

MEMORANDUM RE MEDICAL STAFF OF MENTAL CLINICS.

(Circulated by the General Secretary, June 5, 1927.)

A RESOLUTION expressing strong disapproval of the following recommendations of the Council of the British Medical Association (*vide British Medical Journal*, April 30) was passed unanimously at the last Quarterly General Meeting, May 19, 1927:

"That it be recommended to the Representative Body that specialist work in connection with the treatment of patients suffering from mental disease in its early stages, whether at hospitals or clinics, should not be carried out by whole-time medical officers of public health or local government authorities, but on a part-time basis by medical practitioners who have special knowledge of the subject, but who need not necessarily be devoting their whole time to such work."

It was decided that all members of the Royal Medico-Psychological Association who were also members of the British Medical Association should be asked to attend the Divisional Meetings of the latter Association, to which this recommendation stands referred, and to oppose its adoption as ill-founded and retrograde and against the best interests of the treatment of early cases of mental disorder.

The view taken was that, though it is desirable for general practitioners to be closely associated with the work of these clinics, there should be no such discrimination as in the British Medical Association's recommendation, but that the criteria for such appointments should be ability to treat early mental cases and local expediency as to how such treatment can be best provided.

CIRCULAR LETTERS RE DIVISIONAL CLINICAL MEETINGS

(April, 1927).

From the General Secretary (Dr. R. Worth).

At a General Meeting of the Royal Medico-Psychological Association held in November last a resolution was unanimously passed urging the Medical Superintendents of mental hospitals and other psychiatric institutions—

- (a) To afford facilities for Clinical Meetings to be held under the auspices of the Divisional Executives of the Association.
- (b) To encourage the attendance thereof of medical officers.
- (c) To approach the Committees of Management concerned with a view to sanctioning travelling and other reasonable expenses to medical officers in connection with such meetings.

It was pointed out that the Board of Control of Scotland had already recommended this course and that it had been adopted in that country.

The Board of Control (England and Wales), in a recent letter on this subject addressed to the President of the Association, states that—

"it would be in the interests of the patients that the medical staff should be encouraged to attend Clinical Meetings by payment of reasonable expenses, the Sub-Committees of the Hospitals visited providing light refreshments."

The attendance at these Clinical Meetings will not be limited to members of the Association, but medical officers who are not members and neighbouring medical practitioners will be cordially welcomed.

I feel I need not stress the value of such meetings in the furtherance of clinical psychiatry, and the help and encouragement they would afford to individual medical officers.

Should the views expressed in this letter meet with your approval I would be glad to know, for the information of other Medical Superintendents, the result of any action taken to put them into practice.

From the President (Lt.-Col. J. R. Lord).

In a circular letter of this month's date from the General Secretary in respect of a resolution of the Association passed at the November Quarterly General Meeting, 1926, on the holding of Clinical Meetings, three points, (a), (b) and (c), were brought to your notice.