.

### ELECTION OF ORDINARY MEMBERS

The following were unanimously elected to Ordinary Membership:

BEATTIE, DONALD ELLIOTT HAMILTON, *M.B.E.*, M.B., Ch.B., Senior Registrar, Bangour Village Hospital, Broxburn.
*Proposed by* Drs. A. K. Macrae, B. E. A. Magill, F. G. Lasselle.

HEWETT, JOHN RICHARD, M.B., Ch.B., Registrar, Bellsdyke Hospital, Larbert.
*Proposed by* Drs. A. P. Russell, M. Devlin, M. R. Inglis.

ROSS, HAROLD STORMONT, M.B., Ch.B., Registrar, Perthshire Mental Hospital, Murthly, Perth.
*Proposed by* Drs. J. McDougall, H. Stalker, T. A. Wylie.

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