Members were entertained to lunch by the Newcastle Regional Hospital Board.

The Annual Dinner was held at Durham Castle, and members and their guests were entertained by the Band of the 34 (Northern) Signals Regiment (Volunteers). Professor Max Hamilton proposed the toast to The Guests, and Mr. Gilbert Gray replied. The toast 'The Royal Medico-Psychological Association' was proposed by Mr. John Gillins, and the President replied.

Section Meetings

At the meeting of the Research and Clinical Section on 11 July, 1969, the following Papers were read:

'The Prediction of Repeated Suicide Attempts,' Miss D. Buglass;

'Does the Anniversary of a Parent's Death Influence the Date of Suicide?' Miss Jane Bunch.

At the meeting of the Psychotherapy and Social Psychiatry Section Dr. W. Lawton Tonge read a paper entitled:

'The Place of Psychotherapy in the Central Psychiatric Clinic.'

SOUTH-WESTERN DIVISION

THE AUTUMN MEETING of the South-Western Division was held at the Seymour Clinic and the Princess Margaret Hospital, Swindon, on Thursday, 17 October, 1968, by kind invitation of the Hospital Management Committee and Dr. E. B. O. Smith, Consultant Psychiatrist.

After meeting at the Seymour Clinic, members were able to visit and discuss the ingenious and effective use of old buildings and their modern additions. In the old isolation hospital and ambulance station there are now day hospital facilities with treatment rooms; an In-patient unit and an active Occupational Therapy department and a Mental Health Centre, which were studied during the morning.

An excellent lunch in admirable surroundings was provided at the Princess Margaret Hospital, and members were warmly welcomed by the Chairman, Mr. E. le Q. Herbert. In his reply, the Divisional Chairman, Dr. R. Simpson, emphasized that this was the first time that the Division had been entertained by a General Hospital; and that the manner of their welcome showed how fully the psychiatric services were accepted as part of the general medical organization.

The Divisional Meeting opened at 2.15 p.m.

The Divisional Secretary reported that the Divisional Committee had met during the forenoon.

(a) After the Minutes of the previous meeting had been read and signed, it was reported that the proposed special meeting to consider the 'Cogwheel Report' had not been arranged, since a memorandum on the subject had already been laid before Council.

(b) Proceedings of Council meetings held on 30 April, 8 June and 9 July were reported and discussed.

(c) The position of Social Workers in Psychiatry and mental health had been discussed in the light of the Seebohm Report. It was unanimously agreed that this work is in a special category, and that it is essential that these officers, whose work is clinically orientated and ancillary to that of the psychiatrist and the general practitioner, should remain under medical direction. The Secretary was instructed to inform the General Secretary of the views of the Division.

(d) A letter from a group of fourteen consultants in psychiatry was discussed. The letter drew attention to the poverty of channels for psychiatric advice and communication in the South-West Region. The Secretary was instructed to pursue the matter with Dr. Hilliard, who is the only psychiatric member of the Regional Board.

(e) It was agreed that the next meeting will be held on Thursday, 27 March, 1969, at Stoke Park Hospital, Bristol. This meeting would celebrate the Diamond Jubilee of the Hospital.

The report of the Divisional Committee of Management was approved by the meeting; and in particular the Committee's views on the position of Social Workers under the Seebohm proposals were considered and unanimously supported.

The following candidates were elected to Ordinary Membership:

CEBRIAN,, SALVADOR PEREZ, L.M.S., L.A.H., D.P.M., Senior Registrar in Psychiatry, Exe Vale Hospital, Exeter, Devon.
Proposed by Drs. W. Rodger, J. F. A. Bartlet, J. Scott.

CONGDON, ROGER GEORGE, M.B., B.S., D.P.M., Senior Medical Officer for Mental Health, City of Portsmouth.
Proposed by Professor W. H. Trethowan, Drs. A. Munro, T. A. Betts.

DE ALARCON, RICHARD, M.R.C.S., L.R.C.P., M.D., D.P.M., Consultant Psychiatrist, Graylingwell Hospital, Chichester, Sussex.
Proposed by Drs. P. Sainsbury, N. H. Rathod, B. E. Heine.

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GRAVESON, MARGARET JOYCE, M.A., M.B., B.Chir., D.C.H., Medical Assistant, Knowle Hospital, Fareham, Hants.
Proposed by Drs. B. Steinberg, S. MacKeith, J. Grimshaw.

LYTH, OLIVER, M.R.C.S., L.R.C.P., D.P.M., Private Practice, 21 Lathbury Road, Oxford.
Proposed by Drs. S. Isaacs, A. Brook, B. Mandelbrote.

QUASIM, MOHAMMED, M.B., B.S., M.R.C.P.G., Medical Assistant in Psychiatry, Exe Vale Hospital, Exeter, Devon.
Proposed by Drs. A. R. Foster, M. T. C. Wright, C. J. Percival.

RUSSELL, JOHN ANDERSON OLIVER, M.A., B.M., B.Ch., D.P.M., Lecturer in Mental Health, University of Bristol.
Proposed by Professor D. Russell Davis, Drs. F. J. Roberts, W. Lumsden Walker.

SHAW, PHYLLIS MILDRED, M.A., B.M., B.Ch., D.P.M., Registrar in Psychiatry, Warneford Hospital, Oxford.
Proposed by Drs. F. E. Kenyon, H. G. Tough, G. O'Gorman.

VARMA, ALAKH NIRANJAN, B.Sc., M.B., B.S., Registrar in Child Psychiatry, Exe Vale Hospital, Exeter, Devon.
Proposed by Drs. C. J. Wardle, P. G. J. Wilcock, W. Rodger.

Papers and Discussions

(a) *The Psychiatrist in the Community Mental Health Centre*

DR. M. A. T. WATERS opened his paper with a general review of statistics concerning psychiatric morbidity in the community; the Seymour Clinic was then described as a Community Mental Health Centre in a qualified sense for some of the Local Authority and hospital services, situated in the middle of a more or less defined population of some 100,000 adults; and he proceeded to an analysis of the nature and extent of the work of the psychiatrist in the Centre.

Various points of interest emerged in discussing these figures. The psychiatrist is part of a *specialist* mental health service, and sees less than 10 per cent of cases of psychiatric morbidity in the community. Some general practitioners refer no cases; others a large number. This variability is due to ill-defined attitudinal factors which need investigation. Nevertheless, when a community-based service is established, referrals tend to rise, so that Parkinson's Law works inexorably in a Mental Health Service.

References to papers by May and Gregory (1968) and by Grad and Sainsbury helped to define these matters, and especially the reports by Neilson and his co-workers on the Sarnso community psychiatry project, in which a quite outstanding degree of co-operation was achieved between the psychiatrist and the referring doctors. However, in the services in Britain, the relative paucity of therapeutic resources must restrict demands; and in any case the traditional view that psychotic patients are in the province of the specialist services while the neurotic is part of general practice is still generally held.

Dr. Waters concluded by a discussion of various points. The Community Psychiatrist has built-in dilemmas—he wants to exploit many advantages and his opportunity for external contacts, but demands exceed his meagre resources. Some Local Health Authorities and hospital services are integrated in the Centre; but the general practitioner is outside it, and various possible means of achieving this (by discussion groups, for instance) were considered. While the Centre remains the passive supplier of a specialist group, the overload will remain. The central challenge is to involve the general practitioner in mental health work, and this involves increased personal contact, and the sensitivity with which the psychiatrist responds to the referral.

(b) *A Community Mental Health Service in a General Hospital Group*

DR. E. B. O. SMITH followed with a lively, anecdotal talk on the planning, the principles and the problems of the Seymour Clinic and its associated services—which he described as an embryonic service which had survived conception and a missed abortion, and was not recommended for termination.

In planning the Centre, they were dealing with an awkward size of town with large new estates with a high morbidity rate; there were many problem families, social problems and neurotic disorders, although the community was fairly stable and subcultures were developing with all sorts of interests. The ancient buildings available caused great difficulties, and the present facilities had to be developed piecemeal, often by patient labour. It was hoped that ultimately a ward would be available in the main hospital. Nevertheless, the Seymour Clinic was well placed in the community. Throughout the planning, the educational aspect of the proposed Mental Health Centre had been a central issue.

The principles invoked integration with Roundway Hospital, both in administration and record-keeping, without any element of competition. Mental Welfare Officers were co-ordinated to a fairly satisfactory degree, and an objective was to enlist the talents of many individual people, although communications remained as a great difficulty. Owing to the staffing position, integration in the field of mental subnormality and the children's services was not yet attained, although with many of the voluntary and statutory services a close co-ordination had been reached.

Special clinics—drugs, adolescents and such—

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had to be abandoned because of the pressure of urgent cases. Similarly many projects of an educational type had to be discontinued; seminars, case conferences and others. Out-patient attendances had rocketed. While the therapeutic community concept was relevant to all their work, 'group therapy' is not practised since it is regarded as highly sophisticated; groups are 'management' and not thought to be intrinsically therapeutic. Industrial therapy is not yet started; occupational therapy is now taking an increasing place; and in general the therapeutic orientation is highly eclectic. Domiciliary visiting is greatly diminished.

No nurses uniforms are worn, and both nurses and assistant nurses are put into therapeutic situations. The Seymour Clinic is not yet recognized as part of the psychiatric nurse-training programme.

In general, it was felt that they had tried to go too fast, but the Centre was comparable now to a ship in the working-up period. There had been medical staffing crises; difficulties had been experienced in the field of confidentiality which had had to be less rigidly applied; and Dr. Smith felt that perhaps the psychiatrists had not accepted their share of responsibility for the failures. The population was expected to increase by 78,000 in the next ten years: in the future the arrangements must be altered to suit the changing community.

Many members joined the lively discussion which followed the papers. Dr. Gordon Russell said that in Australia difficulties were experienced because general practitioners are not part of the national health service, so relationships were on an entirely voluntary basis. Dr. Brown mentioned that the general practitioner is the main source of information, and that if the psychiatrist visits the Health Centre or the surgery, there is much gained in time and effectiveness.

After other contributions, Dr. Galbraith complimented Dr. Smith on his anecdotal style which reminded him of experiences in India (which gave rise to one or two anecdotes of his own); and Dr. Waters on his valuable paper in a more reflective mood. He expressed the thanks of the meeting for both the excellent papers, and for the outstanding arrangements so kindly made for the meeting.

NORTHERN AND MIDLAND DIVISION

THE AUTUMN MEETING of the Northern and Midland Division was held at Carlton Hayes Hospital, Leicester, on Thursday, 31 October, 1968.

The Divisional Representative on Council outlined the further progress which had been made towards the formation of the Royal College.

The following were elected to Ordinary Membership:

BROADHEAD, ALAN JOHN, M.B., B.S., M.R.C.S., L.R.C.P., Senior House Officer, Department of Psychiatry, Queen Elizabeth Hospital, Birmingham.
Proposed by Professor W. H. Trethowan, Drs. A. Munro, E. H. Richards.

BURTON, DIANNE MARY NORA, M.B., Ch.B., Senior House Officer, St. James's Hospital, Leeds.
Proposed by Drs. J. M. Roberts, J. T. Rose, D. L. F. Dunleavy.

CONNOLLY, FRANCIS HUGH, M.B., Ch.B., Registrar, Middlewood Hospital, Sheffield.
Proposed by Professor E. Stengel, Drs. F. G. Spear, N. L. Gittleson.

DOUGHTY, VICTOR LAMPLOUGH, M.B., Ch.B., Registrar, St. James's Hospital, Leeds.
Proposed by Drs. M. R. Leahy, S. B. Mahapatra, D. L. F. Dunleavy.

EAVES, DEREK, M.B., Ch.B., Psychiatric Registrar, Sefton General Hospital, Liverpool 15.
Proposed by Drs. G. P. Egan, A. C. Barry, M. H. Abenson.

HABIB, MOHAMMAD, M.B., B.S., Registrar, Cherry Knowle Hospital, Ryhope, Sunderland.
Proposed by Drs. Z. Hussain, S. Jaffri, A. Gillis.

HACKETT, MICHAEL JOHN, M.R.C.P., M.R.C.S., Medical Assistant in Psychiatry, Central Hospital, Warwick.
Proposed by Drs. S. W. Gillman, E. S. Stern, V. S. Nehama.

HARPER, PATRICK, M.B., B.Ch., B.A.O., D.P.M., Consultant Psychiatrist, East Liverpool Day Hospital and Benedict Clinic, Rainhill.
Proposed by Drs. J. T. Quinn, E. M. Bell, G. E. McNair.

HILLS, NEVILLE FRANCIS, M.B., B.S., D.P.M., Locum Tenens Consultant Psychiatrist, Rampton Hospital, Retford, Notts.
Proposed by Drs. J. G. Noble, J. W. Garry, T. Loughnane.

KAY, TERENCE, M.B., Ch.B., D.P.M., Senior Registrar, St. James's Hospital, Leeds.
Proposed by Drs. R. H. Boardman, M. S. Bethell, R. Viswanathan.

LAKE, BRIAN, L.R.C.P., L.R.C.S.E., L.R.C.P.S.&G., D.C.H., D.P.M., Psychiatrist, Clinical Theology Centre, Nottingham.
Proposed by Drs. T. H. Bewley, G. M. Woddis, S. MacKeith.

MEZQUITA, JOAQUIN, M.B., Registrar, Mapperley Hospital, Nottingham.
Proposed by Drs. E. B. Ritson, G. E. Mullett, E. Mateu-Lopez.

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