Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The Quarterly Meeting of the Association was held at No. 11, Chandos Street, Cavendish Square, London, W. 1, on Thursday, May 16, 1935, Dr. Daniel F. Rambaut, M.A., M.D., B.Ch., President, occupying the Chair.

The minutes of the last meeting, having already appeared in the Journal, were taken as read and approved.

Obituary.

The President said he regretted very much having to inform members that since the last meeting Dr. Samuel Gilfillan, Dr. Thomas Ivoy Considine, who was an Honorary Member, and Dr. J. P. Sturrock had passed away.

Those present rose in their places as a tribute to the deceased members.

Matters Arising out of the Council Meeting.

Dr. Worth said that at the Council meeting held that morning the following matters had been discussed :

The Home Office Committee which was inquiring into the question of Coroners' Inquests had advised Dr. Haynes, unofficially, that they would be pleased to receive any views regarding this question from the Association. If any members had any comments to make Dr. Haynes would be glad to receive them.

The question of the publication of the Journal at more frequent intervals and as a purely scientific journal had been discussed by members of the Research and Clinical Committee and the Editors. It had been agreed that the Journal should be published six times a year, and that purely domestic matters should be printed separately and issued to members of the Association only. Though the more frequent publication of the Journal might involve increased expenditure, it was hoped that this would lead to an improved status of the Journal and incidentally an increased demand.

The General Secretary had had an interview with the Chairman of the Board of Control concerning the question of Mental Health Services. It was suggested that a few representatives of the Association should be chosen (that afternoon) to discuss the subject with the Board of Control. Dr. Petrie also reported that he and Dr. Worth had had an interview with the B.M.A., and that the B.M.A. were very willing to assist in the matter.

Dr. Turner had given the views of the Mental Deficiency Committee on the Report of the Mental Health Services Committee, and as a result it was agreed at the Council Meeting that Para. 1 of this Report should now read :

> (1) That the Local Authorities should be encouraged to form a Mental Health Committee by combining the powers of the present Mental Hospital and Mental Deficiency Committees so as to embody the statutory duties of the existing Mental Deficiency Committees and include ancillary activities, such as mental observation wards, mental out-patient clinics, child guidance clinics, delinquency, social and after-care work, etc.

Dr. Worth was appointed Representative of the Association at a Conference with the Incorporated Association of Clerks and Stewards of Mental Hospitals, the Mental Hospital and Institutional Workers' Union and the Mental Hospitals

Association concerning the Asylums Officers' Superannuation Act, 1909, Asylums and Certified Institutions Act, 1918, and Report of the Deputy Government Actuary 1931, with a view to making further representations to the Minister of Health on the lines of their Report in May, 1932.

Dr. Petrie reported that representatives of this Association had had an interview with the Mental Hospitals Association concerning Occupational Therapy. The Mental Hospitals Association were under some misapprehension concerning this matter, and it was agreed that a memorandum should be forwarded to them explaining the views of the Association.

Dr. WORTH added that he himself had had an interview with the Chairman of the Board of Control concerning the Mental Health Services. That course was necessary because it appeared that the Municipal Workers' Union and other bodies were trying to bring in superannuation schemes which were not as good as their own. In 1932 representations were made to the Minister of Health stating the views of the Association. These might have been forgotten, but they hoped to renew their acquaintance with the Minister and put their views before him.

The PRESIDENT asked for the approval of the meeting to the action taken by the Council, and this was given without dissent.

ELECTION OF NEW MEMBERS.

The PRESIDENT nominated as scrutineers for the ballot Dr. Skottowe and Dr. Ford Robertson.

The following were unanimously elected members:

TORRANCE, LIONEL STANLEY, M.B., Ch.B., D.P.M., L.M., District Medical Officer and Public Vaccinator, Warwick County Council; "Dunedin", Kingsbury, near Tamworth, Staffs.
Proposed by Drs. L. H. Wootton, R. W. Armstrong and R. Worth.

SCOTT, WILLIAM CLIFFORD MUNROE, B.Sc., M.B., L.C.P.S.Ont., L.M.S.S.A., D.P.M., Assistant Medical Officer, Maudsley Hospital, S.E. 5.
Proposed by Drs. E. Mapother, A. Walk and L. Minski.

ROBERTS, REGINALD F., M.B., Ch.B., Medical Officer, County Mental Hospital, Rainhill; St. Fillans, Elton Head Road, St. Helens, Lancs.
Proposed by Drs. E. F. Reeve, C. B. Bamford and J. Ivison Russell.

CARSE, JOSHUA, M.D., D.P.M., Assistant Medical Officer, County Mental Hospital, Rainhill, Lancs; St. Fillans, Elton Head Road, St. Helens, Lancs.
Proposed by Drs. E. F. Reeve, C. B. Bamford and J. Ivison Russell.

HURLEY, THEODORE EGAN, M.B., B.S., D.P.M., Second Assistant Medical Officer, Knowle Mental Hospital, Fareham, Hants.
Proposed by Drs. J. L. Jackson, C. E. A. Shepherd and S. E. Martin.

ROSS, CHARLES MACDONALD, M.B., Ch.B.Edin., Assistant Physician, Craig House, Edinburgh; Craig House, Morningside Drive, Edinburgh.
Proposed by Prof. D. K. Henderson, Drs. T. R. C. Spence and R. G. McInnes.

DISCUSSION ON "MENTAL HEALTH SERVICES".

Dr. A. A. W. PETRIE: In opening this discussion on Mental Health Services, I propose to discuss the Memorandum of the Special Mental Health Services Committee, a copy of which I assume to be in your hands. The text as amended at the request of the Mental Deficiency members by the Council of the Royal Medico-Psychological Association on May 15 is as follows:

(1) That the local authorities should be encouraged to form a Mental Health Committee, by combining the powers of the present Mental Hospitals and Mental Deficiency Committees so as to embody the statutory duties of the existing Mental Deficiency Committees and to include ancillary activities, such as mental observation wards, mental out-patient clinics, child guidance clinics, delinquency, social and after-care work.

(2) That the Mental Health Committees should be independent of the other committees of the Local Authority concerned.

(3) That a medical officer should be the chief adviser of such Mental Health Committee in each area, and that he should have at least ten years' experience in mental work. (The term " mental " is here used in its broadest sense.)

(4) That adequate representation of the specialized needs of both mental disorders and mental deficiency will be necessary.

(5) That the medical superintendent of each institution should have paramount control within his own institution, subject to the Committee of Management, to which he should have unrestricted access.

(6) That such a Mental Health Committee should be formed despite any possible alteration in the existing statutory powers of the Mental Hospitals and Mental Deficiency Committees.

(7) That the collaboration of the British Medical Association in support of such a policy should be obtained.

In drawing up the above recommendations, the Committee have had under consideration the Scottish memorandum referred to them. They have also realized that in many areas arrangements exist satisfactory to those concerned, but they submit the above policy as a guide to safeguard the position of the Association's members during the further process of centralization and co-ordination now initiated.

The original reading of Paragraph 1 was as follows :

> " That the Local Authorities should be encouraged to form a Mental Health Committee by enlarging the powers of the present Mental Hospitals Committee so as to embody the statutory duties of the existing Mental Deficiency Committees, and include ancillary activities, such as mental observation wards, mental out-patients' clinics, child guidance clinics, delinquency, social and after-care work, etc."

The reasons for retaining the statutory powers of the present Committees are considered elsewhere in this discussion.

This Mental Health Services Committee was appointed, I think, about six months ago, and has heard the views of a considerable number of members of the Association, and gradually formulated a policy for the Association.

We heard numerous minor complaints from many sources, and those complaints were of great diversity, showing that our members were running into new problems and new difficulties, and often in very different ways. We tried to correlate these difficulties ; we tried to see what the difficulties were, and we ultimately came to the conclusion that the only possible way of dealing with the matter was to formulate a definite policy for the Association.

To a great extent these difficulties started with the Act of 1929. Before that, the medical officers of various institutions concerned with mental health were in fairly close touch with the members of their governing bodies, but in 1929 this Local Government Act was passed, and the County Councils, from being little more than parochial bodies, became very important organizing bodies, dealing with many subjects, especially with regard to medical services. Those medical services, which formerly were represented by a medical officer of health mainly concerned with preventive medicine have been expanded, until a large number of medical services are now controlled. In fact, the position is becoming rather more that of a Director-General not merely of Preventive Medicine, but of a large variety of medical services, which include general hospitals, fever hospitals, tuberculosis, children's clinics, and a great variety of other activities. These activities of the county councils being so much expanded, they have naturally been trying to organize their resources, and are developing a regular system of government. In some of the large areas this progress in the path of what we may call bureaucratic organization has proceeded a long way. In smaller bodies it has hardly proceeded any way, but ultimately, there is little doubt, all these bodies will tend to organize on lines which will undoubtedly affect mental work—using " mental " in the broader sense.

And we desire that that organization shall be carried out on proper logical lines, lines which will be suitable and helpful to the members of our Association. I could quote a considerable number of examples to show that, so far, such organization has not always proceeded on lines which were helpful to our Association. We have heard of many things rather vaguely, without proof, but a number of instances have happened. We hear stories to the effect that there may be a lay superintendent appointed to somewhere in the Midlands; we hear stories from further north to the effect that a Public Assistance Department is contemplating building, without reference to the mental services, specialized observation wards to prevent patients going to the mental hospital in the early stages. We have heard, also, of lay officers who are becoming the chief executive officers, and of their people who are actually doing the work becoming subordinates of such officers, and having to take directions from such officers on matters which intimately concern their mental work.

Other factors which come in are that the statutory powers of the committees may possibly be altered by Act of Parliament. We hear that a certain home county is likely to do that, and that is a subject in which the Board of Control is particularly interested.

All these things—some of which are vague, some pretty concrete—are happening in this process of centralization and co-ordination, and other things are going to happen. For example, in one area the local organizer of the Mental Hospitals and Institutional Workers' Union is on the central executive commttee, at which no medical officer is permitted to be present.

There was the Haddo Committee, which made certain recommendations, and among them was one that bureaucratically or administratively trained people need not necessarily hold a qualification in the activity that they were organizing; it even suggested, I think, the possibility of a lay medical officer of health, and considering the amount of evidence given to the committee by that type of worker, it was a not unnatural conclusion. For our own part we should naturally prefer that anything affecting medicine should be dealt with under medical direction. We decided, therefore, not to deal with the matter in detail, but to draw up a general memorandum of policy.

Our different mental health activities are far too unimportant to occupy the full attention of very busy county councils, who are finding it very difficult to perform all their greatly enlarged activities. Therefore, we felt that the first principle must be that, even if it involved a sacrifice of each one's particular little liberty, we should form one unit, namely, that all mental health activities should, for their own benefit, combine, so that we shall be important enough to form a distinct unit of these large public bodies.

Therefore, the first item of broad general policy we recommended was that local authorities should be encouraged to form a Central Mental Health Committee, but in order that there should be no differentiation between mental hospitals and mental deficiency institutions, we altered the first paragraph at the request of the Mental Deficiency Section, as stated in the beginning of this paper. As originally phrased, it was proposed to endeavour to retain the statutory power of the Mental Hospitals Committee by enlarging that statutory body to combine all the other activities. Many members felt that if the statutory powers of such a body were extinguished, many of the privileges of our present position will inevitably be removed. As stated, it is felt that a board, however constituted, combining all mental activities would be the best basis of a general policy.

We are well aware that in certain cases there will be legal difficulties if this policy were to come into being. In some cases the existence of Boards differently constituted would require locally some change in the law. We are simply laying this down as a general goal to be aimed at, rather than attempting to dictate what shall be done in particular instances.

The second recommendation is " That the Mental Health Committees should be independent of the other committees of the Local Authority concerned ". That raises a very big and distinct issue, and that is the relationship which any of such combined activities shall bear towards the Public Health Committee of the county.

It is a point which this meeting will have to express its opinion upon, and it is only at a large meeting that one can ascertain the feelings of the members of this Association. In that connection I might say that the advice of the British Medical Association representatives, whom Dr. Worth and I met, was that we should make up our minds whether we should be independent of other medical activities. In their opinion it was better that we should form a body of our own, which should be related to, and, I am afraid, subordinate to, the public health organizations, because they felt that all medical activities should be fused together. They felt that an individual section should be formed, which would have adequate safeguards of reasonable autonomic action, but that we should be linked up with the main body of medicine under the medical officers of health.

The third recommendation is " That a medical officer should be the chief adviser of such Mental Health Committee in each area and that he should have had at least ten years' experience in mental work ", " mental " being used in the broader sense. We deliberately used the word " adviser ", and not " chief executive officer ", because what we are trying to aim at is an ordered liberty, not a medical bureaucracy, which may be even more dangerous than a lay bureaucracy. We suggested that he should be the chief adviser, stating that his duty is to advise, rather than to imperatively command.

In Section 4 we say " That adequate representation of the specialized needs of both mental disorders and mental deficiency will be necessary ". We felt that if there was a chief adviser who was principally concerned with mental deficiency work, his chief assistant would be chiefly concerned with mental hospital work, or vice versa ; but it is felt to be essential that one person should be the primary adviser. In large areas, where there are perhaps fifteen or sixteen large institutions, it is obvious that a committee cannot sit surrounded by more advisers than its constituent members.

In No. 5 paragraph we try to safeguard reasonable autonomy : " That the Medical Superintendent of each institution should have paramount control within his own institution, subject to the Committee of Management, to whom he should have unrestricted access ". That is a vitally important point, because in certain highly organized areas where there are local committees subordinate to a central committee, access to even the local committee may be checked by changing the terms of reference of such local committee, so that when one wishes to report, say, on such an immediate matter as medical staff, one may be informed that this is beyond the terms of reference of the local committee. How far such arrangements can be made legally, particularly with a statutory committee, seems doubtful, as one is required to report all matters of interest in regard to the hospital to the visiting committee. It is, however, obviously a very distinct and important point that any such advisers should not come between and prevent reports from a medical superintendent of a large institution to his committee of management.

Paragraph 6 indicates that we think that the policy recommended should go forward, whatever the position as regards the statutory powers of visiting committees.

Finally, we said " That the collaboration of the British Medical Association in support of such a policy should be obtained ". I think this Association has always felt that it is a scientific association rather than a medico-political body. Obviously, in the British Medical Association there is such a body existing already, and with the co-operation of that body, which is in a far better position to enforce the profession's demands, progress would be made. Further, if we were able to assist in framing that Association's policy from within, we should not have some of the difficulties which have occurred in the past. As directed by the Council of the Royal Medico-Psychological Association, Dr. Worth and I attended and had an interview with the Secretaries of the British Medical Association. They seemed quite sympathetic to our views. We put forward a number of reasons, and told them the kind of things which were happening which, we thought, were against the general policy of medicine, and they agreed. We pointed out that we did not wish to form a rigid medical bureaucracy, and we instanced one or two cases where in

such an organization a great restriction of the personal liberty of people controlling similar institutions to our own had occurred.

We expressed the view that a person who is fit to be trusted to control an institution of two or three thousand people should have a certain very reasonable power of local control, and not be under very close, and, one might say, unnecessary control, from a central autocracy. They listened patiently to us, and they said that they would be very glad to deal with this matter, that they thought it was a question that ought to be dealt with, that they were sympathetic towards the idea of the organization proceeding preferably under the medical officer of health, with safeguards against undue bureaucratic interference from them, or from any lay individual. They thought the matter would probably best be dealt with by a body such as their Public Health Committee. Steps could not be taken at the moment owing to the absence of so many of the members of the Association in Australia, but they thought it would be possible to form a Committee of the British Medical Association which could deal with such questions of policy, always listening to the view of a representative Association like the Royal Medico-Psychological Association. This proposed committee would be able to formulate policy and deal with the grievances of individuals concerned.

I think the time has come to organize on such lines. If we do not organize, it is probable developments will occur which may not be favourable to the members of this Association. We wish to keep our liberty. I am personally against all undue interference, and against our being merely one subsection of a County Council's Public Health Committee. I do not think that, assuming we form an independent committee of our own, it should be linked up with the public health work, because I think we shall all go forward if we are linked up with the general body of medicine, with the safeguards which the British Medical Association representatives felt they would be able to obtain for us.

Dr. NOEL SERGEANT said that in an Association such as this each member ought to take an interest in the welfare of others.

The situation was a very complicated one, and there were points which ought to be aired. The main point seemed to be the tendency to interference with the liberty of the medical man by bureaucratic bodies. There was a tendency to belittle the medical and to emphasize the importance of the laity.

Dr. Petrie had said this Association was a scientific body, not a medico-political one. The speaker did not see why this Association should not be a medico-political as well as a medical body. All members probably thought that the more the medical superintendent was left to run his own hospital, the better; how to put that tactfully to the bureaucracies was one of the problems which arose.

Dr. E. J. FITZGERALD said he had been interested to hear that this Association had ceased to be a medico-political body. In 1913 the Association had issued a memorandum on the status of assistant medical officers which was about as political a document as was ever penned. The Medico-Psychological Association was then very much concerned with the conditions of assistant medical officers, but since then it seemed to be a crime to mention anything about such political activities. It had been said to-day that the British Medical Association should look after the members of this body. He strongly objected to the idea. In the past the latter body had done very little for this Association in matters affecting its bread and butter. He did not at all agree with handing the interests of members of this Association over to the tender mercies of the B.M.A.

With regard to the Mental Deficiency Sub-Committee, this Association had not given all that that Committee wanted. It was only to be expected that when this adviser was appointed he, naturally, would advise chiefly from that aspect which he knew best, i.e., the mental hospital superintendents. He thought that friction would occur between those engaged in mental deficiency work and those who dealt with mental illness or insanity. The speaker considered that it was in the interests of medical superintendents as well as those concerned with mental defect that there should be a central service dealing with public health, and that there should be an interchange of personnel from one to the other. Venereal disease work,

tuberculosis work and other special lines went into their own grooves, and only saw preventive medicine from their own particular angles. If medicine was anything to-day, it was a preventive science, and he did not see why this problem should not be faced fairly, and why it should not be realized that this specialty of mental health must inevitably go under the medical officer of health. He would prefer to have his problems dealt with by a medical officer of health than by a mental hospital superintendent, because the latter tended to look down professionally on the mental deficiency people. Those who entered upon mental deficiency work were often regarded as those who had gone into a sterile world, where there was little to be done on the lines of curative medicine. Mental hospital people were trying to apply mental deficiency ideas to occupational therapy, and so were getting into a mess about it. They were different problems. Occupational therapy in the asylum was, in many important aspects, different from that applied in a mental defective institution. If there were to be advisers of these mental health committees, they must be such as would see through their own and other people's specialty. Both branches of their specialty were bound to meet, especially in regard to child guidance work and prison work; and most important of all was preventive mental hygiene, and he, the speaker, failed to see how the proposed chief adviser could succeed in co-ordinating anything.

Dr. W. J. T. KIMBER said he thought it might be of interest to many present to hear that the majority of the recommendations set out in the paper this afternoon were already in operation in Hertfordshire. In that county there was a Mental Deficiency Committee and a Mental Hospital Visiting Committee, and both had the same chairman and personnel, and, as far as he had been able to ascertain, the plan worked satisfactorily for everyone, i.e., medical officers of health, the speaker, and the mental deficiency side of the work. The mental hospital was running an out-patient department, with child guidance and vocational guidance departments, and arrangements had been concluded, through the medical officer of health, for a certain amount of control and regular visits and consultations in the observation wards of the public assistance institutions. So, under existing legislation it was possible to carry out the proposals made in this Memorandum in a county area, where one could avoid the troubles and complications which larger authorities experienced. He thought it important to mention this, because the workings of it had to be built up from the point of view of the separate institutions, not from the administrative top downwards. As had already been said, the question of the control of the medical officer of health was bound to come. It was inevitable that sometimes unpleasant people would have to be dealt with, though he had not yet had experience of such. He considered that this scheme, as set out, had great possibilities, as he had had practical experience of its working on simple lines for some time, and he had found that it worked well.

Dr. F. DOUGLAS TURNER pointed out that at the meeting of the Mental Deficiency Committee it was the superintendent of the mental defectives' colony in Dr. Kimber's own area who laid most stress on the recommendation that the Central Mental Health Committee should be advised by the chief officer of the mental deficiency services in relation to all matters appertaining to that sphere.

Dr. B. H. SHAW remarked that Dr. FitzGerald had stated that members of this Association were definitely coming under the medical officer of health. Of course, mental deficiency work must come under that officer; the speaker did not see any way out of that, because, after all, the defectives would be tackled as children, and they would eventually be all dealt with by the educational authorities. But he did not see why adults suffering from mental breakdown should come under the medical officer of health; they were purely hospital patients, and it was wrong to consider the interests of persons suffering from mental illness as identical in any respect with defectives.

Dr. MACDONALD remarked that he would like to say something on behalf of Scotland. To-day he did not see in the meeting many of his Scotch colleagues, but he thought the majority of them would be found willing to corroborate what he was about to say.

He was whole-heartedly in sympathy with every item in the Memorandum which was the basis of Dr. Petrie's speech, and he had good reason to be so. The first paragraph, dealing with the advice to form a Mental Health Committee, he regarded as extremely important. That had not been done all over Scotland, but he was speaking for Glasgow, which contained about a fifth of the population of Scotland, and in that city the arrangements in this respect had been entirely unsatisfactory. They were absolutely under the thumb of the medical officer of health, and that was, he considered, an enormous mistake. He would not talk about what should be the work of that officer, but he would say that in Glasgow—and he thought it held good with regard to some other parts of Scotland—the medical superintendent did not even attend meetings of the Mental Health Committee; he had no direct access to them, everything being done through the medical officer of health. He, the speaker, did not attend the meetings, unless there arose something on which the medical officer was incompetent to advise. That was an enormous mistake, and it was felt to be so more and more every day, and he therefore welcomed the enlargement of the powers of the committee in the way indicated in this Memorandum.

With regard to the powers of the superintendent in his own institution, he could give the meeting an example which was instructive. Some time ago the power of manager of the mental hospital farm was taken away from the superintendent. The General Board of Control of Scotland raised objections on the matter, and advised that the farm should be under the control of the superintendent. What did the Committee do? They remitted the whole matter for report to the medical officer of health, who was less competent—the speaker was able to say this as he knew the circumstances fully—for the administration of any mental hospital than the speaker was to advise as to the administration of the farm. The medical officer stated that the farm was introduced as an adjunct to the mental hospital in order to provide recreative work for the patients, and it would seem that in the opinion of that official it had now become a productive institution rather than a source of health for the patients. Therefore, the medical officer of health said, there was no necessity for the farm to be under the medical superintendent of the mental hospital, but rather should it be under a farm manager, who should be independent. The point which the speaker wished to emphasize was the fact that the opinion of the medical officer of health was taken on the matter, not the speaker's, nor that of other medical men in other mental hospitals. It was wrong to take the advice of the medical officer of health on such a matter, as he did not appreciate all the circumstances.

In discussing this matter Dr. Macdonald said it was necessary to dismiss from mind any difference between mental deficiency and mental disorder. If members, as an Association, were not agreed upon what they wanted, they would not get what they wanted. Such a meeting as this was the place to discuss their differences first. It was the mental health of the community which was the Association's care, i.e., the mental health of the community as a whole. It was the outlook for the future which had to be considered, and his plea was that differences should be made straight at this meeting. It would be wrong to emphasize at this meeting any differences which were felt.

He did not quite know what to think about seeking the support of the British Medical Association, for he felt that, in some respects, that Association was none too sympathetic towards the Royal Medico-Psychological Association, and the reason of that was not far to seek. Many medical men came into mental hospitals for a year or two and then passed out; they felt they had no hope of promotion, but usually they thought they knew as much about the whole question as did anybody else. These people did not want medical superintendents to have all the power, especially with regard to consultative work. The British Medical Association advised its members not to employ consultants from amongst those who held full-time appointments in mental hospitals, and therefore there was no sympathy with the medical superintendent, who was the only man who could give reliable advice about mental disorders. He agreed with getting as much help

from the British Medical Association as possible, but he thought it would not be advisable to render this Association dependent upon it. There was no reason why the Royal Medico-Psychological Association should not have political aims, particularly where these concerned the administration of the institutions. At present, a Departmental Committee was sitting in Scotland to inquire into the public health services, and it had included within its purview mental hospitals and mental deficiency institutions. It was as yet too early to speak of what that Committee was doing, but he had heard enough to make him believe that all matters affecting mental health services might be coming under the public health body, and that was a distinct danger. The public health administrators were becoming too grasping and too all-inclusive. With regard to diplomas in public health, it had been advised that this should include a course in psychiatry and eugenics, and the object of that, he thought, was to make it possible for a man who held a diploma in public health to come forward and say he had had experience and had had training in psychiatry and eugenics. If it was a question of whether a man should take the D.P.M. or the D.P.H., he would advise the latter, as, judged by how things were going, that would be the job in the future.

He was looking at these matters from the point of view of what would be for the benefit of the mental health of the community; he felt sure that the tendency at the present time was in the wrong direction. The British asylums and mental deficiency institutions had for many years been outstanding among civilized peoples, and that was not because of research on our part, because in that matter we had been deficient; it was because of the humane administration carried out in them; and that part would disappear if the medical superintendents became less responsible than they had been in the past. It was owing to the personality and the capacity of the medical superintendents in the past that the service had occupied such a high position. He wished to support in every way the Memorandum of this Sub-Committee.

Dr. FLEMING said he thought there was a tendency to lose sight of the fact that in psychiatry the most important thing was the personal element between the medical superintendent and his patients; and he considered that the success of the work was due to that personal touch between them. There would be a tendency to lose that if these matters were to come under the control of the medical officers of health. When it was mentioned to the Mental Services Committee, some said there were no difficulties and that things went along smoothly. Dr. Macdonald had pointed out how things were working in Glasgow. In some places the clerk of the county council was the chief officer, and the medical officer of health was the lackey of the clerk to the county council. Medical superintendents would come under the thumb of a man who was under the thumb of the clerk of the council, and medical superintendents in the future would occupy a very minor position in the community. The clerk of the council and the medical officer of health seemed to be the chief officials, and the medical superintendent would apparently be very "small beer" in comparison with the others. When personal matters between the medical superintendent and the patient came up at a committee meeting, the medical superintendent was not even present. In the case of some public bodies, medical superintendents could not even give medical officers testimonials, as the testimonials must come from the clerk, who, however, knew nothing about the work. There was a stereotyped testimonial, which, therefore, was valueless.

Dr. SKOTTOWE said he would like to support, rather strongly, most of the views which were put forward by Dr. Macdonald, as that was the proof of the pudding. The meeting had been told what had happened in an area where the administration of municipal mental hospitals had come under the control of the medical officer of health. As a matter of principle, the speaker personally would have no objection to having his pure administration under the control of the medical officer of health; but he would qualify that with the proviso that the medical officer of health should co-operate rather than dictate. If one could be certain that every medical officer of health and every medical superintendent would work hand-in-glove and not cross each other, he did not see any logical case or cause for keeping the mental

health services away from the other health services ; one might as well say that the tuberculosis officer, the V.D. officer, the obstetrician and the pediatrist should each have autonomous power. Health was health, and it did not matter whether it was mental or physical health. With the growth of democracy it was not possible to dissociate the present situation which had arisen from the very obvious change in the personnel of local authorities which had taken place since the passing of the Local Government Act of 1888—a change which had occurred gradually through the whole of this century. With that had come what he regarded as the danger of over-administration. Everything now had to be so much according to rule and red-tape that there was a real danger of getting further and further away from clinical medicine. He would have no objection at all—and probably there were some present who shared his view—if he were not to have direct access to his committee. He, personally, would be glad if administration proper were taken from his shoulders, so that he could be left to do his clinical work, the clinical work which one always hoped one would be able to do, but under existing conditions was impossible to the extent which one would desire. Members were not being very logical in this matter. If they were going to say there was a sound case for a split-off of the mental hospitals service from the general health services, there would be an equal case for a split of, say, the V.D. service from the gynæcological and other services in physical medicine. Also one might as well expect one man to have control of brain surgery, another of gynæcology, each with his own committee of management, which would be ridiculous. The fact was that with the advances in democracy there was more tendency for all sorts of people to have access to committees; there was a greater tendency on the part of local authorities to say " We are paying for it ; we will dictate ", which was the reverse of the case in private work. There was also at the present day more tendency to regard with suspicion those who were experts. Therefore it was clear that something must be done to protect the clinical aspects of the service, if not the medical superintendents—for, frankly, without any wish to be offensive, it seemed that this Memorandum was more for the protection of superintendents than it was for the protection of patients and of psychiatry—from " committee rule " and over-administration. It was a matter he agreed with ; but something must be done to safeguard the medical position, which seemed to have been rather lost sight of in this argument as to who was to have access to the committee.

This Committee of the Association had carefully considered a good deal of evidence, and it had made recommendations to avoid a certain situation. The meeting had heard, from Dr. Macdonald, what had happened when that situation had arisen ; and, in view of those things, he said, without qualification, that he would whole-heartedly support the recommendations made in the Memorandum, in their general principle. But he would add this : that he deeply regretted that a situation had arisen in which it had become necessary for members of the Association to take any such steps at all.

Dr. B. H. SHAW (Stafford) pointed out that there was a distinct difference between mental illness and physical illness, namely, that in the former the liberty of the subject was concerned. The last speaker (Dr. Skottowe) seemed to imply in his remarks that they were similar, but that was not so. The Lord Chancellor's side must be considered.

Dr. REGINALD WORTH suggested that the meeting had been discussing this Memorandum from a one-sided point of view. In the third line of it it was stated that the Committee had held a number of meetings, and it was decided that it should oppose any endeavour to abolish the present statutory powers of the Mental Hospital Committees, and suggested that legal advice should be obtained as to what might be involved in regard to this. So far those powers had not been mentioned, except in Dr. Petrie's opening statement. That was the danger that mental hospitals were suffering from, i.e., that the statutory bodies, as they were now, showed a tendency to make them mere committees of the county councils, taking away their statutory powers. Those who had been in the service a long time knew how pleasant it was to work under a committee with statutory powers.

Some county councils had dispensed with some of those powers, and things had been rather difficult for those who were working in those situations in consequence of that. It appeared to him that if a committee had statutory powers, it should do its utmost to stick to those powers. Medical psychologists had their masters, the Board of Control, whom they looked up to, and turned to for help in their difficulties, whose aid they sought, and whose advice carried great weight. He thought the Association ought to consult the Board of Control on the point which had now arisen, especially on this question of statutory powers.

Secondly, there was the discussion which had been heard to-day concerning medical officers of health. Both advice and assistance were needed. It appeared to him—and he knew, indirectly, that it was the feeling also of the Board of Control—that the Board of Control would like to help in this matter. That Board had views of their own, and Dr. Worth did not know whether they coincided altogether with those of the majority of the members, but up to a point he knew they did coincide. He felt that the Association ought to appeal to the Board of Control. The best plan probably would be for a small sub-committee to be appointed who would go to the Board of Control and talk this matter out with them, so seeing how far views agreed, and to what extent ideas diverged. In this matter—one of grave importance—it was not wise to proceed in a hurry, as it was felt by many that we were now in the midst of very changeable times, and hence it was necessary to tread warily. The Board of Control would be able to give the Association much more information than any individual member could obtain for himself, even more information than members knew existed, and so it seemed a sound scheme that this Association should combine with the Board, and, if unity were found to exist, should take up a united attitude. If not, it would be clear what situation they would be in. He believed the Board would welcome the visit of a small committee of the Association, seeking their advice, and talking the matter over generally with them. With the permission of the President he would like to make the proposition: "That a few members of the Association be chosen to consult with the Board of Control, with the object of ascertaining what can be done in the matter under discussion to-day." If the Association were to proceed to deal with the matter on its own it was not certain where it would be, but in association with the Board of Control the conditions would be much stronger.

With regard to the idea of seeking support from the British Medical Association, though he accompanied Dr. Petrie and saw with him the secretaries of that Association, he agreed with what one speaker said about the British Medical Association. If this Association was strong enough to stand on its own legs, he would say, let it do so; if it should be considered necessary to resort to the opinion of the British Medical Association he did not think that would be to their benefit.

He would therefore like to know whether this meeting would be willing to send four or six representatives to consult with the Board of Control on this matter. No conclusion could be reached or a resolution passed to-day, as the speeches had shown such divergent views; it would be for the Association to provide some stronger argument at some future meeting.

Dr. C. W. Smith seconded the proposal, which was carried.

Dr. Petrie, in reply, said he was aware that some such proposition as Dr. Worth had made might come forward; it was of the very greatest importance that the Association should consult with the Board of Control, and he hoped that good would come of it. At the same time, he thought any opinion ought to be deferred until such had happened. The British Medical Association, in its present co-operative mood, could represent effectively the aims of this Association, and he thought the latter should not dissociate their minds from co-operation with that body, as it would at least be another way of bringing medico-psychologists into the main channel of medicine. He hoped members of this Association were intelligent enough to prevent the other body from ensnaring their feet into paths which members would deeply regret. The first step, admittedly, was to have this proposed sub-committee to see the Board of Control, after which the matter could again be

brought before the Association; so long as it was merely deferred, not shelved, he had no objection to that course.

A diversity of views had been heard in this discussion. His own strong feeling was in favour of a complete autonomous government, co-ordinating with the medical officer of health. He felt the recommendation that the mental health committee should be independent of the other committees of the local authorities was sound, but personally he would like to see the words " but linked to the public health services " added to the above recommendation.

The second speaker in the discussion presented the case in favour of remaining separate. The case in that respect was put ages ago by one Æsop, who had a parable about a number of sticks. When they were joined together, no man could break them, but when they were separate they could easily be broken individually. If those working in this specialty were to remain separate, and would not condescend to allow their individualism to be merged into the leaven of their common mental work, he feared they would be broken and absorbed separately, and that process, he thought, would not be pleasant.

In answer to Dr. Macdonald, he would say that the Committee derived great benefit from the Scottish Memorandum, though there were some things which their Scottish friends were then considering, and on which their views showed a boldness greater than the Committee felt inclined to advocate.

All sorts of minor matters of detail arose, but in preparing this Memorandum main principles were kept in mind, and now he hoped the Board of Control would be approached to hear what they had to say. After that, the Committee could come back to another general meeting, and then he hoped they would link up with the British Medical Association. If in the present mood for co-operation that Association's help could be obtained, it might help medico-psychologists to control the policy of that body from within, so that, possibly, in the future there would not occur such differences of opinion as had occurred in the past. He thoroughly agreed with Dr. Worth that the wise course was first to get the valuable help and counsel of the Board of Control.

The PRESIDENT said he thought the sub-committee personnel should be chosen now, so as to avoid delay.

The following gentlemen were chosen: Dr. Worth (President-elect), Dr. Petrie, Dr. Douglas Turner, Dr. Masefield.

Dr. SKOTTOWE said he would like to see Dr. McCowan included, as his combined medical and legal training might be of great use. This was agreed to.

Dr. MACDONALD thought a member from Scotland and one from Ireland ought to be on the Committee, so that both countries might be kept in touch with what was happening.

Dr. SKOTTOWE pointed out that it was only England and Wales which was concerned in this.

The PRESIDENT said representatives from those countries would only be listeners.

Dr. MACDONALD said he quite realized the position; his remark was only in case inquiries were made. But if the Committee would have the information conveyed to the Divisions before final discussion it would meet the case.

Dr. G. W. SMITH said the Secretaries of the Divisions could be written to.

This course was agreed to, and the meeting terminated.

SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the South-Eastern Division of the R.M.P.A. was held on May 22, 1935, at Littleton Hall, Brentwood, Essex, by the courtesy of Dr. H. G. L. Haynes.

The following were elected:

Divisional Secretary: Dr. R. M. Macfarlane.

Divisional Chairman: Dr. H. G. L. Haynes.