ORIGINAL PAPER

The Australasian Association of Psychiatrists from Birth to Dissolution.*

by

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At this stage when the Australasian Association of Psychiatrists is on
the verge of dissolution, it appears right and proper that some attempt should
be made to trace the history of its development. History taking is no longer
what it was in one's youth. However some attempt will be made to give due
regard only to facts and to keep hidden the dynamic interplay of more or
less unconscious motivations.

Even this, of course, is no light task and I deeply appreciate the honour
of being one of those entrusted with it. Previous attempts have been made
in 1951 and 1952 with Council resolutions asking Dr. Maudsley to prepare a
statement, and as late as November last Dr. Alan Stoller endeavoured to get
some historical background for the A.A.P. and psychiatry in Australia by
writing to Professor Bostock and Professor Dawson, and Drs. Maudsley and
Latham.

Memory for past events is rapidly crowded out by the passing scene and
it has therefore been necessary for me to make use of the Minutes of Council
Meetings and the News Letters and Bulletins which we owe to Dr. Stoller,
and also some notes of Hal Maudsley's given me by his widow. Even so it
may well prove that errors have crept in, and if so it is hoped that they will
be corrected as soon as possible and that any additional information will be
made available.

There seems to be no doubt that Dr. Henry Maudsley must be given
foremost responsibility, and I hope credit, for the idea of forming this
Association, and this is supported by an Editorial comment in the News
Letter Vol. 4, 1952 that "Professor Dawson informs us that he has always
regarded Dr. H. F. Maudsley as responsible for the inception of the A.A.P.,
and that he had brought up the proposal to Professor Dawson at his home
on May 4th, 1946". Moreover Professor Bostock, speaking as Chairman for
Dr. Maudsley's Second Presidential Address, stated that he had been largely

It appears this move followed his interest as a Foundation Member in the
development of the Association of Physicians which later became the Royal
Australasian College of Physicians, and his ambition that psychiatrists should
have a similar development of an Association and later a Royal College of
their own.

The first document I can produce is the minutes of a meeting of Victorian
psychiatrists at 8 Collins Street on May 29, 1946 at 8 p.m. The Convenor
was Dr. H. F. Maudsley. The Business was "To discuss proposals for the
foundation of an Australian Association of Psychiatrists", and those present
were Drs. H. F. Maudsley, J. K. Adey, G. Springthorpe, D. F. Buckle, R. S.
A. Phillips and myself. Apologies were received from Dr. R. Webb, Dr.
Maudsley was elected Chairman and Dr. Sinclair Secretary. The Chairman
introduced the agenda and explained that representatives in all States,
including Tasmania, had been requested to convene similar provisional
meetings. During a free discussion on all aspects of the agenda paper the
following points were agreed upon and formally adopted.

1. That an Australian Medical Society be formed for the furtherance
   of the study of problems which are predominantly psychiatric.

2. It is desirable that such an association should include N.Z.'s participa-
   tion.

3. The objects of the society should be to promote scientific discussions
   and further the cause of psychiatry in Australia.

*Read following Professor Bostock's Paper, A.A.P. Annual Meeting,
Brisbane, Sept., 1962.
4. Membership to be primarily for psychiatric specialists of approved status.

5. Qualifications of membership to be governed by the principles based on the existing British definitions as a “specialist”, and should include considerations of:
   (a) Postgraduate academic qualifications together with length of service in the practice of psychiatry.
   (b) Other special qualifications accepted by an electoral body of the society.

6. Method of election of new members be:
   (a) Proposal and seconding by members and
   (b) Election by an electoral body appointed by the society.

7. Associate members: The question of the election to associate membership be considered at a meeting subsequent to the formation of the society.

8. That the resolutions contained in this meeting be communicated to a provisional chairman in each State and that comments arising from other State meetings be collated at a further meeting in Melbourne.

The next documents, dated August 26, 1946, are handwritten copies of letters by Dr. Maudsley to Professor Bostock, Professor Dawson and Dr. Birch, together with the addresses of Dr. Brothers in Tasmania and Dr. Prendergast in W.A., to which similar letters were presumably to be sent.

The letter to Professor Bostock contained the suggestion that: “We think that Dawson should be the first President of the Association” and the one to Professor Dawson repeated this statement and suggested that the title of his Presidential Oration should be “The Teaching of Psychiatry in the Medical Schools of Australia”, that Fellows and Members of the Australasian College of Physicians be invited and that, although this request was rather an undertaking at short notice, it should give the Association a good beginning. There is also a note that: “The question of linking up with the B.M.A. must be in abeyance for the time being, especially in view of New Zealand joining the Association. Each of the letters enclosed an outline of the constitution to be discussed at the preliminary meeting at 2.30 p.m. on Wednesday, October 9, 1946 and a notice of the election of officers, a dinner at the Australia Hotel at which Victorian members would entertain interstate visitors, followed by the Presidential Address, and next day, October 10, 1946, a clinical meeting at the Royal Melbourne Hospital. This programme was later enlarged by arranging for two meetings at Travancore Developmental Centre arranged by Dr. Phillips, and later in the morning at Royal Park under Dr. J. K. Adey. Professor Bostock conducted the clinical discussion at the R.M.H. on the Thursday. Interstate members present at this first meeting included Professor Bostock, Professor Dawson, and Drs. Arnott, Swanton, Ewen, Southwood, Stafford, McCarthy, Wishaw, Gwyn Williams, and the Association, as formed by those present and those invited but absent, including four from New Zealand, numbered 67. A Council Meeting was held next day. Memory appears to justify the statement that a good time was had by all, but following this, work intensified with considerable additions under legal guidance to the draft rules. These grew from two small pages to ten large folios and these were circulated to the different States for discussion and suggestions re modification.

Much of this work fell upon the shoulders of Alex Sinclair as secretary-treasurer but each State committee appears to have taken its duties quite seriously. The Queensland Branch under Professor Bostock emphasised the importance of incentive in any national medical scheme and stated in a preamble that “it was felt that the A.A.P. prompted by the Queensland State Branch should endeavour to formulate the principles and practices, that would guide not only the psychiatric aspects but also the ‘general medical and administrative policy of this service’”. Dissatisfaction with fees for psychiatric treatment for State Insurance patients, i.e. £2/2/0 for first visit and 10/6 for subsequent visits was expressed for the first time, and a suggestion was made
by Dr. Youngman that fees for subsequent visits should be increased to £1/1/0. South Australia under Dr. Birch suggested with prophetic insight that a clause be inserted to cover the procedure to be adopted in the event of the dissolution of the Association. Various other comparatively minor alterations were suggested but, on the whole, comment was favorable. A very long and dreary Council Meeting in Adelaide in 1947 discussed these rules in detail. The process of modification of the rules has proceeded steadily since that time with a complete redrafting in 1956, and quite recently both Victoria and Queensland have been gently chided by Council for not adhering to the rules. It has always been accepted that the affairs of the Association were to be controlled solely by the General Council which was to be advised by State Committees. The General Council had to render an account of their stewardship to the Annual Meeting by means of reports from the President and the Secretary-treasurer. It has been my privilege to be on the Council throughout its career, except on three occasions, and on those occasions it was forced upon me how very little the members of the Association knew of what went on behind the scenes in Council. This has only to some slight extent been modified by the efforts of Dr. Stoller in the Newsletter and Bulletin since 1948, and with its rebirth as a printed Bulletin in 1960. It is hoped that changes at present operative will be of further benefit.

At first reprints of papers read at Annual Meetings were published in the Medical Journal of Australia and a suggestion was made re binding them together, but this was discontinued in 1949, partly it seems due to difficulty in collecting them and sending them on for publication. At that time Dr. Stoller was asked to enlarge the Newsletter by a page or two to allow for abstracts, but in spite of this there has, it seems, been much wasted effort and it is now very difficult to remember a great deal that one has listened to and looked at over the years.

The Presidential Addresses have been fairly well preserved within the M.J.A. and the names of Past Presidents and the titles of their addresses are as follows:

1958–59 Dr. E. J. T. Thompson Not published.
1959–60 Dr. A. J. Sinclair Not published. (He states not sufficiently significant).
The office of Secretary-Treasurer has undergone several changes over the years. Dr. Sinclair carried the burden from 1946 to 1949 with the help or hindrance of a firm, “The Federal Secretariat”. Dr. Buckle was appointed Assistant Secretary in 1949 and in 1951 was promoted to Secretary, following Dr. Sinclair’s resignation. Dr. Ian Martin was appointed as his assistant at that time and in 1953, with Dr. Buckle’s appointment overseas, Dr. Martin carried on at first with Dr. Ainslie Meares but later with only lay assistance till last year, when radical changes took place with the splitting of the work into three sections.

Attempts have been made, notably by Professor Bostock in 1949, to give the State Committee more useful work to do, e.g. N.S.W. to report on undergraduate teaching. Victoria to report on postgraduate training, Queensland on preservation of historical records, South Australia on care of senile and chronic cases, Tasmania on psychiatric problems resulting from isolation and Western Australia on psychiatric aspects of immigration. “The Mental Health Problem of Today”, as written by him, reveals something of the problem then and now with comments on War Neurosis, the need for psychiatric beds in general hospitals, the over-crowding in hospitals and criticism of the forty-hour week in the community, as well as a clarion call for more work by the community.

Following the inaugural Presidential Address and this emphasis by Professor Bostock, the question of undergraduate psychiatric education was investigated in 1947 by a subcommittee in Victoria, and this topic quite naturally crops up at intervals over the years. In 1947, the late Dr. V. P. Johnston asked the Association to discuss the matter of Arts students at the University being taught psychopathology while no such teaching was given in the medical course, and pointed out the “dangerous possibilities from the standpoint of public health and welfare in that it may encourage students in a non-medical faculty in the belief that possessing some sort of a University qualification in psychopathology they are qualified to practice psychotherapy”, but this attempt to prevent the University of Melbourne spreading the gospel failed.

Even more marked however has been the emphasis throughout on the need for more postgraduate training. Since 1952 suggestions have been made for an A.A.P. Diploma, possibly having some reciprocity with the conjoint D.P.M. in England, or possibly being granted by the R.A.C.P., but the main emphasis was on attempts from 1949 to have a uniform University Diploma in Psychological Medicine granted by all States, possibly with some reciprocity as regards Part I and an intensive refresher course prior to examination for Part II. South Australia was always to the fore in these discussions owing to their University’s refusal to have anything to do with Diplomas and the need for postgraduates to go elsewhere for quite long periods of time to have a chance of getting a D.P.M. There was a very long discussion in Tasmania in 1957 when State committees of investigation were set up and again in 1959 with Professor Trethowan taking a lead. This drive persisted during Dr. Southwood’s year of office as President in 1960-61, and as is now well known, due mainly to these two, the D.P.M. (A.A.P.) had had its first toddling steps and now appears to be dragging the Association into Collegiate existence!

The appointment of Professor Trethowan in N.S.W. did a great deal to develop postgraduate psychiatric education and in Melbourne the Association, with the help of the Post Graduate Committee, has for several years run a refresher course with interstate entrants. This lapsed in 1952 owing to insufficient entries, but otherwise has been quite successful and has become increasingly demanding on teachers and pupils. Fellowships were granted to several N.Z. candidates.

From 1949 to 1956 there was much discussion regarding nursing diplomas and the desirability of uniformity of standards in the different States, the desirability of granting special certificates to general trained nurses who had
some additional work, and the wider recognition of the need for training and registration of psychiatric nurses. Some success has been achieved.

There has been a steady rise in the numbers in our Association, from 67 to 360, and in 1951 it was decided to admit Associate members. In 1952 for the first time an attendance book for annual meetings was introduced. In 1955 the yearly subscription was raised from £3/3/0 to £4/4/0 and there has now been a further increase to £6/6/0. Cost of secretarial work and other expenses has been and still is a source of much discussion even when as low as £60 per annum.

There have been difficulties in some States as regards leave for those in Government services to attend interstate meetings. Similarly there has been throughout some dissatisfaction with scales of fees for those in private practice, and with salaries for those in Government employment, with considerable criticism of the B.M.A.’s attitude of apparent indifference. This has led to discussion at times from the very commencement as to whether we would gain in bargaining power by affiliation with the B.M.A., with difficulties regarding N.Z. always to the fore.

The Council has deliberated on several occasions since 1949 regarding the possibility of having an Annual Meeting in N.Z. and in 1952 for the first time we had New Zealand representation (Dr. Medlicott) at an annual meeting. In 1955 Dr. Blake-Palmer was elected President. Since then there have been several attendances and it is now hoped to have an Annual Meeting in N.Z. in 1963. The N.Z. Branch has become much more active in recent years since its formal foundation in 1955. Qualifications for membership proved a difficulty.

1956 appears to have been a busy year with the Freud centenary, discussion on relaxants and E.C.T., a rejection of a recommendation by W.A. that chlorpromazine should be put on the free list, a discussion re civil disabilities resulting from psychiatric treatment in mental hospitals, particularly in N.Z., where there was also trouble re lay psychotherapy. There was also a note of commendation that the N.S.W. Branch was showing increased A.A.P. activity instead of as formerly directing most of its interest into the B.M.A. Section of Neurology and Psychiatry. Visitors have been fairly frequent in recent years, e.g. Dr. Blain in 1950, Dr. Noble and Dr. Torre of W.F.M.H. in 1952 who urged us to have a proper conceit of ourselves, Dr. J. R. Rees in 1959, Drs. Desmond Curran and W. S. McLeay and Kiloh in 1961, and in this year some criticism was vocal as to the sorry plight of some States who were often missed out by these visitors. Attempts have been made to avoid this, and also in 1960 to get a bigger share of prominent visitors through the Post Graduate Federation.

In 1957, following a suggestion from Dr. McCarthy, the Maudsley Gavel of N.Z. wood and plates from Tarbat Creek and Yarra Bend came into being to perpetuate the memories of Past Presidents and also to give ruling Presidents some added sense of dignity.

The Evan Jones prize was granted to Dr. Bourne of N.Z. in 1956 and to Dr. Cawte of S.A. in 1960. The funds were raised by subscription and also by the sale of Professor Bostock’s book, “Dawn of Australian Psychiatry”, which appeared in 1951. The activities of the Marriage Guidance Council and its support by the Government and the B.M.A. have caused concern to some members and considerable discussion, and so have questions of lay hypnosis and publicity on TV. From 1949, the relationships with Councils of Mental Hygiene and the desirability of a National Mental Health Association as well as our membership of the W.F.M.H. have been discussed. Dr. Dibden’s recent appointment as liaison officer should do much to promote our overseas interests.

1951 also saw the first steps being taken by Dr. Maudsley to investigate the possibility of a Royal Charter or Prefix and in 1953 further moves by Drs. Dax and Maudsley led to a rather noncommittal reply from the Prime Minister. In 1961 further investigations pointed to the need for a permanent home and some security if the Royal prefix were to be granted.
Looking back over the years there has been a lot of talk, and some practical achievements and a good deal of good fellowship with an increasing number of people. I think it can be said that the A.A.P. has justified its existence over the past 16 years, and it is to be expected that its successor will do still more to fulfil the objects since 1956 of the Association. These are:

(a) The advancement of psychological medicine.

(b) Investigation and research in the field of psychological science for the extension of knowledge.

(c) The acquisition of land, buildings and equipment for the above objects.

Perhaps after reading these we may consider that there is still much that we have left undone, but let us hope that there is still health in us.