THE

JOURNAL OF MENTAL SCIENCE

[*Published by Authority of the Royal Medico-Psychological Association.*]

SUPPLEMENT

JULY, 1945.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

ONE HUNDRED AND THIRD ANNUAL MEETING.

THE ONE HUNDRED AND THIRD ANNUAL MEETING of the Association was held on Wednesday, November 29, 1944, and Thursday, November 30, 1944. The first part of the meeting was presided over by Thos. C. Graves, B.Sc., M.D., F.R.C.S., the retiring President, and the latter proceedings were presided over by Lt.-Col. A. A. W. Petrie, R.A.M.C., M.D., F.R.C.P., F.R.C.S.Ed., D.P.M., the newly elected President.

The minutes of the One Hundred and Second Annual Meeting, a summary of which was published in the October, 1943, Journal, were signed as correct.

OBITUARY.

The CHAIRMAN (Dr. Graves) said that since the last meeting the following members had passed away:

Guy Foster Barham, M.A., M.D., M.R.C.S., L.R.C.P., late Medical Superintendent, Claybury Hospital, Essex. Member since 1904.

Lt.-Col. Owen Berkeley-Hill, M.A., M.D., M.R.C.S., L.R.C.P., I.M.S. (retd.), late Medical Superintendent of the European Mental Hospital, Ranchi, India. Member since 1922.

Donald Maxwell Cox, M.R.C.S., L.R.C.P., Deputy Medical Superintendent, County Mental Hospital, Hereford. Member since 1911.

Ernest Frederick Reeve, Medical Superintendent, County Mental Hospital, Rainhill, Lancs. Member since 1911; Chairman of Northern and Midland Division, 1943–44.

He was sure the meeting would agree that a letter of condolence should be sent to the ex-President, Dr. Abdy Collins, on the death of his wife, whose activities, especially in relation to the social life of the Association, were such a marked feature of the meetings during pre-war years.

The members stood for a few moments in silent tribute.

ELECTION OF OFFICERS FOR 1944–45.

The CHAIRMAN moved that the Officers of the Association for 1944–45 should be:

President.—A. A. W. Petrie, M.D., F.R.C.P., F.R.C.S.Ed., D.P.M.

President-Elect.—David Kennedy Henderson, M.D., Ch.B., F.R.C.S.Ed., F.R.C.P., F.R.F.P.S.

Ex-President.—Thos. C. Graves, B.Sc., M.D., F.R.C.S.

Treasurer.—George William Smith, *O.B.E.*, M.B.

General Secretary.—W. Gordon Masefield, *J.P.*, M.R.C.S., L.R.C.P., D.P.M.

Registrar.—H. G. L. Haynes, M.R.C.S., L.R.C.P.

Editors of Journal:

G. W. T. H. Fleming, M.R.C.S., L.R.C.P., D.P.M., Managing Editor.
Alexander Walk, M.D., D.P.M.

Honorary Librarian.—James R. Whitwell, M.B.

This was agreed.

ELECTION OF NOMINATED MEMBERS OF COUNCIL.

On the motion of the CHAIRMAN the following were elected to be Nominated Members of the Council for 1944–45:

Sir Hubert Bond, Drs. M. J. Brookes, D. J. Forbes, H. Freize Stephens, E. A. Haslam Fox, T. Lindsay, R. G. McLaren, Brigadier J. R. Rees, Dr. D. J. Rose, Lt.-Col. T. Tennent, Dr. F. Douglas Turner, Lt.-Col. G. Wishart Will.

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ELECTION OF COMMITTEES.

On the motion of the CHAIRMAN the following committees were reappointed:

Parliamentary Committee, Educational Committee, Research and Clinical Committee, Library Committee, Mental Deficiency Committee.

The Mental Nursing Advisory Committee (Official Members) was reappointed as follows:

For England and Wales.—H. Dove Cormac (N.M.), S. Edgar Martin (S.W.), G. W. Smith, C. J. C. Earl, W. Gordon Masefield (S.E.).

For Scotland.—D. K. Henderson, T. C. Mackenzie, M. Knight, A. MacNiven.

For N. Ireland.—D. Gardner, N. B. Graham, M. J. Nolan, J. Watson.

For Eire.—S. Blake, C. B. Molony, W. J. Coyle, P. Grace.

ANNUAL REPORTS OF COUNCIL, OFFICERS AND STANDING COMMITTEES.

(a) REPORT OF THE COUNCIL.

The HON. GENERAL SECRETARY (Dr. W. Gordon Masefield) then read the 48th Annual Report to the Council:

The Council has to report that the number of members as shown in the 1944 *Year Book* is 1,075, of whom 26 are Honorary Members, 46 Corresponding Members, and 1,003 Ordinary Members. This figure shows an increase of 35 compared with 1943. In view of the shortage of paper it was again decided not to publish the 1944 *Year Book*.

Three Quarterly Meetings have been held during the year, and it was as a result of the Government's appeal to restrict travel that the Annual Meeting, usually held in July, was postponed.

The activities of the Association have increased and widened during the past twelve months. Planning the future of Psychiatry has, of course, been to the forefront and now, after a great deal of work and revision undertaken by the Medical Planning Committee, it is hoped that the Report which has been circulated will meet with general approval. This Report is the result of the combined efforts of the Royal College of Physicians, the British Medical Association and this Association, and has already been approved by the Representative Committees of the two former bodies. At the suggestion of the Royal College of Physicians a Joint Committee of three members of each of the bodies concerned was brought into being in order to facilitate agreement, and this undoubtedly assisted in bringing the labours of the three Committees to a less protracted conclusion.

The constitution of the Association will shortly come under revision, and the Council propose to leave this duty to the Medical Planning Committee now it has completed its present work, as this Committee is very representative, and composed of members from every branch of psychiatry.

The Special Edition of the *Journal of Mental Science*, entitled "Recent Progress in Psychiatry," has had an excellent reception. 250 copies were sold out in three months, and provided paper is forthcoming it is hoped to print a further issue.

The Council desires to pay special tribute to Dr. Graves for the way in which he has led the Association during the difficult war years and has consented to carry on from year to year in the interests of the Association.

The Centenary of the Association is being celebrated by a special luncheon, and it is very gratifying that the Minister of Health, in the midst of his multifarious duties, should consent to attend and speak at this luncheon.

The HON. GENERAL SECRETARY also presented the report of the Council meeting held on November 28. The following resolutions were passed:

It was decided to write a letter to the Home Office deploring the fact that there is no psychiatrist or psychologist on the Home Office Advisory Council on Delinquency. Furthermore, it was agreed to support the protest of the Provisional National Council for Mental Health in this matter.

The Council accepted the resolution of the Parliamentary Committee that letters be written to the Ministry of Health, Ministry of Labour, and the Board of Control concerning the shortage of nurses.

The Council approved the suggestion that the Hon. Treasurer, who had had many dealings with the Privy Council, should become a member of the Committee appointed to consider the constitution and bye-laws of the Association. The Chairman and Secretary of each Division in the British Isles were also added to this Special Committee.

The following were appointed to form an *ad hoc* Committee to consider the salaries and conditions of service of medical staff in the mental health service:

Representing Medical Superintendents of Mental Hospitals:

Lt.-Col. A. A. W. Petrie, Dr. J. S. I. Skottowe, Dr. T. P. Rees, Dr. A. Pool, Dr. W. Gordon Masefield.

Representing those below the rank of medical superintendent:

Dr. M. B. Brody, Dr. C. Bailey and Dr. William Sargant.

Representing Medical Superintendents of Mental Deficiency Institutions:

Dr. R. M. Stewart and Dr. H. Freize Stephens.

Representing those below the rank of medical superintendent in Mental Deficiency Institutions:

Dr. D. Firmin and Dr. N. F. Mackenzie.

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The Council approved a resolution by Dr. O. FitzGerald:

"That we recommend to the Rushcliffe Committee that Occupational Therapists in mental hospitals should be mentally trained nurses and that, furthermore, a special salary grade be applied to them."

Dr. MASEFIELD moved the adoption of the two reports.

Dr. G. W. SMITH seconded.

Dr. LEWIS said that the last item of the report was extremely controversial at the moment.

Prof. HENDERSON also thought it was arguable. He had not heard it argued before, and thought the resolution might be referred back for general discussion before it went forward as a recommendation from the Council to the Rushcliffe Committee. He thought it was a pity, because there was a good deal of affiliation between the occupational therapy establishments training occupational therapists and the mental hospitals at the present time, and many felt that the occupational therapists coming into their institutions were better not to be trained mental nurses. Personally, he thought it was infinitely better to have people coming in who had no association with the nursing staff, but who were willing to work co-operatively with them. He did not think occupational therapists should be nursing staff.

Lt.-Col. McCOWAN supported Professor Henderson's remarks. He did not think occupational therapists should be nurses. He agreed that if they were nurses they should be a special grade, but he did not think the Association should say that all occupational therapists should be mental nurses. He strongly disagreed with the resolution.

Dr. BACK also supported the reference back.

The proposal to refer back this paragraph of the Council's report was carried, and the two reports, as amended, were agreed to.

(*b*) REPORT OF HON. TREASURER.

The HON. TREASURER (Dr. G. W. Smith) said that the Balance-Sheet for the year ending December 31, 1943, would be published in the Journal in due course. It had no unusual features. The excess of expenditure over income was £809 18*s.* 3*d.* This was the last Balance-Sheet to be presented under the old subscription, and he had every hope that the adverse balance which had appeared during the last few years would be rectified by the new subscription. The Auditor certified that he had examined the books and vouchers, and that in his opinion the balance-sheet was properly drawn up so as to exhibit a true statement of the affairs of the Association. He moved its adoption.

Dr. H. G. L. HAYNES seconded and this was agreed.

(*c*) REPORT OF HON. EDITORS.

Dr. G. W. T. H. FLEMING said that in view of the special issue of the Journal in January, 1944, there were only three issues during 1943. The cost had remained steady. It had been found impossible to improve the quality of the paper, and the special number was rather late because the paper could not be obtained. An edition was printed on better quality paper and published at 30*s.* This was sold out in three months and orders for nearly 100 copies had accumulated; despite the most strenuous efforts it had proved impossible to obtain any more paper. The only way out of the difficulty, as far as he could see, was to cut down the size of the Journal next year by a third and use that ration of paper to produce another 500 copies. He moved the adoption of the report.

Cost of Journal, 1943.

1931. £ s. d.	1942. £ s. d.	*Debit.*	1943. £ s. d.	£ s. d.
	1,725 10 4	Printing, Postages, etc. . . .	1,336 4 5	
	50 2 6	Publishers' Fees	50 1 6	
1,311 15 6	1,775 12 10			1,386 5 11
		Credit.		
333 14 2	325 11 8	Sale of Journal	369 7 6	
17 17 11	121 1 6	Advertisements	109 0 9	
351 12 1	446 13 2			478 8 3
	1,328 19 8	Cost of Journal	907 17 8	
	134 7 8	Cost of Card Index Bibliography .	98 13 1	
960 3 5	1,194 12 0	Net cost of Journal	809 4 7	
4 4	4 9¼	Net cost per copy	4 3½	
1 0 8	1 14 1½	Net cost per page	1 10 11	
930	670 + xxviii	Size of Journal in pages . . .	481 + xxxix	
	1,250	Number of copies per issue (3 issues) .	1,250	

Dr. M. J. BROOKES seconded, and this was agreed.

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THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

BALANCE-SHEET as at 31st December, 1943.

Liabilities.

1942.		£ s. d.	£ s. d.	£ s. d.
	CREDITORS—			
1 6 0	Printing and Distribution of Journal		352 7 4	
195 19 8	Banker's for Overdraft on Current Account		441 6 8	
17 6 6	Subscriptions received in advance		53 0 6	
318 12 8	Sundry		512 9 6	
9 5 0½	Registrar's Current Account—Credit balance		35 0 6	
542 9 10½				1,394 4 6
	SPECIAL FUNDS INCOME AND EXPENDITURE ACCOUNTS—			
	Maudsley Bequest—			
297 17 11	As per last Balance-Sheet	334 18 1		
37 0 2	*Add* Balance being Income for year to date as per detailed Account carried forward	37 0 2		
334 18 1			371 18 3	
	The Gaskell Memorial Fund—			
217 4 11	As per last Balance-Sheet	249 16 2		
32 11 3	*Add* Balance being Income for year to date as per detailed Account carried forward	32 11 3		
249 16 2			282 7 5	
				654 5 8
	CAPITAL ACCOUNT—GENERAL FUND—			
15,697 9 4	As per last Balance-Sheet		14,748 19 8½	
185 16 0½	Add *Excess of Income over Expenditure on Examination Account for year to date as per detailed Account*		— — —	
15,883 5 4½				
	Less Excess of Expenditure over Income for year to date as per detailed Accounts :—			
1,134 5 8	General Revenue Account	809 18 3		
— — —	Examination Account	36 12 8½		
14,748 19 8½			846 10 11½	
				13,902 8 9
	CAPITAL ACCOUNT—MAUDSLEY BEQUEST—			
2,086 5 10	As per last Balance-Sheet			2,086 5 10
£17,962 9 8				£18,037 4 9

Assets.

1942.		£ s. d.	£ s. d.	£ s. d.
	FURNITURE, FIXTURES AND FITTINGS, 11, CHANDOS STREET, LONDON, W.1—			
	As per last Balance-Sheet	178 9 0		
	Less Depreciation	17 17 0		
198 5 8			160 12 0	178 9 0
	LIBRARY—			
146 3 4	As per last Balance-Sheet		146 3 4	146 3 4
	INVESTMENTS—			
	General Fund—			
£12,482 14 10	3½% Conversion Loan	10,470 15 2		
1,864 1 2	3½% War Loan	1,919 19 7		
103 7 2	Victoria 3% Stock 1929–49 (Dr. Paul)	56 6 6		
405 18 1	New South Wales 3½% Stock 1930–50	221 4 3		
213 18 1	Manchester Corporation 3% Stock 1891	143 6 3		
386 0 0	London, Midland and Scottish Railway 4% Preference Stock	239 6 5		
1,200 0 0	2½% National War Bonds 1945–47	1,200 0 0		
500 0 0	2½% National War Bonds 1946–48	500 0 0		
		14,750 18 2		
	Maudsley Bequest—			
£2,112 13 11	3½% War Loan	2,086 5 10		
			16,837 4 0	16,837 4 0
	Note.—The market value of the above Investments at the date of the Balance-Sheet amounted to £19,909 4s. 7d. (£20,215 14s. 2d.)			
	DEBTORS—			
	For Subscriptions	532 19 0		
	Sundry	360 6 5		
467 15 6			893 5 5	797 10 7
	CASH			
329 15 1	*In Hand*		— — —	3 2 9
£17,962 9 8			£18,037 4 9	£17,962 9 8

G. W. SMITH, *Hon. Treasurer.*

We have examined the above Balance-Sheet, dated 31st December, 1943, with the books and vouchers relating thereto. In our opinion the Balance-Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Association according to the best of our information and the explanations given to us and as shown by the books of the Association.

253–264, SALISBURY HOUSE, LONDON WALL,
LONDON, E.C. 2; *28th July, 1944.*

MYERS DAVIES & CO., *Chartered Accountants* } *Auditors.*

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REVENUE ACCOUNT for the Year ending 31st December, 1943.

1942.	Dr. Expenditure.	£ s. d.	£ s. d.	£ s. d.
£ s. d.				
1,775 12 10	To Printing, Publication and Distribution of Journal		1,386 5 11	
266 15 8	„ Expenses of Annual, General and other Meetings		317 7 8	
75 0 0	„ Library Expenses		100 0 0	
	„ *Expenses:* 11, Chandos Street, W.1:			
330 0 0	Rent	330 0 0		
265 0 0	Salaries	255 12 6		
25 4 10	Telephone	29 3 8		
16 16 7	Printing and Stationery	37 8 10		
23 19 11	Postages and Sundries	37 7 4		
661 1 4			689 12 4	
27 6 0	„ Audit and Accountancy Charges		38 3 0	
165 3 4	„ Miscellaneous Expenses		269 2 6	
2,970 19 2				2,800 11 5
19 16 8	„ Depreciation of Furniture, Fixtures and Fittings			17 17 0
£2,990 15 10				£2,818 8 5

1942.	Income.	£ s. d.	£ s. d.	Cr. 1942. £ s. d.
£ s. d.				
291 18 9	By Interest on Investments (less Income Tax)		291 18 9	291 18 9
	„ Sales of Journal	369 7 6		325 11 8
	„ Royalties on Handbook and Manual	80 2 6		111 14 6
	„ Advertisements in Journal	109 0 9		121 1 6
	„ Sale of Statistical Forms, etc.	16 2		4 5 0
			559 6 11	562 12 8
1,157 4 6	„ Members' Subscriptions		1,157 4 6	1,001 18 9
809 18 3	„ Balance, being Excess of Expenditure over Income for the year ending 31st December, 1943 (*see Balance Sheet*)		809 18 3	1,134 5 8
£2,818 8 5			£2,818 8 5	£2,990 15 10

EXAMINATION ACCOUNT.

INCOME AND EXPENDITURE ACCOUNT for the Year ending 31st December, 1943.

1942.	Dr. Expenditure.	£ s. d.
£ s. d.		
2,833 5 5½	To Expenses of Examinations and Prizes	2,641 12 0½
185 16 0½	„ *Balance being Excess of Income over Expenditure for the year ending 31st December, 1942* (see Balance Sheet)	— — —
£3,019 1 6		£2,641 12 0½

1942.	Income.	Cr. £ s. d.	1942. £ s. d.
£ s. d.			
2,604 19 4	By Examination Receipts	2,604 19 4	3,019 1 6
36 12 8½	„ Balance, being Excess of Expenditure over Income for the year ending 31st December, 1943 (*see Balance Sheet*)	36 12 8½	— — —
£2,641 12 0½		£2,641 12 0½	£3,019 1 6

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MAUDSLEY BEQUEST.

INCOME AND EXPENDITURE ACCOUNT for the Year ending 31st December, 1943.

1942.	Dr. Expenditure.	£ s. d.	£ s. d.
£ s. d.			
37 0 2	To Balance for the year ending 31st December, 1943, carried forward (*see Balance Sheet*)		37 0 2
£37 0 2			£37 0 2

Income. Cr.	£ s. d.	1942. £ s. d.
By Interest on Investment (*less* Income Tax)	37 0 2	37 0 2
	£37 0 2	£37 0 2

THE GASKELL MEMORIAL FUND.

INCOME AND EXPENDITURE ACCOUNT for the Year ending 31st December, 1943.

1942.	Dr. Expenditure.	£ s. a.	£ s. d.
£ s. d.			
32 11 3	To Balance for the year ending 31st December, 1943, carried forward (*see Balance Sheet*)		32 11 3
£32 11 3			£32 11 3

Income. Cr.	£ s. d.	1942. £ s. d.
By Interest on Trustees' Investments (*less* Income Tax) as follows:		
£370 0s. 0d. 3½ *per cent.* War Loan ...	6 10 3	6 10 3
£356 1s. 8d. Commonwealth of Australia 3 *per cent.* Stock	5 6 10	5 6 10
£1,380 5s. 9d. 3 *per cent.* War Loan, 1955/59	20 14 2	20 14 2
	£32 11 3	£32 11 3

(*d*) Report of Hon. Librarian.

The Hon. Gen. Secretary read the Report in the absence, through illness, of the Hon. Librarian:

The Hon. Librarian has to report that 271 books were issued to Members during the past twelve months. It would be greatly to the advantage of the Library if some new books could be added as soon as the financial position of the Association allows.

He moved its adoption, which was seconded by Dr. Smith, and carried.

(*e*) Report of Registrar.

Dr. H. G. L. Haynes (Hon. Registrar) read his report:

Mr. President and Members,—There was a total of 3,762 candidates for the year July, 1943, to July, 1944. Of this number 2,095 were Preliminary and 1,667 Final. The candidates from Mental Deficiency Institutions numbered 969.

Preliminary Examination.

	Entries.	Passes.	Percentage of passes to entries.
English County Hospitals	1,005	443	44
English Borough Hospitals	139	84	60
Registered Hospitals	93	61	65
Scottish Hospitals	191	79	41
Irish Hospitals	119	75	63
Mental Deficiency Institutions	548	190	34
Totals	2,095	932	44·5

Final Examination.

	Entries.	Passes.	Distinctions.	Percentage of passes to entries.
English County Hospitals	787	345	12	44
English Borough Hospitals	132	81	—	61
Registered Hospitals	86	55	1	64
Scottish Hospitals	188	115	2	61
Irish Hospitals	53	34	—	64
Mental Deficiency Institutions	421	183	10	43
Totals	1,667	813	25	48.8

The winner of the Campbell Clark Prize and Medal for November, 1943, was Marjorie Callow, of the Isle of Man Mental Hospital, with an aggregate of 168 marks. In May, 1944, the winner was Betty Johnson, of Tooting Bec Hospital, with 173 marks.

The Registrar's Accounts showed a very small balance for the year.

There were no entries for the Gaskell Medal and other prizes.

Dr. Haynes moved that the Report be adopted. Dr. Graves seconded, and this also was agreed to.

(*f*) Report of Educational Committee.

Surg.-Capt. Thomas, in the absence of Dr. Drury, the Chairman, read this Report:

The Educational Committee beg to report that they have met on three occasions since the last Annual Meeting, under the Chairmanship of Dr. A. A. W. Petrie, with Dr. W. Rees Thomas as Vice-Chairman and Dr. K. K. Drury as Hon. Secretary. A very good attendance of Members was present on each occasion.

Prisoners of War.—Two candidates have been successful in the Final Mental Nursing Examination, and the result of one further candidate's efforts is awaited from Germany.

Mental Deficiency Certificate.—Stallington Hall, Stoke-on-Trent, was recognized as a Training Centre.

Owing to the great rise in the costs of the Examination during the War and the decreased entries, a new scale of entry fees was agreed upon and approved by Council.

The possibilities of a Live Register has again been discussed, but your Committee have not been able to taken any definite action so far.

Your Committee have arranged for a full discussion of the section of the Rushcliffe Report dealing with the Examination.

Surg.-Capt. Thomas moved the adoption of the Report. Col. A. A. W. Petrie seconded, and this was agreed to.

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(g) Report of Parliamentary Committee.

Dr. Armitage read the Report as follows, and moved that it be adopted:

The Parliamentary Committee has held four meetings this session, which have been actively attended.

Dr. Cedric W. Bower was re-elected Chairman, Dr. M. A. Collins Vice-Chairman, and Dr. Bernard Armitage Hon. Secretary.

The Committee has continued to be concerned at the absence of the Royal Medico-Psychological Association from amongst the bodies consulted by the Minister of Health with reference to the National Health Service White Paper issued early this year, and it is watching the position closely. It can report an improvement in one respect. The Minister invited the Association to render observations on Regulations he was proposing to make, under the Nurses' Act, 1943, regarding persons authorized to call themselves "Nurse"; and certain recommendations were sent to him, through the General Secretary. The Committee has also been concerned by the absence of any psychiatrist upon the Advisory Council on Delinquency recently set up by the Home Secretary, despite previous representations made to the Home Office by the Committee when this Council was proposed. Their concern has been reinforced by a letter received from the Provisional National Council for Mental Health, and the Parliamentary Committee has therefore requested the Council of the Association to take action in the matter.

It may be stated from our Parliamentary Reports that mental administration in connection with the National Health Services scheme will be held in abeyance until matters of more purely physical medicine have been disposed of. The Statute Law Revision Committee of Parliament, just before the outbreak of war, had placed Lunacy on its list for early consideration, but the Minister of Health has intimated that it will not be feasible now to undertake a full restatement of the Law of Lunacy before the introduction of the National Health Service Bill. However, although no general survey of the Mental Health Service is at present contemplated, amendments are being introduced in the law to enable the administration of the mental services to be included in the present proposed single comprehensive medical service.

During the year Parliament has established increased pay for nurses and improvements in domestic service conditions in Mental Hospitals, based upon the Rushcliffe and Hetherington Reports; but on the adverse side the acute shortage of nursing staff persists, despite assurances which have been given in Parliament, and therefore the Committee have requested the Council to make strong representations to the Ministries of Health and Labour, and to the Board of Control.

The Committee has noted amongst matters coming under Parliamentary scrutiny, dietary, hygiene, and the tuberculous death-rate (which has been reduced) in mental hospitals; inadequate accommodation and lengthy detention of patients in Mental Defective Colonies; and improvements in the inspection, certification, and description of mentally backward children under the new Education Act. Improvements have been instigated in the procedure of military medical boards when examining mental cases, together with increased stringency in excluding persons with a history of mental affection from being called up. The War Secretary informed Parliament that since the outbreak of war, of discharges from the Army on medical grounds, 23 per cent. were psychiatric.

The Committee desire to express their great regret at the death of Sir Francis Fremantle, Member for St. Albans. He was for many years Chairman of the Parliamentary Medical Group, and was always ready to help in Parliament with mental matters. His loss is therefore felt the more. Sir E. Graham Little succeeded him, followed after a short time by Dr. A. B. Howitt.

Dr. C. M. Bower seconded.

Dr. Back wished to refer to the tendency of Clerks and Stewards to encroach on the functions of Medical Superintendents. There was very little representation of Medical Superintendents on the Joint Committee. The Clerks and Stewards tended to call themselves Administrators, whereas it was recognized that Medical Superintendents were Administrators.

Lt.-Col. MacCowan said that when he read the paper published by the Clerks and Stewards Association it struck him that it had a strong anti-medical bias, and if anything could be done to correct that he would be glad.

Dr. Armitage said that he could only deal with matters which came before the Parliamentary Committee as having been discussed in Parliament, but perhaps he might say in parenthesis that the Parliamentary Committee had been watching this particular situation as far as it could.

The Chairman said that this was a matter of the relation of Clerks and Stewards to the Medical Superintendent in the management of a mental hospital or mental deficiency institution, but he was not sure of its relevancy to the Parliamentary Committee, and would prefer that it should be brought forward under some other heading. The only way to move in the matter would be possibly to ask the Medical Planning Committee to take up the matter.

Dr. Bower said that the Parliamentary Committee would go into the matter at its next meeting to ascertain whether anything could be done. The person who knew most about it was the Secretary.

Dr. Masefield said that his view was that the more notice taken of it the more Clerks and Stewards would think they were a "big noise," and Medical Superintendents must look after their own interests.

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in residence. The Committee also considered further the preparation of a handbook of mental hygiene, and has had the assisfance of Wartime Social Survey and the Ministry of Information, viz. Dr. Stephen Taylor, in this direction. The Committee decided, however, to postpone further action with regard to the proposed handbook because of the practical difficulties at the present time.

The Hon. Secretary is Dr. Aubrey J. Lewis.

5. *Pathology, Bacteriology and Bio-Chemistry.*
6. *Study Tours.*

} Sub-Committees.

These Committees have met once during the year and the former has decided to resume the reading of papers at its meetings.

The Hon. Secretaries are Drs. F. A. Pickworth and K. K. Drury (Joint) and Dr. A. E. Evans, respectively.

Research Bureau.

This Bureau has continued its activities during the year under the administration of Professor Golla.

Dr. Ford Robertson seconded and the Report was adopted.

REPORTS OF SPECIAL COMMITTEES.

(*a*) Medical Planning Committee.

Dr. Gordon Masefield said that the Report of the Medical Planning Committee was in the form of a Memorandum on the Future Organization of the Psychiatric Services, and copies should have reached every member of the Association by post. The report was to be discussed later in the meeting. He would like to take the opportunity of saying how much the Medical Planning Committee had benefited from and appreciated the cordial collaboration of the Committee of the Royal College of Physicians and the Committee of the British Medical Association in coming to a satisfactory agreement.

He moved formally the receipt by the Association of this Memorandum for discussion later in the meeting.

Dr. Graves seconded and it was agreed.

Prof. Henderson asked whether an agreed date could be fixed so that the memorandum would not be published until it had been approved by the Comitia of the Royal College of Physicians and also perhaps by the British Medical Association Committee. He thought it was important that a memorandum should be issued by all the bodies interested in it at the same time.

Dr. Masefield said that it had been agreed that the memorandum was only to be sent out to members of the Association. He had had many applications for additional copies, but the reply was that at present it was only available for members of the Association.

(*b*) Handbook Committee.

Col. A. A. W. Petrie said that three further meetings of the Handbook Committee had been held during the year; a good deal of progress had been made, a further five sections having received consideration. Contributions had been received on the chapter on Mental Nursing, but all were incomplete so far. An endeavour was being made to get out the Mental part of the Handbook as a first publication as the Committee felt it was urgent, but there were a number of difficulties, and if the reputation of the Association was to be widely upheld the contributions had to be of a high standard.

He moved the adoption of the report; Dr. Graves seconded, and it was agreed.

Motion Under Bye-Law 96.

The Hon. Treasurer moved that the usual financial grant be made to the President to cover his expenses for entertainment and to uphold the dignity and prestige of the Association. He could not put any definite sum to the meeting, but he had reason to expect that it would not be as much as usual.

Dr. Douglas Turner seconded the motion, which was carried.

Election of Honorary and Ordinary Members.

The Chairman read the Bye-Law governing the election of Honorary Members of the Association, and said that the Council in accordance with that Bye-Law recommended the election of the following as Honorary Members:

Sir Edward Farquhar Buzzard, Bt., *K.C.V.O.*, LL.D.Man., M.A., M.D.Oxon., F.R.C.P. Lond., Christ Church, Oxford. Extra Physician to H.M. The King; Regius Professor of Medicine at University of Oxford; Consulting Physician, St. Thomas's Hospital Home for Discharged Soldiers, Roehampton and Ministry of Pensions; Chairman, Medical Advisory Council,

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Nuffield Provincial Hospitals Trust. President of the British Medical Association, 1936–37 Maudsley Lecturer, 1932.

THE RT. HON. ARTHUR GREENWOOD, *LL.D.*, *P.C.*, *M.P.*, Parliamentary Secretary to the Ministry of Health, 1924; Minster of Health, 1929–31. Whilst Minister of Health, Mr. Greenwood piloted the Mental Treatment Act through the House.

Dr. GEORGE WILLIAM SMITH, *O.B.E.*, Wyke House, Isleworth, Middlesex. Ordinary Member of the Association since 1905. Hon. Treasurer since 1931.

All of them had rendered signal service to the cause of mental health.

Dr. Brookes and Dr. Back were appointed scrutineers, and on a ballot being taken the Chairman announced that the candidates were duly elected Honorary Members of the Association.

Dr. SMITH said that he was deeply honoured by his election to Honorary Membership. The thought of distinguished company in which he found himself covered him with confusion. He thought the members sought to do him honour and he accepted it with the humblest gratitude.

It was agreed to ballot for the Ordinary Members *en bloc*. Drs. Brookes and Back were appointed scrutineers, and after a ballot had been taken the following were declared to be elected members of the Association:

AMARASINHA, CHANDRA DASA, L.R.C.P.&S.Edin., L.R.F.P.S.Glas., D.P.M.Eng., Medical Officer, Mental Hospital, Angoda, Ceylon.
Proposed by Drs. C. O. Perera, R. G. Blake Marsh and J. R. Whitwell.

BACHUS, PERCY LAVERN, M.D., C.M., D.P.M., Lt.-Col. R.A.M.C., Psychotherapist, Tavistock Clinic and Maudsley Hospital; 32nd Psychiatric Hospital, B.L.A.
Proposed by Drs. M. S.-M. Rayner, J. C. Penton and F. Pilkington.

GOVINDASWAMY, M. V., M.A., B.Sc., M.B., B.S., D.P.M., Superintendent, Government Mental Hospital, Bangalore, S. India.
Proposed by Drs. Moore Taylor, J. Roy and B. P. Bhattacharjya.

HUNTER, HENRY DUGMORE, M.B., Ch.B., D.P.M., Psychiatrist, 10 Corps, H.G., C.M.F.
Proposed by Drs. Stephen MacKeith, R. G. Blake Marsh and J. R. Whitwell.

KEANE, ROBERT ARTHUR, M.B., B.Ch., D.P.H., F.R.C.S.I., Deputy Medical Superintendent, Stallington Hall Mental Deficiency Colony; 9, King Street, Newcastle, Staffordshire.
Proposed by Prof. D. K. Henderson, Drs. W. D. Wilkins and J. R. Whitwell.

LUCAS, SOPHIA, M.R.C.S, L.R.C.P., Assistant Medical Officer, Oxford County and City Mental Hospital; Clinical Assistant, O.P. Neurological Dept., Radcliffe Infirmary; Assistant Psychiatrist, Oxford City Child Guidance Clinic; Littlemore Hospital, near Oxford.
Proposed by Drs. R. W. Armstrong, F. M. Stewart and E. O. Hagedorn.

MACKWORTH, JOAN EVELYN, B.A., M.B., Ch.B., D.P.M., Psychiatrist, Tonbridge Child Guidance Clinic; 40, Palace Mansions, London, W. 14.
Proposed by Drs. Margaret M. Methven, R. G. Blake Marsh and J. R. Whitwell.

O'DONNELL, TERENCE JOHN, M.B., Ch.B., B.A.O., Assistant Medical Officer, Brockhall Certified Institution, Langho, near Blackburn.
Proposed by Drs. Douglas J. Rose, N. F. Mackenzie and G. Scott Robertson.

SHAFI, AHMAD, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H., D.T.M., P.C.M.S., Deputy Medical Superintendent, Punjab Mental Hospital, Lahore.
Proposed by Drs. Moore Taylor, J. Roy and B. P. Bhattacharjya.

VARMA, LAKSHMAN PRASAD, M.B., B.S., Assistant Superintendent, Indian Mental Hospital, Kanke, Ranchi, India.
Proposed by Drs. Moore Taylor, P. C. Das and O. Berkeley-Hill.

VOTE OF THANKS TO OFFICERS AND COUNCIL.

Sir HUBERT BOND said that a vote of thanks to the officers and Council of the Association was time-honoured, and he was entrusted with the task on this occasion on grounds of seniority. In the time at his disposal it was difficult to do even scanty justice to his theme; moreover this was an historic occasion—the marking of the centenary of the Association. The notices of the meeting described it as a "belated centenary." In point of mundane time this was true, but viewing it on a higher plane he saw a great many advantages in this delay of something like $3\frac{1}{2}$ years. In that time the work of the Association had been steadily carried on amidst many and great difficulties and it was coming to a head in this belated centenary year. This would add to the heartiness with which members would pass the vote of thanks.

One hundred years ago the officers of the Association were three—the Chairman, Treasurer and Secretary; now there were 36 officers. One hundred years ago there was no Council, now its membership was 1075. Therefore he could be absolved from any attempt to do them justice individually; each had done his or her work right well and unflinchingly.

On the other hand, he would not be acquitted if he failed to allude to three or four in groups or individually—those upon whom the brunt of the work had fallen. There were the Divisional Chairmen and the Divisional Secretaries. The work carried on in the Divisions was of the utmost value and importance to the Association. There were the Standing and other Committees, each with its Chairman, Vice-Chairman and Secretary.

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The Hon. Treasurer had already been spoken of; he was a grand guardian of finance, and his ambassadorial value in the Privy Council was high. Then there was the Honorary General Secretary. (Applause.) One wondered that he did not get tired beyond words when the enormous volume of his work was realized, and his wisdom was beyond all praise. What the Association would do without him the speaker did not know.

Lastly, there was Dr. Graves. The Report of Council had given expression to the feelings of the Council about him, and that was the nucleus of the Association. How Dr. Graves had accomplished what he had in the four years of his Presidency had puzzled them all. No meetings of the Association were held during the last war; during the past four years wonderful meetings had been held and a great deal accomplished. The President had never spared himself; he had attended all the meetings. When he became President many of the members did not know him very well, but all had come to know and appreciate him. Personally, he had had the great privilege of seeing Dr. Graves at work with his patients at Rubery Hill Hospital, which had never been neglected despite all his travelling to attend to the Association's business. He wished him health and strength to carry on that work.

The vote of thanks was accorded with acclamation.

Dr. Graves said that he did not feel competent to thank the members for the tribute paid to the officers of the Association during the past three or four years. He felt that the work had been done by the "permanent staff," and he would ask Dr. Masefield to reply.

Dr. Masefield, who was received with applause, said that this last act was the only improper one of which the President had been guilty during his years of office. He thought the members must be a little appalled to think of himself, the Treasurer and the Registrar as permanently in those posts. He had been Secretary for eight years and it was long enough. He thanked Sir Hubert Bond for his very kind words. It had been astonishing how the President had attended meetings through the years; some of his journeys must have been extremely uncomfortable.

Dr. Smith, also in acknowledgment, said that he had already been honoured by the Association, and he could only thank Sir Hubert Bond for his kind references to his services. He would associate himself with Dr. Masefield's words; they were not the permanent staff and he considered himself the servant of the Association, and as long as they wished he would accept the post.

Dr. Graves said that he had great difficulty in attempting to express his thanks for Sir Hubert Bond's words. He came among the members known to very few and all had been charming to him. Sir Hubert had referred to his work at Rubery Hill; there he had been assisted by many members of the Association, including his wife.

Induction of President.

The Retiring President said that the time had come to induct the new President to the Chair of the Association, and for his investiture with the insignia of office.

Alfred Alexander Webster Petrie had been and still was a worker, and there was no dearth of achievements in each of the several stages of his career in the field of medicine. The gift of a great enthusiasm in his interest in medicine and an enormous capacity for effort determined that he had never been content with doing a thing once only; if it was worth doing at all it was worth doing well and it was well done twice. He thus had had an extraordinary academic career, for he graduated with distinction in two great Universities—Edinburgh and London—in both of which he held the Doctorate of Medicine, and both were obtained in the same year. He was also a Fellow of Two Royal Colleges, the Surgeons of Edinburgh and the Physicians of London.

Observing this successful duplication Fate decided that it should be continued by appointments at two teaching hospitals with two examinerships, the two appointments at Banstead, one civilian, one military, and now the Presidency of the Section of Psychiatry of the Royal Society of Medicine was paralleled by that of the Association. He also assisted in the opening of the Maudsley Hospital for civilian purposes after the last war.

Lt.-Col. Petrie had been a member of the Association since 1911, Vice-Chairman of the Research and Clinical Committee since 1932 and Chairman of the Educational Committee since 1933, and those who had served with him on these and other Committees knew that his interest in the detailed work of the Association was sustained at a very high level, and that he was, in very truth, a pillar of the Association.

This recital of his achievements was made with the intention of expressing pride in having such a man as President, and to offer thanks to him for taking up the work of President at an important period of its history when his extensive experience of affairs in surgery, pathology, general and psychological medicine would be of great service.

In conclusion, Dr. Graves said that he was honoured to welcome Col. Petrie to the Chair, to invest him with the Insignia and to congratulate him on the dignity which he would so amply fill. He wished him all happiness in his term of office, during which he hoped they would see the return of peace. (Applause.)

Lt.-Col. Petrie said that he had been in one or two chairs, as Dr. Graves had said, but he had never heard such a dignified and eulogistic speech when he had been put into those chairs. He

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had served under Dr. Graves for nearly five years, and in that time there had been ordered efficiency in the running of the Association at least equal to anything known in the past. He had always got the business through to time, and his guiding hand at the helm would be missed very much indeed. They had got to know and appreciate him most highly. He had never served under a President who was so dignified, authoritative and efficient.

Dr. Graves referred to the permanent officers of the Association, and he wondered whether he was going to refer to a permanent President-Elect. Although Dr. Graves had been President longer than anyone else, he believed he was correct in saying that he had broken the records for the Presidency-Elect. He felt deeply honoured when he was originally elected for the centenary year, and he deeply appreciated this honour which the Association had done him.

The next item was the investiture of the Ex-President with the Past Presidential Badge. Owing to war conditions he would have to invest him in spirit until the end of the war and such insignia could be made. The Past Presidential Badge was offered to Dr. Graves with every sincerity, and with the feeling that never had it been better earned. (Applause.)

Dr. GRAVES said that he was glad that he had put Lt.-Col. Petrie really and truly into the chair at last. He thanked him for his kind words concerning the work he had endeavoured to do, and he accepted most gratefully the token as an expression of the kind feeling shown towards him.

LUNCHEON.

A Luncheon to celebrate the Centenary of the Association was held at the Savoy Hotel, London, at which a number of distinguished guests, including the Rt. Hon. H. U. Willink, Minister of Health, was present. The President, Col. A. A. W. Petrie, was in the Chair.

The Loyal Toast of H.M. the King was proposed by the President.

"OUR GUESTS."

The PRESIDENT, in proposing the toast of the guests, said that Mr. Willink, Minister of Health, was the focusing point of all their hopes and possibly their fears; hopes that the mental health standpoint would have a greatly enlarged opportunity, because there could not be a comprehensive health service without the aspects of mental health being adequately attended to; fears, which it was hoped were entirely illusory, which were shared in common with the rest of the profession, that co-ordination might perhaps stifle some of their initiative. They hoped that would not be, and he was sure that the Minister was bearing it in mind. Two of the Minister's principal permanent officials, Sir John Maude and Sir Wilson Jameson, were present, and it was hoped, with the modern trend, to work in closer co-operation with them and to render them service also.

The Presidents of the Royal Colleges, Lord Moran and Sir Alfred Webb-Johnson, as well as the Dean of the Faculty of Medicine of the London University, were present, and again it was hoped that the interest which somatic medicine was taking in psychiatry or in the mental health side of medical science was represented by those gentlemen.

Representatives of two sister Associations, the American and Canadian Psychiatric Associations, were present. The American Association was three years younger than the British Association, this being their centenary year. The Canadian Association was a little younger, but would soon grow up.

The Armed Forces were also represented. The Services were interested in psychiatrists and came to them for help, and were sometimes surprised that the trouble did not immediately subside, but they probably had been helped by indications of the way in which people could be properly employed. This had aided them in getting rid of some of the people who, though apparently normal, were a social menace in peace and war.

It was an open secret that the British Medical Association was trying in conjunction with the Association and the Royal College of Physicians to present a unified report which it was hoped would help the Minister of Health. The difficulties of achieving complete unity had its growing-pains, but most of them were over, and the Minister would receive a considered report which was fairly unanimous in regard to this aspect of medicine, and which it was believed would be of benefit to the next generation.

Dr. Somerville Hastings, the Chairman of the London County Council, was present; so was Lord Latham, who guided the policy of the Council, and Sir Alan Daley, the Medical Officer of Health, was also present. The interesting experiment had been tried in London of integrating the mental health services with the public health services, and there were great hopes that the prospects in London were dazzling; the health service controlled on the mental side alone, 34,000 people, and close integration with general medicine could be achieved.

From the Midlands, Alderman Denton and Sir Frank Wiltshire were associated in the admirable work which the ex-President, Dr. Graves, had been doing. They had established a research centre which showed every sign of making considerable progress. Among the Honorary members present were Sir Farquhar Buzzard, Regius Professor of Medicine at Oxford and a distinguished neurologist who had always taken a great interest in the Association; the Rt. Hon. Arthur Greenwood was not present, but he was remembered with gratitude as the man who steered the

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Mental Treatment Act of 1930 through the House of Commons, which gave an opportunity for increased efforts. Dr. Smith, Treasurer of the Association, was also an Honorary Member.

The Association started in June, 1841, with six members. It was called the Association of Medical Officers of Hospitals for the Insane. From this beginning there were now over 1,000 ordinary members, and the Association had also expanded the scope of its studies. The original Association confined itself to the people who required certified care, but now the Association had a section for mental deficiency, for neuroses, for child psychiatry, and there was the possibility of a section devoted to industrial psychology being formed.

The answer to most things in medicine was prevention. Up to the present a very vast sum of money had been spent on the more terminal aspects of mental illness. The tuberculosis clinics spent a great deal on trying to prevent the disease arising and in trying to treat early cases. This was the aspiration of mental medicine. It was hoped to see a mental health service with a strongly prophylactic standpoint trying to deal with the problem before it reached the stage of acute mental breakdown, and when there was a mental breakdown it should be treated early. The prospects being opened up were vast, and were the problems of providing healthy citizens to carry on the great heritage of our race, of preventing preventable unhealthy citizens. On the environmental side there were housing, employment, and so forth, and it would be very interesting if Sir William Beveridge succeeded where psychiatrists had failed by some of his proposals, because it was a fact that in the two great wars the incidence of certifiable mental illness had shown a sharp decline while the nation was fully employed and occupied despite the stresses of war. The psychiatric side of the hard core of unemployment was more than evident; the people who represented the hard core of unemployment showed a degree of deficiency or of instability or of possibly incipient psychosis. They certainly were a mental problem, as were many of the people who were associated with accidents. There was a mental aspect which needed dealing with just as much as the physical aspect.

With regard to the children, they must be tackled adequately. An older school-leaving age was proposed, and these children would benefit by having help during those years. The defectives were discovered, but there were a number of unstable children who could, by a little help later on, be saved from joining the unsatisfactory group of psychopathic personalities. By getting these children at an early age and giving them positive help they would be an asset to the nation instead of a liability. The examination of a child should not be considered to be an indication of abnormality; this was visionary, because there were not enough child psychiatrists to do it, but the need would provide the men.

There was every hope that in general medicine the teaching hospitals would look to psychiatrists to deal with this important subject, and for help to bring together general and psychological medicine. If the teaching hospitals did it other hospitals would follow suit, and there were great hopes of considerable progress in that direction. The municipal hospitals had a vast opportunity. In London some thought was being given to the proposition of dealing with some of these cases in the municipal hospitals, where they came in at present for observation. The opportunity in a vast centre such as London was dazzling from the point of view of post-graduate and under-graduate teaching.

There were new methods of approach to mental illness; the electro-encephalogram was making progress, and some of the shock treatments showed that physical approach could be of benefit to their patients.

He thought he had said enough to indicate that there were hopes and possibilities in mental health services. It might, on the mental health side, complete the comprehensive medical and health services, and help to produce mental health, which was one of the things which was of essential importance to any nation.

The Rt. Hon. H. U. Willink, Minister of Health, in responding to the toast, congratulated Lt.-Col. Petrie upon becoming President of the Association and congratulated the Association on attaining its centenary. Since the issue of the 1944 Edition of *Who's Who* centenaries had had a certain special attraction for him, since that valuable publication informed the world that he had been Minister of Health since 1843!

The milestone reached in 1941 was a milestone in the life of a very great Association, and he understood that it could claim to be the oldest body in the world devoted exclusively to the advancement of psychiatry. What a history the Association could look back upon when one compared the position in 1941 with the position in 1841!

He had informed himself of some of the activities of the Association, of its scientific activities, its quarterly journal, of the Gaskell Prize, of the Maudsley Lecture, which, in spite of the MacNaghten rules, had twice been given by members of his own profession, Mr. Justice McCardie and Lord Macmillan. The Association had been a pioneer in the work of training and examining nurses. Everyone would agree that it was of the highest importance that everything possible should be done to raise the status of mental nursing.

He would refer to a third part of the Association's work, because it could focus and represent professional opinion in psychiatric matters. He had been told, and believed, that for years there had been the most cordial relations between the Association and the Board of Control, relations which had very greatly assisted the Board in keeping in touch with professional opinion. He knew that the Board of Control valued very highly these contacts, and he hoped that in this

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field, as in many other fields, in every other field of health, relations of this character would continue to be developed.

This was a time when great and comprehensive measures both in the organization of the public health services and in medical education were in sight, but looking into it he had become very clearly aware that in the sphere of the mental health services all would have to make many adjustments, and some pretty big and complex problems of administration would have to be solved. On behalf of the Ministry he would give the Association a special word of thanks for inviting those to whom the President referred from his Department. For the Ministry he could say that the various representative bodies concerned with mental health services would be taken into full consultation, and he looked forward to meeting his hosts at a very early date.

Perhaps he could take this opportunity to mention quite shortly, in outline only, some of the points which seemed to loom large in the developments of the near future. In the first place there was the question of unified control. It was a common hope that the future developments would include the unified control of all mental health services under a single set of authorities. It seemed desirable that there should be in every area a body charged with the responsibility of dealing with all aspects of mental health, so that they could survey the field as a whole, instead of there being as there was at present a variety of authorities, combinations of authorities, each concentrating on a comparatively limited section of the whole field. For example, unified control was, as he understood the position, essential to the proper development of a comprehensive out-patient service, and the development of that service was generally recognized as the first great step towards the application of what the President had referred to as the principles of preventive medicine in the mental health services. If out-patient centres were to be developed as they should be, it was essential that there should be at the same time a development of the ancillary services. A highly trained psychiatrist could not be asked to do his work as best he could without the knowledge of the patient's home and occupational background and other matters of that kind which a trained psychiatric social worker could give, and it was even more wasteful not to provide the psychiatrist in an out-patient centre with such matters as proper clerical assistance.

The second matter to which he would refer was the link with general medicine. Psychiatry had been described as a still young specialty, and he gathered that it was commonly thought that it had suffered in the past from the relative isolation of many mental hospitals, and the difficulty which medical staffs had found in keeping in touch with general medicine. Certainly, speaking on behalf of the Ministry of Health and the Board of Control, they were most anxious to see a closer relationship between mental and general hospitals, not only by the interchange of staff, but by the establishment of psychiatric units in all the teaching hospitals and in the larger non-teaching hospitals. There would no doubt be difficulties if the desired close co-operation between mental and general hospitals were to be secured, but with goodwill and common purpose on both sides these difficulties could and should be overcome.

The Interim Report on Undergraduate Education in Psychiatry issued by the Royal College of Physicians in October, 1943, contained a suggestion that every teaching hospital should have a department of psychiatry, and this would form a link between the general hospital and the mental hospital. This recommendation seemed to crystallize a principle of first importance included in the White Paper.

One of the troubles of a Minister of Health and those who worked with him was that they had to concentrate a great deal on problems of administrative machinery. These were important and difficult, but he would assure his hearers that on his part, and he was sure he could speak for all who worked with him, the primary objective, which was to try to ensure that the physician, including the psychiatric physician, should have the best chance he could to do all possible for his patient, would be kept in mind.

A word about medical education, both pre- and post-graduate. There seemed to be no doubt that it was necessary to develop a more scientific system of training psychiatrists. He had referred to one of the reports issued by the Royal College, but it must be a matter of great encouragement to the Association, as it was to the Ministry of Health, that the Royal College of Physicians should be so keenly alive to the development of psychiatry, and that so much valuable work was being done by the College's Committee on Psychological Medicine. Any scientific system for training must make provision for post-graduate work as well. He gathered that psychiatry might reasonably be thought to have suffered to some extent from being split up into too many sections, and he was very glad to hear the President say that there would in the future be a need to take a broader view, and to include the study of mental deficiency and child psychiatry as well as adult psychiatry in the general picture.

The President was quite right in saying that the Ministry intended to benefit from the experience and counsel of the Association, in co-operation with the Universities and the medical schools. Do not let anyone think that he conceived that progress in educational reform was something which could occur overnight. It was better to proceed slowly and make sure of the foundations in such a field as this.

Fourthly, he would refer to research. He could not help feeling that there was a very wide field for research in the realm of mental health. The causes of mental disorder were something on which there was very much to learn, and it was the wish of the Ministry and of the Board of Control that all mental hospitals should take some part in a well-planned and co-ordinated

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scheme of research; quite apart from the scientific and medical value of the results attained, surely such a venture would be stimulating and beneficial to all concerned, because whatever form of institutional service one considered there must be a risk of monotony and routine, and was there any better safeguard against that than a share in research work?

Lastly, in the sphere of education it was hoped to see a development of refresher courses for medical men who felt that they were beginning to get out of date and out of touch with modern methods—a matter which was stressed in the Goodenough Report.

Then there was rehabilitation; when a patient was cured it was no longer regarded as the end of the story, particularly in the field of mental work. How was the patient to return to normal life? A return to work after any form of long and serious illness was a difficult matter, but never more so than in the case of mental illness. The patient's former occupation might be of an unsuitable kind, and the choice of a new occupation and training for it must call for very careful thought. Even if he was going back to his own occupation, his replacement in industry must need very sympathetic supervision and very close co-operation between the doctors at the mental hospital and the employment exchanges. The Ministry of Labour would welcome the help that the doctors could give them.

Four or five points had been mentioned which entered into any consideration of the development of the mental health services of this country. They covered a very wide field; they were objectives which could not be reached quickly or easily, but the difficulties were not insoluble. The Ministry believed that with the co-operation of the medical profession and those in the ancillary service great progress was possible, and with the help of the Association those in the responsible central department could go forward.

He looked forward very confidently to the help and support of the Royal Medico-Psychological Association. He believed that at the commencement of this second century they could help to serve their fellow countrymen in a most marked degree. He was very grateful indeed, as were all the guests, for the kind entertainment they had been given, and for the most kindly way in which their health had been proposed.

"The Association."

The Rt. Hon. Lord Moran, P.R.C.P., said that he was to propose the health of the Royal Medico-Psychological Association, but that task had already been performed by the Minister of Health, and he could therefore wander at random without any responsibility.

He was very glad to be the guest of the Association because he believed it was the outcome of the kindly feelings which had grown up between the Association and the College in the last year or two, and he was glad for rather an unusual reason. If the luncheon had been postponed for three or four months he was not so sure that he would have been invited, because he had to confess that he had perpetrated a book on psychology, on the *Anatomy of Courage*. When they read it they might create him a life member of the Association or, on the other hand, they might regard him in a very different light.

He would make a personal confession. Psychiatrists liked to begin at the beginning. When it was found that a man had done badly in the war they discovered that as a schoolboy he liked to swim but never dived into the water, and in his own case his psychology would be traced back to the beginning of 1914. At that time he was faced with minor psychological problems, and began to ask, "Can courage be judged apart from danger?" That question became very knotty, because men had ceased to think of war as something which happened to themselves; it had become remote. In 1914 there was no book on the psychology of the soldier in the English tongue except William James's *Analysis of Fear*; men were no longer interested in the psychology of courage and fear, and Wells, in the Preface to the *Search for the Magnificent*, had to go back to the jungle to illustrate fear.

In the next four years quite a lot was learnt about the psychology of fear and courage. The Armistice came and war was put away. Six years ago a man with more imagination than most was commandant of the Staff College and looked through the numerous lectures given and found that psychology was not represented at all, and he was asked to fill the gap and did so.

Then came the outbreak of war and the soldier said, "You must put away childish toys and the lectures must cease and we must be practical." But our experiences had led him to put on paper what had been learnt about this. The President spoke of selection, and the speaker felt that the great task of psychology, if it was to be brought home to the medical schools, was to teach the doctor that he was an unconscious psychologist. How was that to be done? Psychiatry would be judged by its war record—that was inevitable—and of all the things which would be brought for and against it would be its success in selection. If an army was to be prepared to fight, those who were not capable of fighting must be eliminated. Could selection be made on "snap judgments"? Could he go among his audience and say, "If you went to war to-morrow this man would fight and that man would not"? Quite apart from its being an unsafe procedure he could not so judge. Could the psychologist judge a man apart from danger? He had never met a man yet who did not think he was a good judge of human nature. There were men who had the capacity for quick judgment of character in the same way as some people were sensitive to a false note of music, but they were too few to count in any scheme of things and recourse had to be made to objective evidence. There were tests of aptitude; the

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tests did not tell who would be successful in war, but they did tell that certain people would fail. He did not agree with the harsh criticism which had been passed upon them in some quarters, but selection remained a search for character, and a man's fate in battle was decided before the war broke out. Psychiatrists would be judged by their powers of selection, and he hoped they would come out of it well, because it was of immense importance that students at the schools should be taught psychology more than they had been in the past.

The Minister of Health had referred to great and progressive measures which were being discussed; if he went wrong it would not be for lack of advice. There was to be a consultant service; whether it was sufficient or not would be precisely due to how far the consultants took part in it. If they were united they would shape it; if they were not united they would have nothing to say, and that was why any move towards unity was so immensely important. Some time ago the paediatricians asked if they could have a Standing Committee, and the relation of a Standing Committee to the Royal College was like that of a Dominion to England. He believed this would be established in every branch, and these Standing Committees would advise so that a first-class consultant service could be set up. It could be done with the help and co-operation of other bodies.

He proposed, with great pleasure, the toast of the Royal Medico-Psychological Association, coupled with the name of Dr. Graves.

Dr. Thos. C. Graves, in response, said that a toast which had been so eloquently proposed by Lord Moran and so enthusiastically received by those who knew the Association and its work showed that it had many good friends, and he was honoured at being asked to reply.

Even the most earnest worker should from time to time stand back to get a more general view of his work and to contemplate its wider relations, and such a time was reached when the first centenary of an Association was celebrated, and it was fitting perhaps to refer to certain aspects of the Association's quest in the past, present, and in the future.

For an association of persons to continue for over a hundred years showed that a special need existed and was being met. That this Association and its sister in the United States of America were both centenarians showed that their similar special objects were necessary and were still being pursued.

The Association originated as the result of a letter signed and circulated by Dr. Samuel Hitch, of Gloucester, to all the medical men at that time attached to the " Public Lunatic Asylums " of Great Britain and Ireland. He pointed out that some bond of union was desirable, seeing that these institutions were the " true school of mental pathology " in the country, and that periodic meetings for the interchange of experience and opinions were of importance and value. (He hoped the resuscitation of this ancient expression of opinion would not split the Association.)

At the time of its formation the special objects were considered of sufficient importance to warrant the formation and existence of a body separate from the general association of practitioners of medicine, and this view was testified to by the fact that nine years after founding the British Medical Association Dr. (later Sir Charles) Hastings was amongst the original founders of the Medico-Psychological Association, and in 1859, when it was in its nineteenth year, he became its President, at a time when he was permanent President of the B.M.A. Council and a member of the newly formed General Medical Council. With such powerful assistance the Association was founded and encouraged to pursue scientific studies on a special subject in freedom and independence.

The foundation was in hope, for it was made at a time when what was now recognized as the scientific victories of the human spirit over the chaos of disease had yet to appear. That scientific work did go forward in this branch was shown by the fact that in 1873 Ferrier's classical paper on cerebral localization was published in the Medical Report of the West Riding Lunatic Asylum at Wakefield, and in this paper Ferrier expressed his thanks to the medical director for putting at his disposal the resources of the laboratory in which he had done his work. Corresponding with the efforts made in treatment, there went improvements in the care of the patients, including the inauguration and progressive development under the aegis of this Association of a nationwide scheme of training and examination of nurses in mental disorder and later in mental deficiency. The idea was brought before the Association by Clouston of Edinburgh, in 1876, and in 1884 the first manual of instruction of 64 pages was published and 3,000 copies sold. A second edition of 122 pages followed in 1893. The seventh edition of 615 pages was now being revised for the eighth edition.

The first examination was held in 1891, when there were 35 successful candidates from five institutions. He was credibly informed that of these 35 successful candidates 19 came from the two City of Birmingham mental institutions, Winson Green and Rubery Hill, whilst the remaining 16 came from three Scottish institutions.

Since then the curriculum had been expanded and the training augmented, yet the Association's certificate had continued to be popular, and the annual number of entrants had increased to almost staggering figures during the years preceding the present war. In 1938, the peak year, 7,358 candidates sat for the examinations. Since the war these figures had fallen, but even under the adverse circumstances obtaining in 1943 and 1944 the corresponding entrants were respectively 3,688 and 3,463. However, between November, 1940, and May, 1944, he had had

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the honour of signing nearly 5,000 parchments certifying entry in the Association's register of qualified mental nurses.

The future of this important branch of the Association's work was under consideration, and no branch had more need of the fullest application of the Association's motto " Let Wisdom Guide " in the determination of its fate.

At the age of 103 the Association was, like a certain well-known figure, not only still going strong, but was actually growing in medical membership. In 1901, 60 years after its foundation, there were 628 members, by 1940 this had increased to 1,053, and since then there had been an access of 200 new members. A healthy sign was that since the doubling of the subscription in 1943, 123 new names had been added to the roll.

Not only had the numbers increased during the war, but, except for the cancellation of four meetings during the last five years, members had, with good attendances, supported the seasonal rota of Association meetings for the discussion of a wide variety of subjects. In addition to the meetings of the Standing and other Committees, the future development of the mental health services had been exhaustively considered by a special committee. Another sign of vitality had been the appearance of schemes for the development within the Association of sections for specialized study. The Association's function of providing a platform for the free and independent expression of opinion had thus been maintained.

The prime work of the Association was, however, still incomplete; its original objects had yet to be achieved. The promotion and cultivation of science in relation to mental disorder involved not only the care and treatment of those who were already mentally ill, but, as obtained when science was utilized in other branches of medicine, the development of knowledge which could be applied in prevention.

In these relations the discarded motto of the Association, *Mens sana in corpore sano*, seemed to reappear in the injunction as to aim contained in the White Paper. This injunction suggested a conception of holistic medicine, such as might be based on the philosophy expounded by Field-Marshal Smuts. He taught that throughout the evolutionary process lower wholes had given rise to higher wholes and had become incorporated in them. Material chemical patterns had produced life patterns, and mind was a new organ or pattern developed inside the earlier physical and biological structures, and the three, inextricably interwoven into a new pattern, constituted a whole or personality.

Mind and body were thus different aspects, internal and external, of the same thing. Accepting that philosophy, it might be concluded that any disturbance of the arrangement, development or wholesomeness of the earlier wholes must be reflected in or be represented as unwholesomeness in the later wholes.

The physician who followed this conception of holistic illness would find that with the teachings of the Victorian physicians of mental illness, Maudsley, Savage and Clouston, all giants of the Association, he was at home. Such a total or holistic physician, by " reducing the distinctions commonly drawn between mental ill-health and physical ill-health," would see the patient as a whole and would thus see him well, and he would certainly promote and cultivate science in relation to mental disorder.

Presidential Address.

At the afternoon session the President, Lt.-Col. A. A. W. Petrie, delivered his address entitled: **" Psychiatric Developments."**

Dr. Helen Boyle, in proposing a vote of thanks, said that she felt it was a great honour to do so. The Address was extraordinarily wide and valuable. To thank adequately a man such as Lt.-Col. Petrie was no mean task; his Address had shown a grasp and a width of vision which would do the Association a great service. To develop as he suggested would keep the Association busy for the next hundred years.

Mental medicine had made great strides, and Lt.-Col. Petrie was in the forefront of its great movement. One could not be surprised at the scope and vision he had shown when one thought of his academic attainments, for in addition to those mentioned earlier in the day, he had written three papers on the " Bacteriology and Pathology of War Wounds," another on " Conduct and Character," and a third on " Constructive Psychology." This indicated skill, and his present paper showed an enormously wide preparation for the reconstruction in which he was taking such a marked part.

There were so many different aspects that everyone could be interested in taking up one of them, and it was a good sign in their particular branch of medicine that the President should have such a very marked and extraordinary capacity for work. Mental medicine overlapped all other fields in medicine, indeed it overlapped all life, and perhaps even reached out to eternal life. No other branch was so fraught with danger or so important in its grasp, and if ill-used so likely to have ill effects.

The President's experience of two wars had contributed very markedly to his immense grasp. All wished him happiness in his year of office, to which they all looked forward, not least because it was hoped that Mrs. Petrie, with her charm, friendliness and smile, would be able greatly to help him. She would be greatly valued as hostess.

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The PRESIDENT, in acknowledging the vote of thanks, said that the late President, Dr. Helen Boyle, was certainly a pioneer herself, and she had set a high standard for both sexes which it was difficult to follow.

The meeting then adjourned until the next day.

MEMORANDUM ON THE FUTURE ORGANIZATION OF THE PSYCHIATRIC SERVICES.

REPORT OF THE MEDICAL PLANNING COMMITTEE, ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION, NOVEMBER, 1944.

A Committee of the Royal College of Physicians, the British Medical Association's Group of Practitioners of Psychological Medicine and the Royal Medico-Psychological Association has each been concerned during the past year with the formulation of its views on the future of psychiatry. The views expressed by each of them followed such similar trends of thought that it was considered that a single agreed memorandum would be of more practical use to the medical profession generally and to other persons concerned with the organization of psychiatric services in a National Health Service. The present Memorandum has accordingly been prepared jointly by the three bodies.

I. THE LINKS BETWEEN PSYCHIATRY AND GENERAL MEDICINE.

1. During recent years psychiatry has been brought into an increasingly close relationship with general medicine. There are many reasons for this. Historically, psychiatry developed as the method of treatment of those individuals whose mental illness necessitated their segregation from the rest of society. It is now recognized that this distinction, however important socially, is medically irrelevant, for there is only a difference of degree between the majority of patients in mental hospitals and the far more numerous sufferers from less severe mental disorders. For one case of major mental illness there are many cases of minor mental illness. In terms of the numbers of patients involved much more psychiatry therefore needs to be done outside than inside the mental hospital. At the same time psychiatry has shown that it has much to contribute to research into the causes and treatment of many forms of illness formerly regarded exclusively from the medical or surgical standpoint. It has thus a double justification for its presence in the general hospital.

2. Moreover, the historical association of the mental hospital with severe forms of illness and with legal restraint has undoubtedly made the public reluctant to avail themselves of these institutions, and has militated against the early treatment of mental illness. Although modern developments in mental health services are doing much to lessen such fears and prejudiees among the public, they are still a factor to be reckoned with. It has happened that the movement to open psychiatric departments in general hospitals has coincided with the development of methods of treatment, which have made it possible to treat successfully as out-patients some mentally ill persons who a few years ago would have become ill enough to need in-patient treatment. Events have thus lent their support to the movement to emphasize the links between psychiatry and general medicine to the advantage of both. It is desirable that this process should continue, and though in certain important respects, described in the next section, psychiatry requires special conditions, it is vital that in any future organization of medicine psychiatry shall not remain segregated. It should take its place in the general scheme, and be subject to the same central direction as all other branches of medicine, even though a special internal organization may be necessary.

II. THE SPECIAL FEATURES OF PSYCHIATRY.

3. The argument for treating psychiatry in all essential respects like other branches of medicine is, in our opinion, strong and conclusive. We ought to consider, however, whether there are special features in psychiatry which might weaken this opinion, and necessitate some departure in the case of psychiatry from the general pattern of medical services. Although there are special features in psychiatry, it is not certain that they are of this essential kind. There are, for instance, the vagueness and extent of the territory covered, the large number of chronic sick needing hospital care, the reluctance of some patients to seek treatment, and the cost and risk or uncertain application of some current methods of treatment. These are likely to persist for so long a time that they seem almost inherent in the subject. There are other characteristics that need not influence the future place of psychiatry in the medical services, except during a transition period.

4. Where psychiatry begins and ends has not been settled. With the development of preventive medicine, its borders will become less rather than more definite. The study and treatment of delinquency, for example, has given psychiatry an active share in criminology, and the

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