

## SCOTTISH DIVISION.

THE SPRING MEETING of the Scottish Division of the Royal Medico-Psychological Association was held at Stratheden Hospital, Cupar, Fife, on 29 April, 1949. Dr. Kate Fraser in the Chair.

Apologies for absence were noted and the names of those present were recorded. *Election of Chairman, Secretary, Assistant Secretary and Junior Representative on Council.*—The Office-bearers for the ensuing year were elected as follows :

*Chairman* : Dr. ANGUS MACNIVEN.  
*Secretary* : Dr. E. J. C. HEWITT.  
*Assistant Secretary* : Dr. MARGARET METHVEN.  
*Junior Representative on Council* : Dr. JAMES MILNE.

*Election of Committee of Management.*—The Chairman reminded members that the Committee of Management must be elected annually by members at a Divisional Meeting. She further stated that of the present members, only three—Drs. METHVEN, UYTMAN and MILNE, were eligible for re-election. At their last meeting, the present Committee had put forward the names of Drs. McCOWAN, SPENCE, CHAPMAN and BELL (G. M.) as suitable and eligible members. After a short discussion, the meeting elected the following names to form the new Committee of Management : Drs. ANGUS MACNIVEN, HEWITT, METHVEN, MILNE, UYTMAN, SPENCE and BELL (G. M.).

*Election of Ordinary Members.*—After ballot the following candidates were unanimously elected to ordinary membership :

SANDLER, JOSHUA WOLFE, M.B., Ch.B., Assistant Medical Officer, Hawkhead Mental Hospital; 182, Langside Road, Glasgow. (On Active Service).

*Proposed by* Drs. A. Dick, W. S. Thomson and I. Patricia Harvie.

TAIT, ALLAN CHRISTIE, M.B., Ch.B., D.P.H., D.P.M., Dept. of Psychological Medicine, Glasgow University.

*Proposed by* Professor T. Ferguson Rodger, Drs. A. McNiven and M. M. Whittet.

WARDROP, KEITH RAE HOSESON, M.B., Ch.B., Assistant Physician, Glasgow Royal Mental Hospital.

*Proposed by* Drs. Angus McNiven, M. M. Whittet and J. H. McDougall.

*National Health Service. (a) Present position of Medical Superintendents in relation to Secretaries of Boards of Management.*—The CHAIRMAN called on Sir DAVID HENDERSON to open the discussion. Sir David then told the meeting his views on this controversial problem, instancing his own case in which neither he nor his Secretary knew where their respective authority lay. He pointed out that cordial relations existed between himself and his Secretary—based on many previous years of harmonious co-operation within his hospital. Sir David also mentioned some of the practical difficulties which were apparent in the implementation of Sect. 13 of Statutory Instrument No. 2038 (S.166) National Health Service (Scotland) Regulations.

Sir David then referred to R.H.B.(S)(48)8, and spoke about the difficulties arising from the system of dual control which is implied in this Memorandum. He felt very strongly that this scheme should not apply to mental hospitals and that all officials within a mental hospital who have patients under their care, should be under the direct control of the Medical Superintendent. It was evident, continued Sir David, that those who had framed these rules did not understand the conditions peculiar to mental hospitals and institutions for mental defectives. In conclusion, Sir David expressed his wish that if a majority of the members agreed, he would like to see a short statement prepared without delay, which could be forwarded to the Scottish Health Services Council and thus be brought directly to the notice of the Secretary of State.

The CHAIRMAN, thanking Sir David, said that she agreed with all his remarks, and that she herself had been going to raise certain of the points mentioned. A long and lively discussion followed, in which Dr. MACNIVEN warned members

about a possible danger in medical superintendents assessing their administrative duties too highly, in view of the possibility of this having an adverse effect on their salaries. He felt that much of the existing trouble was due to personality differences.

The SECRETARY reminded members that a question of principle was at stake and that the future efficiency of mental hospitals and the well-being of patients might suffer if this proposed system of dual control were allowed to become operative. Dr. CRAIGIE referred to a recent article in *The Hospital*, and also mentioned that previous attempts to provide dual or even non-medical control in mental hospitals had not proved a success. He further reminded members that in England, it had been decided that in mental hospitals, the Medical Superintendent should be the principal officer (R.H.B.(S)(48)13—H.M.C.(482).

The CHAIRMAN pointed out that the Western Regional Hospital Board had issued a directive to their Boards of Management to the effect that the Medical Superintendent was the Chief Officer in his hospital, but that even so, difficulties had arisen in certain hospitals with regard to the duties of the secretaries.

Dr. MACNIVEN thought that the Hospital Steward should be largely responsible to the Secretary, and Professor FERGUSON RODGER added a further warning against medical men taking on too many administrative duties and thus reducing the time available for their specialist work; he did not think that such administrative duties should take up much time in a well-run mental hospital. It was finally resolved that a small *ad hoc* Committee, composed of Sir David Henderson, Dr. Kate Fraser, Professor Ferguson Rodger, Dr. Angus MacNiven, Dr. McAlister, Dr. R. M. Stewart and the Secretary, should meet after lunch and draft a resolution. The meeting then adjourned for lunch.

The meeting having reassembled, the CHAIRMAN asked Sir DAVID HENDERSON to read the draft of the resolution proposed by the Committee (as under). This received the unanimous support of the meeting. Sir David would have this copied and sent to each member of the *ad hoc* Committee who, if he agreed to the final formulation, would return it to Sir David for referral to the Scottish Health Services Council. The meeting was unanimous in agreement to this proposal.

(b) *Salaries and Conditions of Service.*—The Chairman stated that there was no definite information available, except the proposed terms as set out recently in the *B.M.J.* The meeting was open for discussion. Several members spoke, but all deplored the lack of information as to what constituted a Consultant or Specialist, and who were likely to be accepted and remunerated as such. Several members referred to the prevailing idea that medical superintendents of mental hospitals might be remunerated on a basis of some ratio between Clinical and Administrative work. Professor FERGUSON RODGER commented on the disparity in the number of Specialists available in England and Scotland—he felt there should be some idea of the requirements in Scotland. Dr. McALISTER pointed out that negotiations on salaries were only just commencing, and therefore no grading was yet possible. After further speculation and discussion, the subject was closed by the Chairman.

*Diploma in Psychological Medicine.*—The CHAIRMAN informed members of the present position in so far as she knew about it. She also pointed out that only two Scottish hospitals were so far recognized as Training Schools—these being Riccartbar and Gogarburp. During a short discussion, it was evident that few members knew anything much about the new examination. It was further resolved that no action be taken meantime.

*Divisional Prizes for Assistant Medical Officers.*—The CHAIRMAN asked the SECRETARY to read a letter from the HON. GEN. SECRETARY bringing these awards to the notice of those interested and eligible.

*Any Other Business.*—The SECRETARY read a letter from Professor FERGUSON RODGER intimating that he had heard from Dr. DAVID ROSS, who was now Director of the Seton Institute, Baltimore, U.S.A., and who had kindly asked if the R.M.P.A., and the Scottish Division in particular, had any points they would like passing on to the American Psychiatric Association at their May meeting. The meeting considered this kind invitation, but thought that there was too little time to deal with this, and asked the SECRETARY to convey the greetings of the Division to Dr. David Ross and ask him to extend these to the members of the American Psychiatric Association.

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.