Dr. J. V. Morris read a paper entitled "**The Role of the Hospital for the Mentally Subnormal in Modern Society**".

This paper on the development of a hospital service in a rural community contained a strong plea for an increase in out-patient clinics under the direction of a psychiatrist combined with psychiatric social workers, psychologists and with a ready access to paediatricians and neurological specialists. Such out-patient clinics would serve to assist in retaining patients in the community and would be invaluable for advising local health authorities on the best forms of treatment and employment for patients living in the community.

More active training methods for severely subnormal patients was recommended, especially for disruptive and disturbed children, and it was suggested that many of these children could be admitted to hospital for training over a period of six to twelve months and returned to their homes after successful resocialization, provided facilities were available for their return to hospital in the event of breakdown of their home arrangements. The type of child actually mainly affected was the aggressive male of 4 to 9 years of age.

Experiences of three-level schools were described; in particular reference was made to the need for full education, both school and social, of adolescent subnormals with high I.Q.s and low attainments, with the object of their earlier return to society.

Training was divided into three categories—maintenance therapy for long-stay patients, work-training in crafts for those likely to be discharged, teaching being aimed at inculcating habits of work rather than aimed at ultimate employment, and craft-training directed to employment after leaving hospital of suitable subjects.

The need for adequate liaison with local authorities was stressed, and it was suggested that consultants in mental subnormality should have close relationships both in out-patient clinics and in general clinical work with them. It was also submitted that as and when local authorities established hostel accommodation for subnormals it should be possible for the services of a consultant in mental subnormality to be made available for pastoral visits to such establishments.

The future of consultants in mental subnormality was considered to be one of increasing importance and adequate in-service training was recommended for all registrar grades. The policy of leaving registrars to contend with the chronic wards was condemned, and it was suggested that only by establishment of a live out-patient service wherein all registrars would participate according to their capacities would it be possible to train future consultants in subnormality.

It was submitted that the service for the mentally subnormal was one of limitless opportunity, its development depending only on the energy, foresight and wisdom of the senior medical staff of the hospitals.

The paper was received with considerable interest by the meeting and a number of members took part in a discussion. Amongst these, Dr. Shapiro discussed the role of research in subnormality, emphasizing the need for this to maintain close links with hospital work. Dr. R. Fox looked into the future relationship between the specialities of psychiatry and subnormality, while Dr. A. J. Oldham spoke of the importance of a development of out-patient clinics in subnormality. In his reply Dr. Morris stressed the importance of a minimum size for efficient hospitals specializing in subnormality and suggested that a meeting of the Mental Deficiency Section of the R.M.P.A. might be devoted to this subject.

Finally Dr. S. W. Hardwick, Divisional Chairman, expressed his thanks to Dr. J. V. Morris for his most interesting paper. Dr. Hardwick further expressed the gratitude on behalf of the Division to the Management Committee of Little Plumstead Hospital for their generosity in entertaining the Division to such a pleasant and interesting meeting.

SOUTH-WESTERN DIVISION

The Spring Meeting of the South-Western Division was held at Littlemore Hospital, Oxford, on Thursday, 9th April, 1964, by kind invitation of the Hospital Management Committee and Dr. B. M. Mandelbrote, Physician Superintendent.

During the forenoon, members were conducted round the Hospital. At lunch, members and guests were welcomed by L. C. Wilcher, Esq., C.B.E., and the acting Chairman, Dr. I. Atkin, in replying, thanked the Hospital for their hospitality.

Dr. I. Atkin took the Chair in the regrettable absence of the Chairman, Dr. W. S. Maclay, owing to illness.

The Divisional Committee of Management reported that the Committee had decided to send a message of sympathy and best wishes to Dr. Maclay.

They had discussed the comments of the Parliamentary Committee on the Porritt Report and were in general agreement with them. In view of the complicated nature of this problem, it was decided that the

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Divisional Secretary should draw members' attention to the summary of the relevant sections of the Report and the comments of the Parliamentary Committee, already circularized to all members. If any members. had any points or recommendations, they were asked to communicate them direct to the Divisional Secretary.

It was recommended that a letter be sent to Council expressing disappointment at the continued lack of psychiatric representation on the South-Western and Welsh Hospital Boards.

In reply to a letter from the Secretary of the Psychotherapy and Social Psychiatry Section asking whether the Division would co-operate with the Section in holding a meeting in the Autumn of 1965, it was decided to accept this in principle and the suggested centre for the meeting was Bristol or Oxford.

It was decided to accept an invitation from Dr. Francis Pilkington to hold the Autumn Meeting at Moorhaven Hospital and the Plymouth Nuffield Clinic.

The following were elected to Ordinary Membership:

BACKER, HANA, L.M.S.S.A., Part-time Clinical Assistant, Whitchurch Hospital, Cardiff.
Proposed by Drs. D. Lewis, A. Capstick, E. W. Davies.

CLARK, JOHN HOWARD, M.A., M.B., M.R.C.S., L.R.C.P., D.P.M., Clinical Research Fellow, Burden Neurological Institute, Stoke Lane, Stapleton, Bristol.
Proposed by Drs. M. J. Craft, W. A. Heaton, Ward, J. Jancar.

EDWARDS, JAMES GUY, M.B., B.Ch., M.R.C.S., L.R.C.P., Registrar in Psychiatry, University of Manchester; 12 Gwaunmiskin Road, Beddau-near Pontypridd, Glam.
Proposed by Professor E. W. Anderson, Drs. J. Hoenig, A. Pool.

FINE, ERIC WILLIAM, M.B., B.Ch., D.P.M., Registrar, Whitchurch Hospital, Cardiff.
Proposed by Drs. J. P. Spillane, D. Lewis, P. Jackson.

JONES, ERNEST JOHN EURFYL, M.A., B.M., B.Ch., D.P.M., Deputy Physician Superintendent and Consultant Psychiatrist, St. David's Hospital, Carmarthen.
Proposed by Drs. J. Farr, C. C. Beresford, A. R. Kemp.

JONES, IVOR HUGH, M.B., B.S., M.R.C.P., D.P.M., Research Fellow in Psychiatry and Honorary Senior Registrar, Ashhurst Clinic, Littlemore, Oxford.
Proposed by Drs. F. Letemendia, H. S. Mansbridge, K. E. Dewhurst.

MACDONALD TOW, PETER, B.Litt., D.Phil., M.B., B.S., D.P.M., Research Psychiatrist, University of Oxford; Balliol College, Oxford.
Proposed by Drs. William Sargant, Alexander Walk, W. Warren.

ROSE, MICHAEL JOHN, M.B., Ch.B., D.P.M., Registrar, Barrow Hospital, Barrow Gurney, near Bristol.
Proposed by Drs. A. Leitch, R. V. Magnus, R. L. Bird.

STEEN, KENNETH CHARLES DAVID, M.B., B.S., Clinical Assistant, St. Mary's Hospital, Burghill, Hereford.
Proposed by Drs. W. B. Spry, J. McQuillan, D. T. Maclay.

STEWART, GEOFFREY, L.M.S.S.A., Registrar, Lea Hospital, Bromsgrove, and Lea Castle Hospital, Kidderminster, Worcestershire.
Proposed by Drs. A. S. Patterson, A. G. Fullerton, C. M. Ross.

WHITE, DENIS MICHAEL DRUMMOND, M.B., Ch.B., D.P.M., Registrar, Oxford Regional Hospital Board; 101 Papist Way, Cholsey, Nr. Wallingford, Berks.
Proposed by Drs. P. R. H. Davis, S. Krauss, D. Duncan.

YOUNG, ANNE MORTIMER, B.Sc., M.B., B.S., Senior House Officer, Littlemore Hospital, Oxford.
Proposed by Drs. B. M. Mandelbrote, J. Baden-Daintree, M. Monro.

The following officers were recommended by the Divisional Committee of Management and were duly elected:

Chairman	Dr. A. J. Galbraith
Divisional Secretary . .	Dr. R. Wallace Simpson
Assistant Secretary . .	Dr. E. B. McDowall
Junior Representative on Council	Dr. R. A. Flood

In investing Dr. Galbraith as Chairman, Dr. Atkin welcomed him as a stalwart fighter in the interests of psychiatry. He then read a message from the retiring Chairman, Dr. Maclay, who expressed his disappointment at not being at Oxford for the meeting. He thanked the Secretary and the Committee for their help in contributing to his pleasurable year in office. He said that the Division had got a good new Chairman,

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who said what he thought without fear or favour of any man. They had worked closely together for the past three years and Dr. Maclay had come to depend more and more on his judgment. He concluded by wishing Dr. Galbraith a happy period of office. Dr. Galbraith replied that he esteemed it a very great honour to have been elected as Chairman of the Division and that he was particularly proud to succeed his old friend, Walter Maclay.

Papers and Discussion

Work incentives in under-active schizophrenics

In introducing the first topic Dr. F. J. J. Letemendia reviewed the literature on disturbances of volition in chronic schizophrenia. A prominent disorder in this illness was a peculiar loss of conative function which he called volitional defect, which showed in a lack of initiative and interest. In this country, such cases were commonly referred to as "burnt-out". He criticized Russell Barton's concept of institutional neurosis, saying that similar cases had been described by other workers as occurring in the community, and he himself had experience in Oxford in the past four years of five such cases, who had never been in hospital. The condition could occur in widely differing environments and it was, therefore, decided to investigate some of the factors which might contribute to volitional defect.

Dr. I. H. Jones then gave an account of studies carried out with 46 chronic schizophrenic patients who clinically showed under-activity in motor behaviour, work performance and social activity. A pilot study on the effects of the type of task performed, distraction, intra-group competition, and group control showed that the procedure standing out most clearly as being of importance was the type of group control exerted by the leader, and more rigorous experiments were, therefore, devised to investigate this aspect of group behaviour. Two groups of the ten worst patients and the ten best patients were given a task to perform under two different types of control, namely, *strictness*, where there was prompting to activity but no punishment or threat of punishment, and *permissiveness*, where there was no prompting.

It was found that there was a close similarity between a patient's performance in the group and in an individual setting. The most significant factor in determining the quantitative output of these under-active schizophrenics seemed to be the type of regime adopted. A strict control improved significantly the performance of the grossly under-active patients. Although the under-activity was of a profound degree in one of the groups, the wide gap in performance between the two could be practically eliminated if the patients were subjected to the strict regime. The difference between the two nurses who acted as group leaders was relatively small.

Further studies revealed no association between under-activity and length of stay in hospital or duration of illness. There might be a negative correlation between performance and age.

The prevalence of psychiatric morbidity and its relevance to future planning.

Dr. M. Monro gave an account of an investigation she had carried out in 1961; she compared two areas and she attempted to assess the prevalence of psychiatric illness by visiting every tenth house in the electoral roll and questioning the occupants to obtain medical, psychiatric and social information. 92 per cent. co-operated and there was a total of 1,100 individuals in the survey.

The two areas were Kidlington, which is a semi-rural residential area four miles north of Oxford, and Littlemore, which is a large suburb of Oxford. In 1956, the population of Kidlington was 4,121 and of Littlemore 6,485, and by 1961 both had risen to approximately 8,000. In 1956-58, the admission rate to Littlemore Hospital was 2·1% of the population for Kidlington, and 0·7% for Littlemore.

The findings for the total numbers in the survey were as follows:

Neuroses	20·2%
Psychoses	0·5%
Psychopathy	1·1%
Subnormal	0·4%
Healthy	77·8%

The percentage for psychosis and subnormality was practically identical for both populations but there was a significant difference for neurosis, which occurred in 17 per cent. of the Kidlington sample and in 23 per cent. of the Littlemore one, and for psychopathy 0·8 per cent. in Kidlington and 1·4 per cent. in Littlemore. The total for all psychiatric illness was 19 per cent. in Kidlington and 25 per cent. in Littlemore.

The area with the higher hospital admission rate in 1956-58 had, therefore, a lower percentage of psychiatric illness in this survey, and Dr. Monro postulated that Kidlington might be tolerating psychiatric illness in the community less well than did Littlemore. Statistically, there was no difference in the treatment given in the two areas.

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The methods of treatment are summarized as follows:

	Neurosis	*Psychosis*	*Psychopathy*	*Total*
Hospital ..	21	4	2	27 (11%)
Domiciliary and Out-Patient ..	11	—	1	12 (5%)
G.P. ..	83	1	1	85 (36%)
None ..	107	—	8	115 (48%)

She found very little prejudice against treatment in a psychiatric Hospital.

Dr. Monro then reviewed some papers, and advanced possible reasons for the fact that so large a proportion received no treatment.

Although the figures were not high enough for statistical analysis, it was shown in this survey that there seemed a very much higher risk of morbidity in the children when both parents were neurotic. However, the majority of sufferers from neurotic illness were married to non-neurotic partners.

She concluded by saying that, although Kidlington was a young, affluent and well-educated society, it was not established that they were less liable to psychiatric illness than those with less advantages.

Discussion.

Dr. D. M. Mandelbrote remarked that it had been shown that as soon as services were extended, the number of referrals to clinics increased substantially, and this had also occurred in Oxford. There had been a marked increase in the demand for psychiatric consultation, and this was going to necessitate a concentration of activities in certain directions. Recent papers had emphasized the extent to which the whole family was involved in the neurotic process. One factor which might warrant special attention was the family in which both husband and wife were neurotic, as here the children seemed at greater risk.

He thought that P.S.W.'s and M.W.O.'s could make a useful contribution towards helping the G.P. and psychiatrist in the treatment of neuroses. A better education of the social services and the G.P.'s, both in early diagnosis and treatment, was necessary.

Whatever else, the teaching of G.P.'s had stimulated them to take a much greater interest in the emotional and personality aspects of illness and had enabled them to tackle these problems more confidently along psychotherapeutic lines.

Dr. I. Skottowe expressed thanks to the principal speakers for the stimulating and enjoyable nature of the papers. He asked the meeting to join with him in thanking Dr. Mandelbrote for his hospitality as host, in addition to having been one of the main speakers.

NORTHERN AND MIDLAND DIVISION

The Spring Meeting of the Northern and Midland Division was held at The Uffculme Clinic, Birmingham, on Thursday, 9 April, 1964, by kind invitation of the Hospital Management Committee and Dr. John Harrington, Medical Director.

A letter from the President, Professor Curran, was read regarding Merit Awards and the proposal of the last meeting that Lord Brain should meet a representative group of the R.M.P.A. Professor Curran stated that he had met Lord Brain, who, though willing to meet such a deputation, felt that it could serve no useful purpose.

The Secretary reported on the reply from the Secretary of the Education Committee regarding the restriction of attendance at General Practitioner Study Courses sponsored by the Postgraduate Medical Federation to a maximum of twenty-five. This indicated that the policy was the same for all specialities and that there was little hope of changing it, although Dr. Sargant was to take the matter up with the Federation.

It was reported that there was a vacancy on the Executive Committee of the Psychotherapy and Social Psychiatry Section. It was agreed that Dr Hugh Freeman be asked to represent the Division.

The Chairman moved a vote of thanks to the retiring Secretary, Dr. W. V. Wadsworth, for the excellent manner in which he had carried out his duties over the past five years. This was unanimously passed. Dr. Brian Ward then took over the duties of Secretary. The Officers for the ensuing year—1964-65—whose election had been agreed at the previous meeting were formally elected as follows:

Chairman	Professor E. Stengel
Honorary Secretary	Dr. Brian Ward
Honorary Assistant Secretary ..	Dr. D. B. Fowler
Junior Representative on Council	Dr. D. C. Bland

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