

tions of giving consent to the report going to the employer.

The encouragement of a more enlightened approach through a programme of education for employers and

employees would obviate the need for legislation to protect the patient's interests, especially as legislation on matters of discrimination is of doubtful efficacy.

The Year in Scotland

Activities of the Scottish Division

There are 352 College members north of the Border, a number close to the ideal village community—too small for impersonality, too large for boredom—and the activities of the Scottish Division are in consequence lively. About 50 members managed to attend each quarterly meeting during the 1979/80 season, with attendance rising to around 100 at our annual dinner in December.

In September we made our way across the Scott country to Dingleton Hospital, Melrose, so celebrated for its achievements in multidisciplinary community-based psychiatry, and heard an intriguing presentation of the trials and triumphs of this approach from Dr Dan Jones and his staff. The advantage, they told us, lay in an impressively low rate of hospital admissions for preventable crises; the problems arose through the heavy burden of responsibility carried by some non-medical staff. Certainly Dingleton seemed to have built up magnificent community relationships, aided by a network of voluntary helpers. Those of us who work in city hospitals wondered how far such support might be forthcoming in our own more impersonal environments.

The December meeting was held at Gartnavel Royal Hospital, Glasgow, and concerned itself with undergraduate and postgraduate psychiatric education. Professors from the four Scottish medical schools outlined the varied approaches of their teaching programmes, and the question of recruitment to psychiatry was discussed. Dr Bewley, as Dean, gave the College's point of view on postgraduate training; Dr Chris Freeman was stimulating, and far from sycophantic, in presenting some comments from trainees; and Dr Kaye gave a talk on his experiences in conducting the College Approval exercise in Scotland. Discussion grew heated, even impassioned. During the evening everyone mellowed over an excellent annual dinner in the impressive, if borrowed, setting of the portrait-hung banqueting hall of the Royal College of Physicians and Surgeons of Glasgow. Professor and Mrs Pond had kindly come from London to welcome 18 new recruits who had passed the Membership examination during the previous year and who, by hospitable tradition of the Scottish Division, were getting this, their first annual dinner, free. Another guest of honour was Mr Russell Fairgrieve, Under-Secretary of State for Health and Social Services at the Scottish Office, whose inside knowledge of Health

Service financial plans was eagerly sought in a characteristically sparkling address by Dr Balfour Sclare. As we listened we little thought it would be the last time many of us would hear him.* Mr Fairgrieve's reply was well-considered and, under the circumstances, as reassuring as might be. Dr Gerald Timbury's entertaining closing speech and a recital of Edwardian part-songs by the Arcadian singers (unfortunately but pardonably misprinted as 'Orcadian' on the menu card) agreeably rounded off the evening.

The March meeting was held at the Royal Dundee Liff Hospital, where local members had prepared an excellent clinical programme for us. Discussing current themes in the Dundee psychiatric service, speakers described psychiatric morbidity in elderly surgical patients, non-organic gastrointestinal illness and the psychiatric aspects of female sterilization. Dr Naylor took the topic of red cell membrane transport in manic-depressive illness and made it seem straightforward and surprisingly understandable. For some years now there has been a happy partnership in Dundee between the adult psychiatric and mental handicap service, and in the afternoon the papers dealt with clinical and research aspects of mental subnormality.

The highlight of the year is always our two-day summer meeting in June. This year's rallying point was the Argyll and Bute Hospital at Lochgilphead on the Kintyre peninsula. It turned out, for most of us, to be a rallying point in the literal sense as we skidded and aquaplaned our collective way along 80-odd miles of inundated lochside roads in a force 5 gale. One member, braver than the rest, attempted to sail to the meeting but was forced to turn back in the Sound of Bute. Another enquired about steamer services and was disconcerted to learn that they had been withdrawn 25 years earlier. All efforts were rewarded when we reached the hospital and the warm welcome provided by Dr Macnab and his staff. Safely cocooned from the continuing downpour and the faintly-heard cries of panic-stricken seagulls, we heard talks by Dr Betty Yule and Dr Maurice Baird on the contrasts between psychiatric practice in the West Highlands and elsewhere; by Dr Hugo Gallacher on systems theory in

*See Obituary, June *Bulletin*, p. 90

family therapy; and by Dr Douglas Haldane on his survey of marriage guidance methods among Scottish colleagues. Dr Heti Davies made a moving plea for more imaginative supportive services for the families of the mentally handicapped, and Dr Hunter Gillies, that elder statesman of Scottish psychiatry, gave an unforgettable exposition of his fifty years in the specialty which seemed, in retrospect, to span the therapeutic advances of centuries. He recalled the bad old days of restraints, bodyguards and pyrotherapy and the changes brought by the successive advent of barbiturates, amphetamines, insulin, ECT, phenothiazines, anti-depressants, lithium and benzodiazepines. He put in a plea

for modern research enthusiasms to be tempered by biological sophistication and quantitative measurement. All the papers provoked lively discussion. Members wondered particularly why the incidence of schizophrenia seemed (at least in Scotland) to be diminishing, and what should be the attitude of psychiatrists to the innumerable non-medical problems which nowadays came their way and took up their time. It was suggested that there should be research on these themes.

In the middle of all this serious work we had another, unofficial annual dinner, though without speeches. It was an excellent one.

MARGARET LITTLE

PROFESSOR DESMOND POND

Professor Pond has been elected Chairman of the Conference of Medical Royal Colleges and their Faculties in the UK. This is the first time a President of the College has held

this position. Although Professor Pond will be retiring from the Presidency of the College in 1981, he will continue to preside over the Conference for a further year.

PAPERS FOR COLLEGE MEETINGS

The Programmes and Meetings Committee invites members of the College to submit papers on miscellaneous topics for presentation at the Spring Quarterly Meeting, which is to be held in Montrose on 28 and 29 April, 1981; and for the Annual Meeting which will be held from 7 to 9 July 1981. I would be grateful to receive summaries of the

papers members would like to present. The closing date for the Spring Meeting is 20 December 1980, and for the Annual Meeting, 28 February 1981.

ROBIN MURRAY
Honorary Secretary
Programmes & Meetings Committee

MAUDSLEY LECTURE 1980

The Maudsley Lecture 1980 will be delivered by Sir Martin Roth on 'Contemporary Issues in Psychiatric Diagnosis'. Unfortunately, through circumstances beyond our control, it has been necessary to change the date of the

Lecture which will now be delivered at 5.00 p.m. on Thursday, 20th November 1980 at the Institute of Psychiatry.

Erratum

It is regretted that the name of Dr Ruth Porter was omitted from the list of Members elected to the Fellowship which was published in the *Bulletin* in July (page 112).