

MEMORANDUM RE DUTIES OF MEDICAL SUPERINTENDENT AND
SECRETARY OF BOARDS OF MANAGEMENT.

A memorandum, R.H.B.(S)(48)8, issued by the Department of Health in 1948, dealt with the respective functions of Administrative Officers of Boards of Management. It is there laid down that the Chief Administrative Officers are the Medical Superintendent and the Secretary of the hospital. It is suggested that the matron, or principal nursing officers, almoners and medical records officers would normally be responsible primarily to the Medical Superintendent; stewards and supplies officers, engineers in charge of works services, catering officers and officers in charge of accounts would be responsible primarily to the Secretary.

The Scottish Division of the Royal Medico-Psychological Association at a meeting held at Springfield Mental Hospital, Cupar, on 29 April, 1949, expressed the opinion that in framing the above-mentioned suggestions, the very specialized position of medical superintendents of mental hospitals and of colonies for the care of mental defectives, had not been fully apprehended. It was affirmed that their clinical and administrative duties are so inter-related that it is impossible to separate the one from the other.

It was the unanimous opinion of the meeting, therefore, that the Medical Superintendent of the mental hospital or of the institution for mental defectives, should be the paramount authority in all matters concerning the internal administration of his hospital and the welfare of his patients. The above formulation does not constitute any departure from established practice as it is implicit in the Lunacy Acts, and is explicitly stated in the Statutory Regulations appended to the Mental Deficiency and Lunacy Act of 1914.

It is understood that the above point of view has been accepted by the Minister of Health, England, and it is desirable that a similar understanding should be reached in Scotland. Such an arrangement would prevent the introduction of a system of dual control which, where it has been tried already, has led to friction and irritation and been prejudicial to the best interests of the patients.

It must be remembered that our patients are employed in every department of our hospital organization, and that the work of the various departments, e.g. sewing room, laundry, garden, kitchen, farm and master of work's departments has to be integrated, for therapeutic purposes, by the Medical Superintendent.

If such a co-ordination is not effected between the medical staff and all the other departments, then the best interests of the patients will be seriously endangered.

The meeting therefore came to the unanimous conclusion that all matters pertaining to the internal administration of the hospital, with the exception of finance, should rest with the Medical Superintendent, working in association with his Board of Management.

IRISH DIVISION.

THE SUMMER QUARTERLY and Clinical Meeting of the Irish Division of the Royal Medico-Psychological Association was held on 13 July, 1949, at Ballinasloe Mental Hospital, by kind invitation of Dr. C. J. MCCARTHY.

Twenty-three members and nine guests were present under the Chairmanship of Dr. P. J. CASSIN.

In the forenoon the Golf Competition was held for the Boileau and Boyd Perpetual Challenge Cup, the winner being Dr. JOHN SHEA.

The members and guests were most hospitably entertained to luncheon, at the conclusion of which Dr. P. MORAN proposed a most cordial vote of thanks to Dr. MCCARTHY and the Management of the Ballinasloe Hospital for their kindness and hospitality in inviting the Division to their hospital. Dr. DUNNE and Dr. GRAHAM seconded the motion in similar terms.

The meeting then proceeded to the Clinical Session. The Minutes of the previous meeting were read, approved and signed by the Chairman.

Apologies for absence were received from five members.

After a ballot was taken the following were declared to be elected to ordinary membership:

GLANCY, BRIAN PATRICK, M.B., B.Ch., B.A.O., D.P.M., St. Luke's Hospital, Armagh.

Proposed by Drs. R. Thompson, J. M. Johnston and J. E. Herbert.

O'BRIEN, PATRICK FINBAR, M.B., B.Ch., B.A.O., L.M., D.P.M., St. John of God Hospital, Stillorgan, Co. Dublin.

Proposed by Drs. John Dunne, F. L. McLaughlin and J. N. P. Moore.

O'DOHERTY, KIERAN JOSEPH, M.B., B.Ch., B.A.O., L.M., D.P.M., Ballinasloe Mental Hospital, Co. Galway.

Proposed by Drs. C. J. McCarthy, J. J. Delany and J. R. Shea.

Dr. GRAHAM kindly invited the Division to hold the Autumn Meeting at Purdysburn Hospital, Belfast. The invitation was unanimously accepted. The date of the meeting was fixed for Wednesday, 2 November, 1949.

Dr. McCARTHY then introduced the subject for clinical discussion—*Folie à Deux*. In his introductory remarks he pointed out that this was a rare and interesting condition which merited more study than had been given to it in the past, and expressed the hope that the paper to be read would stimulate further interest in the subject. Dr. JOHN SHEA then read his communication on *Folie à Deux*.

He commenced his paper by giving a comprehensive and informative survey of the literature on the subject. He pointed out that the condition was recognized as a psychiatric entity by Berlyn as early as 1819, and that in 1893 Ideler described the condition as infectious insanity. He outlined in some detail the factors which Galnick considers must be studied before a diagnosis of the condition could be established. For example, the long association and isolation of the individuals concerned, the question of dominance and submission, the relationship between the individuals, their pre-psychotic personality and the type of delusions present. Dr. Shea pointed out that though there is much agreement among writers about the conditions necessary to produce *folie à deux*, there is a divergence of views when it comes to causation. Writers tend naturally to a varying degree of emphasis on different aetiological factors, some stressing the pre-psychotic personality of the individual, others the psychological mechanism of identification, while still others regard heredity or environment as of paramount importance. Dr. Shea himself shared Grover's view that isolation and prolonged contact between the individuals concerned was the most important factor in the development of the condition.

He then outlined in detail the case history of two sisters, Agnes and Winnie, aged 40 and 38 years respectively, who were admitted to hospital in July, 1945, suffering from an identical psychotic condition. The sisters had been living together in one room for three years, and on admission were neglected, dirty and verminous. Both were mute and resistive to examination. They were put in different wards and gradually began to improve. When they became susceptible to examination it was clear that they had marked ideas of reference and persecutory delusions of a similar nature. The improvement continued, and the patients were discharged from hospital in seven and ten months respectively. They kept well for some months, but gradually slipped back into their old secluded and isolated way of living, and eventually were readmitted to hospital in December, 1947, in a similar condition to that on their original admission. Again there was gradual improvement, and for some time the patients have been almost symptom-free, though lacking in insight, so much so that it has not been considered wise to discharge them from hospital yet.

In his discussion Dr. Shea pointed out that all the conditions necessary for the diagnosis of the condition were present in this case. It was difficult, however, to establish which of the two was the dominant partner. Agnes had the better pre-psychotic personality. She was a bright, intelligent woman, who since childhood had overshadowed her sister. On the other hand, since the psychosis had developed, Winnie appeared to be the one who exerted the malign influence. However, it was difficult to decide between the two.

In conclusion, Dr. Shea pointed out that the number of cases of *folie à deux* so far reported has been small and stressed the need for further detailed study of case histories so that a fuller knowledge may be gained of this interesting subject.

An interesting discussion followed in which the following members took part: Drs. GRAHAM, MORAN, DELANEY, SHERIDAN, THOMPSON, McLAUGHLIN, FOLEY, DUNNE, COYNE and the CHAIRMAN.

Dr. SHEA replied to questions and the meeting adjourned.