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SUPPLEMENT

OCTOBER, 1958

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION

SOUTH-WESTERN DIVISION

THE AUTUMN MEETING, 1956, of the South-Western Division was held at Broadmoor Institution, Crowthorne, Berkshire, on Thursday, 18 October, 1956, by kind invitation of the Board of Control and Dr. S. G. James, Medical Superintendent.

In the morning a large number of members availed themselves of the opportunity to see the Institution, and they were much impressed with the high level of care and the modern facilities for occupation and treatment.

At the luncheon the members and guests were welcomed by Dr. Rees Thomas, on behalf of the Board of Control, and Dr. James. Dr. Rees Thomas referred to the history and present organization of Broadmoor, stressing that the Institution was concerned with its function as a hospital as well as with security. The Chairman, in reply, thanked Dr. Rees Thomas, the Board of Control and Dr. James, for the excellent arrangements made for the members' reception and their hospitality. He said that the progressive attitude in therapy had been visible on all sides during the morning tour.

Dr. A. J. Galbraith and Colonel Phillipson were re-elected, and Dr. J. M. Gilroy and Dr. R. E. Hemphill added to the Divisional Committee of Management.

The following names should be submitted for the consideration of the Council of the R.M.P.A. as nominees to the Regional Hospital Boards:

South-Western: Dr. K. C. Bailey and Dr. G. W. T. H. Fleming; *Oxford:* Dr. R. W. Armstrong; *Welsh:* Dr. T. J. Hennelly; *Birmingham:* Dr. Andrew Shepherd; *South-West Metropolitan:* Dr. I. Atkin.

The following candidates were unanimously elected to Ordinary Membership of the Association:

DUNN, THOMAS LESLIE, M.B., B.Ch., Medical Officer, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, D.C.V. Stewart and G. Walsh.

HARRIS, LEWIS, M.B., Ch.B., Medical Officer, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. Walsh and J. McQuillan.

SPRY, WILLIAM BENNETT, M.B., Ch.B., Medical Officer, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McQuillan, D. C. V. Stewart and G. Walsh.

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It was proposed from the Chair that the Council of the R.M.P.A. should be asked to reconsider the machinery and procedure for nominations to Regional Hospital Boards. This was unanimously agreed.

Papers

(i) Dr. Brock Bishop read a paper on **"Patients and Staff Relationship", at Broadmoor.** He drew attention to the differences between Broadmoor and other psychiatric hospitals, saying that the Broadmoor patients were involuntary, they remained a long time, came from long distances away, had major psychoses as a rule, and that it was impossible to separate the Institution into distinct units.

There was a tendency for Broadmoor patients to become very dependent upon the staff. The system of privileges and progression from block to block was found to be useful, and the advantages of having experienced staff, with long service, were very great.

Dr. Atkin congratulated Dr. Brock Bishop on his paper, and referred to the difficulty of psychotherapy when control is an essential feature of the management. Dr. McGrath commented on the happy patient–staff relationships at Broadmoor.

Colonel Phillipson said that both Netley and Broadmoor were founded in 1856 and opened in 1863. He suggested that the medical staff at Broadmoor should be trebled.

(ii) Dr. Gould read a paper on **"Matricide".** This crime had been committed by thirty-eight of the male admissions to Broadmoor and thirteen of the female admissions during the time with which Dr. Gould was concerned, representing 5 per cent and 3 per cent of the admissions respectively. Dr. Gould had been specially concerned with an enquiry into fifteen patients, ten of whom had murdered their mother, and five had murdered a mother-substitute. He gave graphic clinical descriptions of many of these patients.

He said that most of the cases had shown a failure of emancipation from the mother, but there was no actual hostility. He had found that where there is actual hostility, it is a mother-substitute who is murdered.

Dr. Gould had found that there had been an intercurrent metabolic crisis in nearly every case, toxic, depressive or alcoholic. It appeared that the greater the stability of the personality, the more severe the physical upset or depression leading to the crime.

Speaking of the prognosis on the risk of matricide, he said that the mother becomes unmurderable in proportion as there are other ways for the expression of hostility.

In the discussion which followed, Dr. Gould was warmly congratulated on the vividness and lucidity of his paper. Dr. Atkin referred to the possibility of matricide occurring as fantasy, e.g., in analytic psychotherapy. Dr. Galbraith raised the question of matricide in matriarchal cultures, and Dr. Mandelbrote also contributed on this point.

The discussion, which was also conducted by several other members, indicated the members' great interest and appreciation of the subject.

Replying to the discussion, Dr. Gould said that when a person is in train to murder, fantasy is shed and action appears to take on a more natural quality. He agreed that there was frequently a phase when feeling was in abeyance, but he had found that, at a later stage, the theme of the murder recurred, sometimes with devastating emotional effects on the murderer. Dr. Gould added the view that murder is not compatible with mental integration in our culture.

Both Dr. Brock Bishop and Dr. Gould were again thanked by the spontaneous acclamation of the Meeting for their valuable contributions.

Before the meeting closed the Chairman again thanked the hosts for their hospitality. The papers had been of absorbing interest and the round of the wards and departments had given a stimulating first-hand insight into the work at Broadmoor.

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THE SPRING MEETING, 1957, was held at Mendip Hospital, Wells, Somerset, on Thursday, 4 April, 1957, by kind invitation of the Hospital Management Committee and Dr. W. E. W. Bridger, Physician Superintendent.

At the luncheon the Division was welcomed to Mendip Hospital by E. F. Rees-Mogg, Esq., J.P., Chairman of the Hospital Management Committee, and Dr. I. Atkin (Chairman of the Division) replied with thanks for the generous hospitality which had been extended.

Arising out of the Minutes, the Chairman reported that he had attended a meeting of the Council, when the subject of representation on Regional Hospital Boards was dealt with. The Council had not found it necessary to make any change in the methods of nomination at the present time.

It was agreed that the Honorary Secretary should circulate members for suggestions for nominations for Regional Hospital Boards and that at the Autumn Meeting, the Committee of Management should consider this matter prior to the meeting.

Dr. I. Atkin was re-elected as Chairman; Dr. R. G. McInnes as Divisional Secretary, and Dr. C. P. Seager as Junior Representative on Council. It was also agreed to recommend acceptance of Dr. Atkin's kind offer to hold the Autumn Meeting at Park Prewett Hospital.

The following candidates were elected unanimously to Ordinary Membership:

CHEVERTON, REGINALD LESLIE, M.R.C.S., L.R.C.P., Assistant Senior Medical Officer, South-Western Regional Hospital Board.

Proposed by Drs. S. M. Allan, K. C. Bailey and J. Russell.

DAVIES, GRENVILLE RHYS THOMAS, B.Sc., M.B., B.Ch., Psychiatric Registrar, Whitchurch Hospital, Cardiff.

Proposed by Drs. D. Lewis, T. J. Hennelly and J. P. Spillane.

HEATON-WARD, WILLIAM ALAN, M.B., Ch.B., D.P.M., Medical Superintendent, Stoke Park Hospital, Bristol.

Proposed by Drs. R. F. Barbour, W. Lumsden Walker, R. W. Armstrong.

Dr. R. H. Armin read a paper entitled **"A Study of the Ageing Psychotic".** Dr. Armin said that he had been prompted to examine this problem by the acute shortage of female beds which had led to the exclusion of young recoverable patients. A survey of 75 patients was selected for study, aged between 55 and 75 years.

By means of diagrams Dr. Armin demonstrated the numbers of patients in each diagnostic group, the number of years in hospital, and the extent to which each group was able to participate in the various social and occupational activities of the hospital.

The prevalence of physical disease and the degree of nursing care required were problems which needed careful evaluation in a group of chronic patients.

Dr. Armin said that there were four principal avenues of discharge: (1) Home; (2) Long-stay Annexe; (3) Part 3 Accommodation; (4) Boarding-out.

In the group investigated eight homes had been visited by the P.S.W., but it was found that there was very little prospect of discharge home in these cases. Long-stay annexes did not present substantial opportunities for discharge at the present time; and with regard to Part 3 Accommodation, only seven patients from Mendip Hospital had been transferred to this type of accommodation in the last few years.

Discussing his findings, Dr. Armin said that the low discharge rate of chronic patients indicated obstacles, of which the principal were the mental state of the patient, the domestic conditions of his home, and the physical condition of the patient, which might require special care.

Dr. Armin had reached the conclusion that, in the case of some of the affective and paranoid patients, chronicity had supervened because there was no intermediate place between the mental hospital and the home to which the patient could go. He also thought that the findings from the investigation of this chronic group indicated once more that the main treatment effort must be concentrated on new cases to avoid chronicity.

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In the discussion which followed, Dr. Armin was congratulated on his paper. Dr. Atkin said that it was a practical and appropriate contribution and that a lot depended on the education of the general public and of the staff of Part 3 Accommodation. Dr. Mandelbrote advocated the half-way house, in close contact with the main hospital, and said that they had had some success in this way at Gloucester. Dr. Bridger hoped for an extension of a Long-stay Annexe as a partial solution to this problem. Contributions to the discussion were also made by other members, and it was felt generally that Dr. Armin had dealt with a problem which was becoming increasingly difficult.

At the close of the Meeting Dr. Atkin once again thanked Dr. Bridger and the Hospital Management Committee for all they had done to make the occasion so instructive and enjoyable.

THE AUTUMN MEETING, 1957, was held at Park Prewett Hospital, Basingstoke, Hampshire, on Thursday, the 10 October, 1957, by kind invitation of the Hospital Management Committee and Dr. I. Atkin, Physician Superintendent.

In the morning parties of members were conducted round various departments of the Hospital and saw many new and interesting developments.

The luncheon, which preceded the meeting, was presided over by Mrs. I. R. Humphreys-Owen, J.P. She welcomed the Division as the guests of the Hospital and, in doing so, referred to the progress that had been made at Park Prewett.

The President of the Association, Dr. R. W. Armstrong, returned thanks in reply, and complimented the Hospital on the arrangements which had been made for the meeting. He had been impressed by the advances which he had seen, especially in the fields of Art and Sculpture, and thanked the hostess, the Hospital Management Committee and Dr. Atkin. Dr. Alexander Walk, Chairman of the South-Eastern Division, added his thanks on behalf of members from other divisions. Dr. Atkin thanked all those present for coming, especially the President and Dr. Walk, and he expressed his gratitude to the hospital staff and the Group Secretary for carrying out the arrangements.

The following nominations for membership of Regional Hospital Boards were made: *South-Western:* Dr. F. E. Pilkington and Dr. K. C. Bailey; *Oxford:* Dr. R. C. McInnes and Dr. William Ogden; *Welsh:* Dr. T. J. Hennelly and Dr. J. M. King; *Birmingham:* Dr. Andrew Shepherd and Dr. C. M. Ross; *South-West Metropolitan:* Dr. I. Atkin and Dr. A. C. Sinclair.

The Divisional Committee of Management was re-elected.

The following candidates were elected unanimously to Ordinary Membership:

COLEMAN, MARION BERTHA, M.B., B.S., M.R.C.S., L.R.C.P., Junior Medical Officer, Coney Hill Hospital, Gloucester.

Proposed by Drs. B. M. Mandelbrote, R. M. M. Hunter and D. Finn.

DUKE, HAROLD PRICE, M.R.C.S., L.R.C.P., Junior Medical Officer, Knowle Hospital, Fareham, Hants.

Proposed by Drs. J. K. Hewat, F. E. Kingston and R. W. Simpson.

FARRELLY, FRANCIS MICHAEL GERALD, M.B., Ch.B., Registrar, Pen-y-val Hospital, Abergavenny, Monmouthshire.

Proposed by Drs. W. T. Wales, I. M. Davies and D. Thomas.

NELSON, MAURICE PRYNNE, B.A., M.R.C.S., L.R.C.P., D.P.M., Medical Superintendent, Sandhill Park Hospital Group, Bishop's Lydeard, near Taunton, Somerset.

Proposed by Drs. G. M. Rudolf, A. Shapiro and K. C. Bailey.

The general procedure regarding nominations to Regional Hospital Boards was again discussed and a resolution, proposed from the Chair, was carried unanimously in the following terms:

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"The Royal Medico-Psychological Association should continue to press for the inclusion of a Psychiatrist on Regional Hospital Boards, and, where a Psychiatrist has been dropped because of a reduction in medical membership of Regional Hospital Boards, one should be appointed to the first medical vacancy."

The Divisional Secretary undertook to transmit this resolution to the General Secretary of the Association for consideration by Council.

Paper

Dr. M. M. Salzmann read a paper on **"Rehabilitation of the Institutionalized Patient".** He said that since 1955 there had been a special unit at Park Prewett for rehabilitation by occupational therapy. He described the organization and routine of the unit and said that in the first year of its functioning 18 long-stay patients had been discharged; in the second year a further 20 had been discharged—these figures being roughly double those of the discharge rate of long-stay patients from the main hospital.

There appeared to be no relationship between the length of stay in the main hospital and the necessary length of stay in the rehabilitation unit.

Half of the patients were schizophrenic, a quarter depressive and a quarter hysterical hypochondriacs.

The overall rehabilitation rate had worked out at 15 per cent. A further 20 per cent were discharged to jobs, but relapsed; 4 per cent went home but were not employed.

Summing up Dr. Salzmann said that there had been no miraculous cures. The best results had occurred in long-standing burnt-out schizophrenics. The greatest single factor seemed to be the revival of interest in the patient's own life. This seemed to be fostered by a quickening of the tempo of life, by the feeling of the interest of the staff, the reactivation of relatives, the mixing of the sexes in social life and in group discussions:

In the discussion which followed Dr. Kelsey said he thought that somatotyping might help in assessing the capacity of patients for rehabilitation. Dr. Leach mentioned the effects of group therapy and incentives, and wondered whether it was really the social pressure which produced the results. Dr. Seager emphasized the difficulties of finding accommodation for the rehabilitated patient when he left hospital. Dr. Gilroy and Dr. Bennett both referred to the difficulties of placing rehabilitated single patients in civilian conditions. Dr. Cross spoke about the value of Day Hospitals in rehabilitation procedures. Dr. Mandelbrote said that in the past eighteen months he had reduced his hospital population by 130, although the admission rate had risen.

Points raised by other members in the course of further discussion were the difficulty of getting the community to accept the rehabilitated patient; the importance of the patient working outside of hospital before discharge; the relationship between the effects of drugs, of group therapy and of habit training.

Replying to the discussion Dr. Salzmann said that the physical build of the patient varied a great deal. Financial incentives had seemed to be effective. Drugs had not been used in the rehabilitation unit, except recently and only in very small doses. 75 per cent of rehabilitated patients were unmarried. The choice of the patient depended very greatly on the patient's capacity to work and the stabilization of his psychosis.

Dr. Atkin, in a few final words from the Chair, emphasized the difference between discharge and rehabilitation, and he thanked Dr. Salzmann for his very interesting paper. This was warmly seconded by the acclamation of the Meeting.

The appreciation of members for a very instructive and well-organized meeting, was expressed once again at the close.

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THE SPRING MEETING, 1958, was held at Moorhaven Hospital, Ivybridge, South Devon, on Thursday, 17 April, 1958, by kind invitation of the Hospital Management Committee and Dr. Francis E. Pilkington, Physician Superintendent.

At the luncheon preceding the meeting, members and guests were welcomed by Alderman Mrs. J. Marshall, O.B.E., Chairman of the Hospital Management Committee, who expressed the pleasure of the Committee that the meeting was being held at Moorhaven Hospital. Dr. Pilkington also spoke, and the Chairman of the Division, Dr. I. Atkin, gave thanks in reply.

The Minutes of the last meeting were read and confirmed.

Report of the Divisional Committee of Management. The Divisional Secretary reported that the Divisional Committee of Management had met before lunch, and had agreed to recommend the acceptance of Dr. A. J. Galbraith's kind offer to have the Autumn Meeting at Knowle Hospital, Fareham, Hampshire.

The following candidates were unanimously elected to Ordinary Membership:

BERRY, ROWLAND VALE, M.B., B.S., Medical Officer, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

DUNTON, ARTHUR KENNETH TAYLOR, M.B., Ch.B., D.Obst., R.C.O.G., Medical Officer in Psychiatry, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

EARP, JAMES DANIEL, M.B., Ch.B., Captain, R.A.M.C., Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

GOLD, NORMAN, M.B., B.S., Psychiatric Registrar, Knowle Hospital, Fareham, Hants.

Proposed by Drs. A. J. Galbraith, J. K. Hewat, F. E. Kenyon.

HEILON, CHARLES PATRICK, M.B., Ch.B., Psychiatrist in training at the Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

PITT, BRICE MASTERMAN NORMAN, M.B., B.S., Trainee Specialist in Psychiatry, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

ROXBURGH, PETER ALLAN, M.B., Ch.B., Lieutenant, R.A.M.C., Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

STEPHENS, DOUGLAS ALAN, M.B., Ch.B., C.D.M.O. with experience in Psychiatry, Royal Victoria Hospital, Netley, Hants.

Proposed by Drs. J. McGhie, G. G. Wallis, T. B. Stephens.

It was agreed that Dr. I. Atkin should be appointed representative of the Division on the Executive Committee of the Psychotherapy and Social Psychiatry Section for a further year.

Public Relations. A letter from Dr. Noel Harris, Chairman of the Public Relations Committee of the Royal Medico-Psychological Association, was read. It drew attention to the setting up of a Public Relations Committee by the R.M.P.A., which hoped to work in close relationship with the Public Relations Committee of the British Medical Association. It was also pointed out that the B.M.A. had an Honorary Public Relations Secretary attached to each of their local divisions and that contact between these Secretaries and the members of the R.M.P.A. might be advantageous. The letter also emphasized that, whenever possible, the Press should be given some information if they required it. The letter was received.

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Election of Chairman, Honorary Divisional Secretary and Junior Representative on Council.

Dr. F. E. Pilkington was elected Divisional Chairman, and Dr. A. J. Galbraith Divisional Secretary.

Dr. Atkin, the retiring Chairman, congratulated Dr. Pilkington on his assumption of the office as Chairman and invested him with the Chairman's badge. In reply, Dr. Pilkington expressed the thanks of the members for Dr. Atkin's valuable term of office as Chairman.

The thanks of the Division were accorded to Dr. McInnes, the retiring Secretary, who had held office since 1950.

The office of Junior Representative on Council would be filled by the re-election of Dr. C. P. Seager.

Group Discussions:

Medical Staff Problems in a Comprehensive Mental Health Service with Post-Graduate Teaching Commitments

At the conclusion of the first part of the Meeting members had the option of a conducted tour of the hospital, or attending one of the group discussions on the various aspects of Medical Staff organization.

The majority elected to participate in the group discussions and the leader of each group made a brief report when the meeting resumed.

(*a*) *Organization of Medical Staff for In-Patient work* was reported on by Dr. Mandelbrote, who drew attention to the difficulties imposed by the size of existing mental hospitals. It was realized that on this account Physician Superintendents could not exercise any comprehensive clinical supervision, and it was suggested that this should be kept in mind in the planning of any new units. It was generally agreed that in-patient work in existing hospitals should be organized on a system of medical firms with which ancillary staff should be identified. It was felt that in some cases Junior Medical Officers experienced difficulties in obtaining Consultant advice because of the other commitments of the Senior members of the staff. Mention was also made of the possible conflict arising between therapeutic and teaching aims within the hospital.

(*b*) *Organization of Medical Staff for Out-patient and Domiciliary work* was dealt with by Dr. Blair's group, who were impressed by schemes such as at Graylingwell Hospital, which provided extra-mural units for Psychotherapy, Patients' Clubs and urgent consultations. The work of the ordinary out-patient clinics could in this way be organized to better advantage, allowing adequate time for interviewing new cases and avoiding long sessions. It was agreed that new patients should be seen in the first instance by Senior members of the Medical Staff, but Juniors should have the opportunity of being involved in psychotherapeutic sessions as well as in follow-up clinics. Out-patient E.C.T. should be available each day and this could probably be best organized in connection with the special type of unit previously mentioned.

Domiciliary visits should be the responsibility of Consultants, who should be remunerated for each visit.

(*c*) *Training of Juniors.* This subject was discussed by Dr. Bailey's group. The importance of teaching psychotherapy was stressed, but it was admitted that some Senior Medical Staff had insufficient time or inclination to indulge adequately with this subject. It was suggested that Regional Hospital Boards should make due allowance for teaching commitments when reviewing medical establishments. Also in this connection it was felt that adequate provision should be made in the peripheral hospitals for teaching psychology and neurology in preparation for the D.P.M. The need for a well-stocked medical library and the opportunities for study in child psychiatry and mental deficiency were mentioned.

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A peripatetic system of Registrarship would appear to have certain advantages, although apt to involve domestic difficulties.

(*d*) *Relationship between Medical Staff and Other Departments* was discussed by Dr. Weeks's group. It was felt that, in the past, relationships with members of the lay staff were not as good as they might have been. To some extent this was due to inadequate means of communication between the parties concerned, and while Medical Superintendents should act as co-ordinators the situation could be improved by freer exchange of ideas between other members of the Medical Staff and Departmental heads. The help which could be afforded by the lay departments in the rehabilitation of patients was also discussed, and it was suggested that every newcomer to the hospital staff should have opportunities to become fully acquainted with the functions and aims of all the various departments of the hospital.

The general discussion which followed the presentation of these reports emphasized the interest of the meeting in the teaching of psychotherapy, and concern over the D.P.M. examination. Dr. Atkin referred to the Association's Organizing Body for training in psychological treatment, and it was hoped that he might be able to report progress at the next meeting. Dr. McInnes was particularly critical of the D.P.M. examination in Psychology. He referred to the "chaotic situation" involving differing disciplines with which candidates had to contend, and suggested that it might be well to dispense with this section of the examination in favour of an extended examination in Psychiatry.

Finally Dr. Bailey congratulated Dr. Pilkington and his colleagues on the design of the meeting which had facilitated active and useful participation by all those present.

SOUTH-EASTERN DIVISION

The SPRING DIVISIONAL MEETING was held at Fulbourn Hospital, Cambridge, on Tuesday, 1 April, 1958, by kind invitation of the Hospital Management Committee and Dr. D. H. Clark, Medical Superintendent.

Members of the Association and guests were received by Dr. Clark and his medical staff, and parties were shown round the hospital. There was apparent everywhere evidence of a progressive and enlightened hospital policy.

About 60 members and guests were entertained to lunch. The Chairman of the Hospital Management Committee, Mr. H. R. Mallett, extended a welcome to the party and expressed his appreciation of the honour bestowed upon the hospital by this visit of the R.M.P.A. Dr. A. Walk, the Divisional Chairman, appropriately thanked the Chairman and Dr. Clark for their generous hospitality.

MEETING

The Minutes of the last Divisional Meeting held at Goodmayes Hospital on 25 October, 1957, were accepted and confirmed. Apologies for absence were received and the names of those present were recorded.

The Secretary gave the report of the Meeting of the Divisional Committee of Management held that morning. It had been decided that the Autumn Meeting in 1958 would be held at Hellingly Hospital, Sussex, and the Spring Meeting, 1959, at Friern Hospital, New Southgate. An invitation to hold the Autumn Meeting, 1959, at St. Augustine's Hospital, Chartham, was subject to confirmation.

Election of Officers. In accordance with the Bye-Laws the Division elected the following:

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