

THE COLLEGE

SPRING QUARTERLY MEETING 1979

The Spring Quarterly Meeting was held in Sheffield on 1 and 2 May, 1979, under the Presidency of Professor Desmond Pond and by kind invitation of Professor F. A. Jenner and the Midlands Division of the College.

SCIENTIFIC MEETINGS

The scientific meetings were held at Hallamshire Hospital, and the following papers were presented:

Tuesday 1 May: Morning Sessions

General and Family Psychiatry

The Lawton Tonge Centre—A Focal Point for Volunteers in Mental Health—J. H. and Jane Monach.
Hysteria in the Context of the Family—Professor D. Wilfred Abse.
Family Therapy—Dr Karl M. Tomm.
The Construct Validity of Concepts of Schizophrenia—Dr I. F. Brockington.
Mental Illness in Asians and West Indians living in Manchester—Dr L. Carpenter.

Organic Psychiatry

The Psychopathology of Huntington's Disease—Dr Michael Trimble
The Psychopathology of Parkinson's Disease—Professor R. H. S. Mindham
The New Generation of Neuroleptics—Dr P. Jenner
The Significance of Respiratory Changes in Different Mental States—Dr J. M. R. Damas Mora
Amine Studies in Man: Have they any Future?—Dr R. J. Pollitt

Tuesday 1 May: Afternoon Sessions

Psychiatry of the Elderly

A Physician's View of the Elderly Mentally Ill—Professor Sir Ferguson Anderson
Dumping Syndrome—or E. S. M. I. in the Asylum—Dr P. Victoria Spencer
Therapeutic Approaches to Alzheimer's Disease—Dr Iain Glen

Mental Handicap

The Sheffield Development Project for the Mentally Handicapped: The Pattern for the Future?—Professor Alastair Heron
Responsibility, Accountability and Control: The Consultant's Role—Alan Tyne

The Future Role of the Consultant in the Community—Dr Gerry Simon
Medical Manpower in Mental Handicap—Dr Rodney Wilkins
Multidisciplinary Work: Consultants Integrating with Others—Dr Joan Bicknell

Wednesday 2 May: Morning Sessions

Psychiatry and Medicine / ECT

Psychiatric Problems that present to the Dermatologist—Dr I. B. Sneddon
Artefactual Illness to attract Medical Attention—Dr M. W. P. Carney
Why Myasthenia Gravis is often given a Psychiatric Diagnosis—Dr Joan Sneddon
Premenstrual Syndrome: Response to Progesterone Therapy—Dr Gwyneth A. Sampson
Does ECT help the Right People?—Dr D. Vlissides
Preliminary Work on Cognitive Disturbance following ECT—Professor M. Hamilton

Wednesday 2 May: Afternoon Sessions

Forensic Psychiatry

The Psychiatrist in the Penal System and the Special Hospital—Dr Ian McL. Stewart
The Operation of Section 72 and Section 60/65 since 1961—Dr Graham Robertson
Fitness to Plead in Scotland and England—Dr Derek Chiswick

Psychotherapy

The Concepts of a Psychotherapy Service in a Provincial City—Dr J. D. Gomersall
Why should Students be Taught?—Dr A. C. Woodmansey
Stress, Coping and Psychotherapy—Dr D. A. Shapiro and Glenys Parry
Psychotherapy in the Rehabilitation of Brain-Damaged People—P. R. F. Clarke

Alcohol and Drug Addiction

Unsuspected Brain Damage in Alcoholics—Dr Maria Ron
A New Look at Alcoholic Psychoses—Dr John Cutting
The Social Significance of Minor Tranquillizer Use—Dr Ruth Cooperstock

Characteristics of Opiate Abusers over Seven Years—
Dr Anthony Thorley

BUSINESS MEETING

The Business Meeting was held on 2 May.

Minutes

The Minutes of the previous meeting held in London on 6 and 7 February, 1979, and published in the *Bulletin*, April 1979, were approved and signed.

Obituary

The Registrar announced with regret the death of the following members:

ADA D. BENTLEY, Medical Officer, HM Prison Service
(HM Prison, Yelverton, Devon).

ALICE COX, MBE, Johannesburg.

JANE ELIZABETH FAULKS, Rainhill Hospital, Prescott,
Lancs.

PETER KNIGHT McCOWAN, formerly Physician
Superintendent, Crichton Royal, Dumfries.
Secretary, Research & Clinical Committee and
Section 1931-1951; Co-Editor of Journal, 1945-57;
President, 1951-52. (Honorary Fellow).

DAVID ROBERT MOORE, Consultant Psychiatrist, Ernest
Jones Clinic, Hotam Street, Preston, Victoria.

RENÉ TARGOWLA, Chev. Leg. Hon., formerly Médecin en
Chef des Asiles de la Seine, Paris.

BERNARD BENEDICT ZEITLYN, Consultant
Psychotherapist, Addenbrooke's Hospital,
Cambridge.

Summary of the Registrar's Report

DR GERALD TIMBURY presented a Report which included mention of a formal meeting of Council on 14 March. Among the items discussed had been the future representation of the College on the General Medical Council, and a letter had been sent to all members inviting nominations for the College's Appointed Member. [Dr Philip Connell was subsequently elected.]

Council had received a report from Professor Rawnsley's Special Committee on Sick Doctors and had endorsed the Committee's comments on the General Medical Council's proposals concerning its new Health Committee. A Special Committee, chaired by Dr Heaton-Ward, had been set up to consider the Normansfield Inquiry and to make recommendations to Council. [These recommendations appear in the October *Bulletin*.]

In response to an enquiry from a member in Sri Lanka it had been decided that the College would encourage Fellows and Members overseas to form overseas Branches of the College. (A letter on this topic from the President has now been sent to all overseas members.)

The Peter Scott Memorial Fund Appeal had raised approximately £3,000 and the Appeal Committee was considering ways of using the money to commemorate Dr Scott's work for the College and for forensic psychiatry. It had also been agreed that the Laughlin Fund should be used to award a prize of £50 to the candidate with the highest marks in each Membership Examination.

The Research Committee had been interviewing applicants to work on the ECT project which is being funded by the DHSS. [Dr J. S. Pippard has now been appointed Director of this project.]

The Report went on to mention two matters discussed by Council—Medical Audit and Continuing Medical Education for consultants. These topics had later been considered by the Education Committee, and a Special Committee had been set up to look closely at all aspects of Medical Audit. It was requested that any members of the College who had views on this subject should write to the Registrar.

At its meetings on 12 February and 9 April the Court of Electors had discussed the appointment and function of the College Regional Advisers and a meeting of the Regional Advisers had been held in February. The main function of the Regional Advisers was to represent the College on Postgraduate Education Committees, but they were now also being asked to review the job description of new and replacement consultant posts. Members of the College who were concerned about such descriptions were asked to contact the appropriate Regional Adviser. [Details are available at 17 Belgrave Square and an up-to-date list of Regional Advisers will appear in the *Bulletin* shortly.] The Court of Electors had also discussed the appointment of locum consultants. [Its recommendations are reported fully in the October issue of the *Bulletin*.] The election of 131 Members to the Fellowship was approved by the Court of electors. [This list appeared in the May *Bulletin*.]

Turning to the more domestic side of College business, Dr Timbury reported that the premises at Belgrave Square had been improved by the acquisition of some new furniture and that parts of the building were being redecorated. Plans for a major development of the basement to provide for additional meeting rooms and catering facilities were being examined by the House Committee, and it was hoped that this work could be undertaken in the course of the next year.

In concluding his Report, Dr Timbury said that members of the College were extremely grateful to all those who had contributed to the success of the Quarterly Meeting, and that the arrangements made by our colleagues in Sheffield were greatly appreciated.

SOCIAL

On 1 May members and guests were received by the Lord Mayor of Sheffield at the Cutlers Hall. The

Reception was followed by a Dinner at which the President thanked Professor Jenner and his colleagues for all their efforts which had resulted in such a successful meeting. Wives and husbands of members, accompanied by Mrs Jenner, visited Southwell Cathedral and Hardwick Hall. On 2 May they toured the countryside surrounding Sheffield. Lunch was provided, by courtesy of the University Department, at Mrs Jenner's home.

EDUCATION COMMITTEE: CLINICAL TUTORS' SUB-COMMITTEE

Guidelines on Accommodation for Postgraduate Training and Experience in Psychiatry

The Clinical Tutors' Sub-Committee has received a number of requests for guidance about the accommodation which should be provided for medical staff in psychiatric hospitals and units. It is hoped that the following guidelines will help clinical tutors and others who are planning new psychiatric units or trying to improve facilities within existing buildings, and that it will be useful to College Approval Teams in considering whether accommodation provided for postgraduate training is adequate.

It is appreciated that while certain general principles can be stated, allowance always has to be made for local circumstances in the application of these. Moreover, it has to be accepted that the standards which can reasonably be expected of new units often cannot be met in existing buildings, although the latter should be improved when the opportunity arises.

The contribution of those who have studied these matters in the past (1,2,3,4,5) is acknowledged. Existing guidance is, however, concerned with the whole field of postgraduate medical education and the particular needs of psychiatry receive no mention.

Office and Consulting Room Accommodation

The psychiatrist, even more than other specialists, has to be able to interview his patient in private and in an atmosphere which encourages the patient to confide in him. Tasteful decoration and furnishing help to reduce tension and improve the efficiency of the work being performed.

Every psychiatrist, whether consultant or trainee, should be provided with his personal office, prefer-

ably situated so as to be easily accessible from the ward(s) on which most of his acute patients are located, but not so that out-patients or relatives must traverse the ward to see him. Sharing should only be allowed where absolutely unavoidable. Every office should be large enough to accommodate a desk and chair, a bookcase, lockable filing cabinet and not less than three easy chairs so that the psychiatrist can, if he wishes, interview two people without having to sit behind the desk. A small coffee table between the easy chairs is a desirable addition. A couch should be provided, to serve for physical examinations and, if desired, for psychotherapy (though not all psychiatrists will require this). There should be a hand washbasin and mirror. Consultants' offices should, if possible, be capable of seating up to eight or ten people in comfort, to facilitate the holding of team meetings, case conferences and similar activities.

The telephone should, if it is not an extension of a secretary's telephone, be capable of having its bell turned off. The room should be reasonably sound-proof in both directions. It should be carpeted and the furniture and fittings should be chosen so as to minimize noise. If the window is overlooked, privacy should be ensured by the use of obscured glass or venetian blinds, but it should not be necessary to use artificial lighting during normal daylight. Offices should be lockable when not in use.

Depending on the size of the hospital or psychiatric unit and the siting of the doctor's personal offices, additional consulting rooms will often need to be provided on one or more wards. The design of these offices should follow the principles set out above. They