had used the translated version and found them useful but only a third considered their use as beneficial at both primary and secondary care level.

Discussion
This research is the first we know of to have looked at the use of an existing tool for the cognitive assessment of minority ethnic elders in clinical settings in the UK.

Our findings indicate that most psychiatrists have seen South Asian patients, although the level of exposure was variable. This may reflect the demographic composition of the individual psychiatrist’s catchment population. However, nearly half of those who responded felt that their exposure to BME patients underrepresented the level of morbidity in that population. This may reflect the reported barriers to healthcare for the BME population (Commander et al., 1997).

Some respondents had used translated versions of the MMSE. However, the majority believed that translated versions had a wider potential and that both primary and secondary care medical staff would benefit from using them.

We were, however, disappointed to see that many psychiatrists were still unaware of the availability of standardised and validated adapted versions of these screening tools. It is possible that these translated versions, while commonly used for research, have not been made available to service providers for clinical use. Even when psychiatrists were aware of them, these tools were not being routinely used to overcome linguistic barriers, possibly owing to the unavailability of linguistically competent individuals, such as interpreters, in the process of assessment; this also probably accounts for the dissatisfaction of those who used these tools.

Therefore, the observation by Rait et al. (2000) that ‘there remains an obvious need for a cross-national approach to improve detection, educate practitioners and improve services for older south Asians in the UK’ still holds true. We do, however, recognise that the use of translated versions of the MMSE is only one measure among many to improve the overall assessment process.

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References

The British Federation of University Women: helping academic women refugees in the 1930s and 1940s

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In early 1933, the members of the British Federation of University Women (BFUW), an organisation which was established in 1907 to provide a supportive network for the growing number of academic women, embarked upon a unique humanitarian mission to aid their counterparts in Europe (Sondheimer, 1957; Dyhouse, 1995). This remarkable undertaking, which came to provide academic women refugees with professional, financial and practical support, was in direct response to the growing threat from Fascism and Nazism. Almost from the moment that Hitler came to power in Germany in January 1933, the BFUW Executive Committee began to receive a steady stream of calls from German members of the International Federation of University Women (IFUW), whose lives and careers were
affected by restrictions imposed upon them by the Nazi regime. Some were seeking help finding work and settling in Britain, while others were looking for temporary help as trans-migrants on their way to the USA, New Zealand or Australia.

The annexation of Austria in March 1938 exacerbated the refugee crisis and the calls for assistance increased exponen-
tially as IFUW members in Austria, Czechoslovakia and Poland joined their German counterparts in desperately seeking help to escape Nazi tyranny. Up until this point, the BFUW’s Executive Committee had dealt with refugee matters as part of its overall business, but the numerical increase called for a change of strategy. Their response was to establish an Emer- gency Sub-Committee for Refugees (ESCR), which, in May 1938, took over responsibility for dealing with all refugee-related issues. As the workload increased, the ESCR members realised that they needed support, and decided to appoint a secretary for 13 weeks – long enough, they assessed, for the backlog to be cleared. The person chosen was Dr Erna Hollitscher, a 41-year-old language graduate from Vienna, who had come to Britain following the annexation of Austria in March 1938. She, like so many Jewish women forced to migrate, had initially worked as an au pair before contact-
ing the BFUW and receiving its help. Holly, as she became known, stayed in post rather longer than anticipated, and was still with the BFUW after the refugee committee disbanded in 1950.

By May 1939 the ESCR had received 226 applications for help and a further 119 names had been added to the list by July 1940, but after that any chance of migration from Europe had all but ceased, and the 45 or so who subse-

Quotations from this text are given as footnotes of a later date for what is thought to be another purpose. This is not an indication of the original source of the text.

The range of professional credentials held by the refugee women was impressive. A typical list of 56 new applicants in October 1938 included nine medical women, one dentist, two psychologists, an art historian, four scientific research-

ers, a journalist, two lawyers, seven laboratory assistants and ten teachers of various disciplines. Most had either a PhD or held an MD qualification, but this did not necessarily make finding an appropriate job any easier. This was, in part, due to the strong anti-alien hostility demonstrated by some middle-class British professional groups, including doctors and dentists (Zamet, 2006), who pressurised the government from as early as 1933 to limit the numbers of immigrants. Besides this prejudice, foreign qualifications were not gener-

ally recognised in Britain; in nursing, for example, the highest grade that a fully trained refugee nurse could be employed at, without going through the prescribed British training, was assistant nurse (Stewart, 2003). Some of the BFUW refugee women benefitted when a specialist nursing and midwifery sub-committee was set up in late 1938, at the request of the Home Office, by the Central Co-ordinating Committee for Refugees, based at Bloomsbury House, London. It was also possible for a very small number of refugee women doctors (two a year) to train as midwives, thanks to the initiative of London’s General Lying-in Hospital, which, as recorded in the Nursing Mirror and Midwives Journal (18 March 1939, p. 839), proposed ‘a scheme to train Austrian refugees as midwives’, an idea which was then taken up by the Royal Infirmary of Edinburgh. A few BFUW women refugee doctors were referred to Edinburgh, where the examina-

tion requirement for clinical study had been reduced from 3 years to 2, so that they were able to re-qualify more speedily. Social work was a profession whose doors were virtually closed to women refugee academics until after 1941, and it was not until 1944/45 that the BFUW minutes noted that financial assistance had been given to two students taking a mental health course, and to another for 6 months’ training to qualify her for child guidance work as an educational psychologist (recorded in the BFUW’s annual reports for 1940/41, p. 18, and, 1944, p. 20).

Besides helping to fund training courses and covering tuition, examination and registration fees, the ESCR also

ensured that language classes were available to those refugee women who needed them, for an inability to speak English seriously affected a refugee’s employment prospects and ability to integrate into wider society (Stewart, 2003, p. 159).
Royal College of Psychiatrists’
International Congress,
21–24 June 2010, Edinburgh EICC

This year’s theme, ‘Advancing Science’, is inspired by Robert Burns (1759–96), who wrote in ‘Address to Edinburgh’:

There learning, with his eagle eyes,
Seeks Science in her coy abode.

Over 200 years on, and learning still seeks out science in the beautiful city of Edinburgh. The President, Professor Bhugra, opens the Congress with a plenary talk. He has stated that the Royal College of Psychiatrists’ goal is ‘to be at the forefront in setting and achieving the highest standards through education, training and research. We lead the way in developing excellence and promoting best practice in mental health services’. The International Congress programme was designed with these inspirational aims in mind, to be of the highest quality. The Congress offers the opportunity to update learning, knowledge and skills and to seek out international experts from across the breadth of psychiatry.

This year’s programme has moved away from the Institute Days of previous years and towards topic-based streams and the inclusion of training courses. All training courses and refreshments are included in the Congress fee, as is media training, access to the Psychiatrists’ Support Service and attendance at the Welcome Reception.

A broad range of topics are covered, including streams on: psychosis, mood disorders, psychopharmacology, clinical skills, communication skills, and neurodevelopment.

Training courses at the Congress include: treatment-resistant psychosis (run by the Maudsley Hospital’s National Psychosis Unit, London); core clinical skills in neuropsychiatry (run by Dr Alan Carson, Edinburgh); appraisal and revalidation; and a physical health update training course for psychiatrists (the last two are brought via the College Education and Training Centre).

We have retained the ever-popular morning and lunchtime plenary sessions. It is impossible to mention all of our excellent plenary speakers here, so to list but a few: Mr John Bowis, MEP for London, talking about the future of psychiatry in Europe; Professor Max Fink, from the USA, giving a talk entitled ‘The enigma of ECT: its Darwinian survival’; Professor Ramachandran, from India, and Professor Munk-Jørgensen, from Denmark, speaking on the physical health needs of patients with a mental illness; and Professor Bailey, from England, talking about families (‘The elephant in and out of...’).