and is actively preparing for the time when the institution of a College becomes more propitious.

Summing up, we feel that the most difficult step, that of wedging open the door of consultation, has been achieved, and that a new body, founded in opposition to the opinions of the majority of our medical colleagues and without the approval of many of our own specialty, even though it has the high-sounding title of College, will at this stage do far more harm than good. Timing, as in most delicate operations, is of paramount importance for success, and I appeal to all those who are pressing for precipitate action in forming a College to give the Association and its Special Committee the time and scope that are so essential for consummation of their endeavours.

There is, as I have indicated, still much work to be done, but in the foreseeable future we hope and expect to be able to overcome the many difficulties and disadvantages of instituting a College immediately. Then, but not now, we shall be in a position to found a College of Psychiatry, which would have the approval and support of all psychiatrists and the great bulk of our medical colleagues.

Discussion

THE PRESIDENT. The subject is now open for discussion. It has been suggested, and I entirely agree, that it might be interesting to all of us to hear from a member of the College of Pathologists who is also a member of our Association. I have no idea whether he is pleased with the College of Pathology or not, but perhaps Dr. McMenemey will be kind enough to make a contribution to our discussion.

DR. W. H. MCMENEMEY: I am afraid there is not very much I can tell you about the College of Pathology because I was not one of those who was in favour of its formation. I did join the College, but I am not on its Council, so all I know is what I have read in *The Lancet* or what I have heard from colleagues.

I have been very much in the hinterland between neurology, psychiatry and pathology for many years and, if I may just give my own views on this problem, the facts as I see them are that psychiatry is a rapidly-developing subject and mental health is becoming of increasing economic importance to the country. Secondly, psychiatry is becoming more and more closely integrated with medicine, and must so continue. The third point I notice is the very wide range of psychiatric appointments, from the universities and teaching hospitals to the mental hospitals, which latter are still not sufficiently integrated with the general hospitals. Fourthly, there has been some difficulty in recruiting into the specialty.

As with the pathologists, the demand for a College has come from the periphery. It is felt that consultant status can only be justified if consultants hold some higher qualification of a College. I think it is based on a feeling of insecurity and a fear of the future; it is a reaction to the National Health Service and it shows also an inclination to imitate.

If psychiatrists decide on their own College it constitutes an admission of failure on their part to achieve parity with other specialists within the College of Physicians. I think, too—and this is very important—it will serve to weaken the corporate face of consulting medicine. This is a very serious matter for a profession already entangled in the network of State Medicine.

Further, it is an irrevocable step; a College cannot be unscrambled, but a Faculty can, at any rate, be dissolved.

I should like to see the psychiatrists break away from the usual development and start a new approach to this problem. I should like to see this wonderful society called a "Society" rather than an "Association", which gives it rather a political name. I should like to see it become mostly scientific and cultural, leaving other matters to the College of Physicians and to a Faculty of the College of Physicians. In the Faculty I should like to see all matters concerned with training programmes, academic status and qualifications, dealt with and when it comes to qualification I should like to see not an examination but a certification of an approved course of training. I should think that membership of the Faculty would be open to those who had the M.R.C.P. or the D.P.M.—one or the other—provided they had completed an approved course of training. The Faculty would be an independent body and would be able to look after its own affairs. It could have its own Fellowship, and members of the Faculty would share with members of the College equal right of access to the Fellowship of the College.

So far as political and ethical matters are concerned, I should like to see them dealt with by the R.C.P. In other words, the College should look after the ethical and political side of affairs, the Faculty should deal with all matters concerned with training, certification and the encouragement of the academic recognition of this specialty, and this Society would be concerned with the scientific and cultural side. The first two would be strictly medical, and this one would remain general, and not necessarily confined to those holding a medical qualification.

I believe that if psychiatrists gave the lead to the College of Physicians by asking for a Faculty, other specialists would follow suit very quickly, because they, too, have their training problems. If the

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psychiatrists just changed the name of the Association to "College", because it is felt that only by that name will status be achieved, they will be fooling only themselves, because the name matters little. Putting the naturally maturing wine of this R.M.P.A. into a new bottle and calling it a College will not improve its quality at all. I should like to remind you of what Thomas Wakley, the first editor of *The Lancet*, said when the general practitioners wanted to start a College. A third College, he said, must inevitably be an inferior College which will never acquire the status of the others. I think that is still true today.

If you start a new College the worthy young men of the future are going to be faced with matriculating into two Colleges, and they will have two lots of subscriptions to pay as well. The R.C.P. is an academy of medicine, whatever people say, and psychiatrists should be within it.

Finally, I should just like to remind you of another little historical point. When some distinguished professors came over from Germany to pay homage to the memory of John Conolly and to present a bust to this Society, your then President accepted it at the house of Royal College of Physicians and at once handed it over to that College because, he said, the College of Physicians is the natural home of the psychiatrists. In a very few weeks this bust will be going up to Regent's Park. I hope that the psychiatrists will follow it there in spirit.

THE PRESIDENT. I am sure many people want to join in this discussion. It is extraordinarily difficult to choose people representing appropriately different views, but I did take the occasion just now to approach Dr. Howells and he has given me the names of three people he would like to contribute, Dr. Dicks, Dr. Tetlow and Dr. Hutchinson. I will ask one of these to speak first, and since Dr. Sargant has to go away early I will call upon him next. After that it will be very difficult to know which person to choose in the proper order. One does not want to weight the discussion in one way rather than the other.

DR. H. V. DICKS: I am one of those Fellows of the Royal College of Physicians who, despite my veneration for it as a College of internists and general physicians, cannot believe that our growing and extremely diversified discipline of psychiatry can be adequately contained and nourished by an old organization, despite the offers of change. I feel these offers to be, to some extent, panic measures, because for many years the Royal College has done little and discussed little of psychiatric interest. This is only reasonable because they are concerned with other things.

There is little in a name, and I had considerable sympathy with Dr. Cook when he said that this body is the representative body, whether we immediately change ourselves into a College, or whether we continue and call ourselves a learned society which preserves standards, raises standards, and includes and nourishes the many diversified interests of psychiatrists from neuro-anatomists to child analysts.

I think the point is that psychiatrists do need to speak as a profession on a par with other members of the medical profession. For this reason I am strongly in favour of proceeding along the road that Dr. Howells has indicated. Even if we do not achieve so-called College status, what matters is that we function as a central repository of the professional academic and learned interests of our specialty, and include therein men who do not propose to spend their time passing irrelevant examinations.

I know we have just been promised that a great change will come over the examination, but this is not in our hands. We, as psychiatrists, will be handing over to a College which is unlikely to surrender its major counsels into the hands of our specialty. I think it would be very much better to speak with an authoritative voice of our own. It does not seem to have done the surgeons or gynaecologists any harm and it has not impaired their relationships with the rest of the medical profession. It certainly has not diminished their voice in matters of training, medical education and representation.

I am not one of those who worry unduly about prestige, higher degrees and things of that kind, but I do think that we should not allow psychiatry as a subject, as a discipline, as a way of looking at sickness, and as a body with very special problems and very special skills, to be handled administratively and from the point of view of representation by people who, for many years to come, will certainly not adequately represent those problems. That is really all I want to say. I made a very long speech a few days ago on the subject and many members here will have heard me.

DR. WILLIAM SARGANT: The first point I want to make is that I am a member of the Society of Clinical Psychiatrists, and I was very upset that when their questionnaire was sent out the only alternative given was between an independent College and a Faculty of the Royal College of Physicians. So, although there may have been a 92 per cent vote in favour of a College, there was no possibility of saying that we did not want either. I am certain, therefore, that this particular vote may be deceptive. I do not think anybody here who knows me can accuse me of being a member of any "establishment". I am certainly not

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in the inner councils of the Royal College of Physicians; they sometimes look upon me as a dangerous agitator. In fact, I have sometimes been looked upon in the same way by the R.M.P.A. Ever since I was made Registrar over ten years ago—I am now the senior officer of this Association except for Dr. Walk—I have agitated to get the R.M.P.A. broadened out and become more generally representative of psychiatric interests. Since then the membership has practically doubled, and we are a body which represents no narrow interest. We are also a body wielding considerable power. I am letting out no secrets when I say that the College is now seriously worried that we are going to break away. The resulting change in the way in which they have tried to help psychiatry over the last year or so has been quite astonishing. For instance, we have got two members on the General Medical Council, and we now have two members on the College Council. What we still want and must have is examiners in the Membership. We already have examiners in the Conjoint, and if the Membership is changed as suggested it is quite clear that we will have examiners. That means that psychiatrists can become Censors, and once we have got into the higher echelons of the College we can make psychiatry a much more powerful influence there.

A point has been made about merit awards. I have taken this up very strongly and, of course, the College deny that they can do anything about them; these, they say, are in the hands of Lord Brain's Committee. But I still feel that members of the R.C.P. on the Merit Award Committee could do more for psychiatry if they really tried.

One difficulty about restarting degrees is that several years ago we started a D.P.M. of our own because the College was making impossible terms. We then got altered terms and so we gave up our D.P.M. and promised not to start up another one. That, however, does not stop us starting a higher degree in psychiatry. I, personally, would be very much in favour of it. It would increase our prestige and give us more academic status.

I feel almost like a much younger Elder Pitt, when in opposition, coming down to the House and saying, "Don't break with America *now*." Give us a few months more, because things seem to be happening with remarkable speed and if we can have further time I think we can get somewhere. If only Pitt's advice had been taken! At last it seems quite clear that the College are worried at this threat of a break away and they seem to be prepared to co-operate and help in every way. I think if they still do very little new in the next few months we shall be entitled to act independently. They are facing the break-away of the R.M.P.A. unless they make certain concessions quickly. In other words, let us keep up the present threat, but do not let us take action too soon when things are turning our way.

DR. J. T. HUTCHINSON: I will be quite brief. I only want to question some of the statements which Professor Hill made to us. He went to great lengths to prove how well represented we were in the higher councils of the Ministry of Health and so on, and one must accept what he says. At the same time, one feels that not a great deal has been achieved. There is still very widespread dissatisfaction in the profession as a whole with the state of our representation and with the results of our representation from the point of view of any of the channels of activity of the Fellows of the Royal College of Physicians. It is very clear that Teaching Hospitals, for example, still have far too few psychiatric beds. No change has been made in recent years on the question of the examination of undergraduates in psychiatry, and it is well known that 50 per cent to 60 per cent of the work of general practitioners is concerned with psychotic and neurotic problems. I accept what Professor Hill says, but at the same time I wonder why so little has been achieved.

If we come down to more mundane matters, most of us are occupied with the Regional Boards. The one that employs me has 19 psychiatric groups and only 14 general groups, and yet there is only one psychiatrist on the Board, only one on the Medical Advisory Committee and only one on the Mental Health Committee, and I believe it is the same man each time. Yet when, recently, they gave us the concession of having a Psychiatric Advisory Committee, numerous physicians and surgeons asked if they could have an Advisory Committee as well. The story is even worse in the provinces where there is literally no psychiatric representation on many of the Regional Boards. Whose fault this is perhaps we do not know. Professor Hill made it quite clear that it was not the fault of the Royal College of Physicians. However, one would hope that this might be something about which people might be concerned, and about which a new College could do something.

I should also like to question the figures we were shown on the slide which indicated that 3 per cent of provincial non-teaching hospitals' psychiatrists were Members of the Royal College of Physicians and a slightly higher percentage were Fellows or Members of the other Colleges. A survey which was done on behalf of the Society with which I am associated showed that at least 50 per cent to 60 per cent of the provincial psychiatrists had a higher qualification other than the D.P.M. I accept the fact that probably

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only 3 per cent of them are Members of the Royal College of Physicians, but surely there is a crying need for a central body to represent these people who are the bulk of the psychiatrists in this country. They ought to have some central organization which would favour their interests other than the Royal College of Physicians.

The other thing I want to question is the point about the Membership. I have spoken to some very senior psychiatrists who took their Membership in the 1920s and they told me that, at that time, the Royal College of Physicians was very favourably disposed towards psychiatrists and it was relatively simple for a budding psychiatrist to gain Membership. But there is no doubt that the climate of opinion hardened in the 1930s, 1940s and 1950s against psychiatrists. It has now softened again and they are going to be more benevolent. However, what guarantee have we that this state of affairs will continue? How are we to know that in another ten to fifteen years the anti-psychiatry faction will not gain control and the present favourable climate disappear?

Dr. C. Tetlow: I feel that this demand for a College of Psychiatry arises from a spontaneous movement from the whole body of practising psychiatrists and that its strength really derives from the needs of the patients. Its meaning and its purpose is that we should study mind and body in medicine, and not just body alone. Those in established positions seem to be resisting this new look in medicine, and training towards the Membership rather commits one towards orthodoxy. There is a need to look at mental processes with less fear, frightening though they may be, otherwise our highly-integrated society will tend towards disintegration and become more diseased. One only has to look at the number of attempted suicides—which is increasing—to realize this.

A College of Psychiatry is needed to encourage all kinds of approaches to the understanding of mental disease. The Royal College of Physicians encourages only the physical and pharmacological approaches and tends to produce the neuropsychiatrist. There is also a need for the psychological psychiatrist, and he needs encouragement, which I think a College of Psychiatry would give him. If we do not do that, but are linked with the Royal College of Physicians, psychiatry will tend to become mummified within the rigid confines of mechanistic medicine.

Finally, I should say that I do not belittle these mechanistic achievements in modern medicine, and if you were to introduce too much psychiatry into the Membership you might devalue this.

The President: Perhaps one or two members of the Association from Ireland or Scotland might like to address us from his particular viewpoint.

Prof. Ferguson Rodger: I came here with the idea of listening because, to some extent, we feel in Scotland that this is a problem chiefly for London and England and Wales. We have not got the same problem in Scotland—although we have some people now who have been converted to the idea of a College—because we are fairly happy with the arrangement that we have with the Royal College in Edinburgh. This allows a psychiatrist with a very good knowledge of general medicine and a good knowledge of psychiatry to take a higher degree. As a result I think we have a higher proportion of psychiatrists in Scotland, and increasingly I believe also in the North of England, with the Edinburgh Membership.

The thing we worry about is that, if we do set up a College based in London, we cannot be certain that the very valuable functions of the Royal Medico-Psychological Association will be maintained in Scotland and in other remote places. We have semi-autonomy actually within the Association at the moment; the Scottish Division manages purely Scottish affairs and reports to the Council, and we value this very much. We have not even got the trouble you seem to have with regard to representation on various bodies, because we are invariably asked to nominate for Regional Boards, for the Scottish Central Consultants' and Specialists' Committees and other bodies. I do not think we really have a grouse about the representation. As I say, a great many of us are Members either of the Glasgow or the Edinburgh College, or both. In so far as we are able to attend to these things and give some help to them we are as fully represented as we wish to be. We are frequently consulted when any matter arises, whether it be a purely psychiatric matter or something which involves the whole body of medicine. We are asked to submit reports and be represented on the committees. So we have no problem there.

We might have a problem, however, if you were to set up a College in London separately, because we have no guarantee that these valuable functions would be continued.

That is my personal view, but it more or less sums up the view of the Scottish Division when a survey was made a year or two back.

Dr. C. B. Robinson: I have only come here, like Professor Rodger, to listen to what is going on. We feel in Ireland that we are also in a slightly different position. For many years the College in Ireland has had a special examination in psychiatry for Membership, and this has solved a great many worries for us. It also means that many of us have Membership or

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Fellowship standing, and this helps us greatly in our prestige, our status, in the North of Ireland.

We have also had a difficulty of representation, but since we are in a small area we find that we are accepted for what we do, not for what we have done academically or otherwise. We find, therefore, that we get reasonable representation on the various Boards.

We are very interested to see how this might develop in this part of the world, but we should be very unhappy to see anything formed, either by the College of Physicians here or through an independent College, if it destroyed the widespread interest and the standing of the Royal Medico-Psychological Association.

As I say, we are a bit outside this, but we are very interested and look forward to hearing more about it.

DR. E. S. STERN: This is an historic occasion, and I feel that above all we must move, if we do, as a united specialty. It would be disastrous if we were to form a College, as the obstetricians did, against opposition and with some members sticking out against it.

We have been favoured by three excellent speeches —the enthusiasm of Dr. Howells, Professor Hill's speech, which I suppose indicated the death-bed repentance of the College of Physicians, and Dr. Cook's very careful appraisal and what we might call rearguard action—and there are certain points of which I think we must take note. If we form a Faculty within the College of Physicians that will be a fragmentation of psychiatry, and that must be avoided at all costs. Dr. McMenemey's suggestion of approved courses of training with no higher qualification is the usual thing abroad, but for better or worse in this country we are committed to higher qualifications, and I do not think we can go back on that. He has pointed out, unconsciously perhaps, how wrong Thomas Wakley was in condemning the formation of a College of General Practitioners, and I am very sorry to hear that the statue of John Conolly is to go to Regent's Park, where I suppose it is to remain in the lions' cage instead of being handed back to us as it should be.

If we are to form a College we have to think of the external people such as psychologists whose interests must not be forgotten. Surely the right thing is a three- or four-tier structure—Associates, with no letters after their names, such as psychologists and so on, Licenciates, and then either Fellows or Members, or both. That is important.

There is another thing we must think about. I am not as confident as Dr. Howells that the ugly head of finance will not rear itself. If we do go forward and form a College I think that each of us must be prepared to put forward a considerable sum, possibly £100 or more. I think we should be deluding ourselves if we voted for this without being willing to pay for it. We should need new premises, and they might possibly cost £150,000; we should have to make very considerable sacrifices. I do hope that we are all willing to make those sacrifices and to take this further step to improve the standards of our specialty.

DR. D. H. CLARK: I also came to listen, but it seems to me that it might be of value if I were to offer one or two comments. I feel we should be very grateful to Dr. Howells for precipitating this discussion and for his vigorous and forthright resolution which put the issue very openly. The debate today has been most valuable. Personally, I have been more impressed by the arguments put forward by Professor Denis Hill and Dr. William Sargant, or rather their detailed description of the present parlous situation. What they said seemed to me to constitute very strong arguments in favour of the formation of a College of Psychiatry. I have been away from the country for a year, and I was dismayed to find when I returned that the arguments, so far as I could see, were going round in exactly the same circles as they had been when I left.

I feel, therefore, that although we should not be able to do anything at once, the inclusion of the words "at once" in Dr. Howells' resolution is probably a good thing. There is undoubtedly a rising tide of feeling, of resentment and of irritation among psychiatrists in the country. I have ten consultant colleagues at Cambridge, and I have found in talking to them that they are all in favour of a College and have been wondering why no one seemed to be getting on with it.

In the United States I talked with many people and I was gratified to discover that, though the physicians there had no very great opinion of British medicine, and the surgeons had even less opinion of British surgery, British institutional psychiatry was held in very high regard. The men working in the mental hospitals and psychiatric clinics in America look to Britain to give them the lead. There were three things, however, which seemed to surprise them about British psychiatry. The first was how little teaching British doctors were given in their undergraduate years. They could not understand how it was, in view of the standing of British psychiatry, that there was so little teaching in it, compared with the pattern in many of their teaching schools where psychiatric teaching is nearly equated with medical or surgical teaching in the amount of time that is devoted to it both in the pre-clinical and clinical years. They were surprised at how few of our psychiatrists had adequate psycho-therapeutic training. They were

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quite astounded to hear that a young psychiatrist, just coming to the most creative part of his learning and having taken his D.P.M., has to take several years of messing about with an examination in internal medicine which, especially in the last decade, has been made into an intellectual steeplechase, a lottery, and that he has to waste so much of his time on this.

I feel, therefore, that this is a matter of urgency. There is a great deal to be said for voting for Dr. Howells' resolution to make it clear how strongly we feel about this issue. All honour to the small band of psychiatric Fellows of the Royal College of Physicians of London who, working away from within, have done a very fine job. If there are only 45 of them up against 700 they have done exceedingly well. But I do wonder whether people like Dr. Sargant have not done more to advance British psychiatry by what they have done outside the Royal College. I am thinking of the work of Dr. Stafford Clark and Dr. Sargant on television, for instance. It is perhaps worth reflecting, too, that it was not anything done within the College that revealed the scandalous inequity of the distribution of merit awards, but carefully prepared questions put by a favourable Member of Parliament. That is what brought it out. Had it not been for that we might not even to this day have realized the shocking situation which was clearly put to us by Dr. Sargant and Professor Hill earlier today.

Dr. D. Stafford Clark: I certainly came today to listen and not to speak because, apart from anything else, I spoke at another meeting earlier this week so that most people who came to this know what my views are. I was not going to repeat them. However, Dr. Clark has been good enough to mention my name, albeit in a context which I should have expected to be highly irrelevant to this subject, and since my name has been mentioned and the views of Fellows and Members of the College have been mentioned, I felt I should just utter three or four words which will be unpopular, but which I feel have to be said to counterbalance some of the enthusiasm. I am a great believer in enthusiasm and, as we all know, Welsh enthusiasm has a particularly fervent and contagious quality of its own; I am impressed and delighted by it. However, there is no doubt that we have heard from two groups of people, one representative of each, to whom we must pay great attention. The Scottish and the Irish members of this Association have both said that they are happier than we are, which is probably true because they have Colleges of which they are Members or Fellows on a much more sensible basis than, throughout the history of psychiatry in London—and that means England and Wales—we have been. I believe that, within three or four years, psychiatrists in England and Wales will have the opportunity of trying for themselves what the Scottish and Irish in their wisdom have enjoyed for a very long time. They will have that if they will hold on to the possibility of it. Indeed, one of the great values of the activities of Dr. Howells and his colleagues, with which I do not in principle agree—but that is neither here nor there at the moment—is that they have produced a sense of urgency, indeed the word "panic" has been used. If wisdom prevails, psychiatry will gain a hold on the status, the influence, the goodwill and, indeed, the education of the Royal College of Physicians, which it must have. Psychiatrists will not do this by splitting off, going away in a corner, calling themselves a College, electing each other to Memberships or Fellowships, and expecting that this will make a difference. This would be a gesture of defeat. This is not the time for it, and this is what it will be, however enthusiastic you are, if you make it. I beg you not to be misled into making it, however enthusiastic you may be.

Dr. Dugmore Hunter: I find myself very deeply in sympathy with the basic aims of Professor Denis Hill. These basic aims, which have been stated very clearly, are to enhance the true status of psychiatry and to improve and cement the relations between psychiatry and medicine. How are these aims to be achieved? Professor Denis Hill has demonstrated conclusively and in detail how, over the past 40 years, the Royal College of Physicians has impaired the status of psychiatry and increasingly created a gulf between psychiatry and medicine. Now the Royal College of Physicians is behaving rather like a parent who says to his young adult children, "You can have a very nice flat in my house." But what we need is a home of our own. We need a home in which to develop and to grow. I feel very strongly that if we achieve this fully adult, fully independent, status we can do a great deal.

I should say in parenthesis that I believe we are prepared to make the financial sacrifices referred to by Dr. Stern in order to have a home of our own.

If we have a home of our own, and if we have the status that goes with it, I think we shall then be in a very much better position to cement our relations with general medicine and to further the development of psychiatry in close association with our medical parents. We can even look after them in their old age.

Dr. Russell Barton: I think there are one or two things that have not been stressed sufficiently. The first is that psychiatry today has a second rate or third rate academic status. I do not believe we shall ever alter it until the student sits an examination in surgery,

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medicine, psychiatry, gynaecology and pathology. I do not believe an examination in psychiatry only will be good enough unless the student does a three-month firm which includes a month in a mental hospital. Can Professor Hill assure us that this is a likelihood by 1970? Nothing can be done overnight, but can we believe that junior doctors, graduate doctors, will be taking adequate training and taking an adequate examination within seven years? I must say that Dr. Cook's disclosure that there is going to be a final examination in psychiatry surprised me considerably. That is the first point.

Secondly, I would say that in the last three or four years I have been agitating to try to get this remedied; I have been agitating through the Royal Medico-Psychological Association and in every way I can, and I do speak quite often. Can Dr. Howells assure me that, if we change into a College, my agitation and that of my colleages who think in the same way will be more successful than it has been up to date? I doubt it, personally, but I am very much open to correction about this.

I would beg the Meeting not to use preconceived notions or predetermined conclusions, but to think over what has happened here.

Dr. T. F. Main: In wondering what has been going on this morning I cannot help thinking about:

> "The girls who frequent picture palaces,
> Have no use for psycho-analysis.
> At the mention of Freud,
> They get very annoyed,
> And cling hard to their long-standing fallacies."

In times of stress and strain most of us do just that; we retreat to our long-standing fallacies and defend them.

One of the fallacies that occurred to me this morning is a widespread one, and it is that psychiatry is a branch of medicine. This seems to me a fallacy. It is true that psychiatry grew out of medicine and we all owe a great deal in our daily work to our training in medicine; that always will be so. But psychiatry no longer seems to me to be a branch of medicine; it is a branch of anthropology in the same way as medicine is, and in the same way as surgery is. We have to give some recognition of that fact in whatever organization emerges from the discussion here.

As Dr. Hunter has suggested, we are no longer a child; we are somehow a grown-up outfit. The basic sciences of our work, springing as they always must in part from medicine, must also include other subjects which at present have no part in medicine. This has been mentioned. For example, there is a psychological psychiatry, there is also a medical psychiatry, and I suspect that there is also a psychiatric sociology and a psychiatric medicine. The point I want to make here is that, if we are to seek power and undertake political shenanigans, if we are concerned with prestige, consultant posts and proper representation on medical committees and Regional Boards, then let us play power politics and take the shortest expedient to immediate power. But if we are concerned with the development of psychiatry we have to consider what sciences will allow us to grow and what organization will nourish this growth.

It seems to me that Dr. Sargant's enthusiasm for the Royal College springs from his courage. The embrace of this College is something from which I, personally, shrink. I think that psychiatry should have some kind of release from the thirty-year stranglehold, but I think the hold is just adjusted rather than removed.

Although it will be very difficult for the R.M.P.A. to develop into a College, if this cannot happen I would deprecate the alternative suggestion that a Faculty be established within the Royal College of Physicians. I think this would be death to psychiatry. If we cannot succeed in forming a College here, then I think we should pursue the honourable habits of this Association to foster all those subjects which, inside the Association, give rise to the most bitter and, may I say, legitimate controversy, yet hold us together as people who are advancing to the future within this subject. If it is a matter of power politics, that is a different thing, but I do not think it is. This Association has this function, it is the guardian of psychiatry, and it must remain so and grow. I hope we shall grow into a College, but I am not sure how fast we can do this. I am not sure that there is so very much urgency about it.

Dr. Mildred Creak: I am really speaking against my will, reluctantly, but I think there is one point which has not been made, and I make it in all modesty. It is that I think a very important part of our work is the education of our colleagues. I believe that psychiatry is making a bigger impact in that sense now than it has done for many years past. Speaking as a child psychiatrist particularly, I believe this is because of our close relationship with the paediatrician. If we go out too quickly and precipitately as psychiatrists rather than as physicians we shall lose ground, as Dr. Stafford Clark said so very ably. I know that is not the intention in Dr. Howells' resolution, but I think it is very likely to go that way. I am afraid we shall lose the ground we are gaining with our medical colleagues. It is not that they are our parents, or our big brothers and sisters; I think they are genuinely closer to us than they have ever been before, and this is not a situation to be jeopardized lightly.

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