

The College

The Nineteenth Annual Meeting, 1990

The Nineteenth Annual Meeting of the College was held in the Sandringham Room, Birmingham Metropole Hotel, National Exhibition Centre, Birmingham on 10, 11 and 12 July 1990 under the Presidency of Dr J. L. T. Birley and, following his inauguration, Professor A. C. P. Sims.

Scientific Meetings

The Scientific Meetings were held at the Birmingham Metropole Hotel, Exhibition Centre.

Business Meeting

The Business Meeting was held on 11 July and was chaired by Professor A. C. P. Sims. It was attended by 66 Members of the College.

The Minutes of the previous meeting held in London on 5 July 1989 and published in the *Psychiatric Bulletin*, December 1989 were approved and signed.

The Report of the Registrar and the Annual Report were received and approved.

The Report of the Treasurer and the Annual Accounts for 1989 were received and approved.

The appointment of auditors and new subscription rates were approved.

Registrar's Report

Throughout the past year the College has continued to be much pre-occupied with the reforms for the National Health Service. It now seems inevitable that the majority of these reforms will go through and be put into practice, although yesterday we heard that community care reforms are to be delayed. The concerns of the College are principally for the quality of services, the maintenance of teaching and the continuation of research. Division into purchasers and providers is a philosophy which has appeared alien to the vast majority of people who have been providing a district service over the years. A role has been suggested by the Minister for the medical colleges as a whole. They are now to take the principal role in forming an inspectorate of health services. Such an inspectorate would be multidisciplinary, but how this would fit in with existing systems such as the

Mental Health Commission and to the Hospital Advisory Service remains unclear. Throughout the past year the College has consistently stated that the maintenance of high standards of good practice depends upon adequate resources, particularly in these times of radical change.

A report of the working group on the training implications of the move towards community orientated psychiatric care has been seen and approved by Council after consideration by the Educational Committee of the College. Other reports now available, having received the approval of Council, cover the provision of adult and child psychotherapy services in the Health Service as it now stands. There are difficulties here in meeting the considerable demands while balancing these with the service needs of perhaps less articulate groups.

We endeavour to keep abreast of developments in the European Community. Guidelines concerning the General Medical Council's Register of Specialists, compatible with the European Economic Community have been drawn up. However, in psychiatry, much more than in such specialties as anaesthetics, it is very important to have adequate knowledge of the language and culture of a country and not just the specialist technical knowledge.

However, closer involvement with the EEC means not only that there may be much greater movements of doctors, including psychiatrists, to and from this country and others within the EEC but we must also look at our other activities in what could be a less parochial light. There are, for example, high EEC standards about the involvement of drug companies. A directive concerning drug sponsorship has made us look very critically at the sponsorship of College activities and new guidelines were approved by the Council last month. There has also been a lively discussion concerning private hospital stands at Quarterly and Annual Meetings. Some members of the College particularly, but not exclusively, younger ones, are much opposed to this, being concerned first of all, that there could be actual poaching from the National Health Service of expensively trained doctors. A second issue is that, as competition anticipated by the White Paper develops, there may be very many stands with self-governing trusts vying with each other and private hospitals and this could totally change the whole appearance and general atmosphere of the meetings. True to form, Council

recommends a cautious middle road with a trial period within careful limits.

We would like to thank our hosts in Birmingham for the welcome they have given us, with particular appreciation of the enjoyable and varied music, which last night went to the feet of the regular attenders of the Executive and Finance.

Dr ANN GATH
Registrar

Election and introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

Professor Robert Hugh Cawley (introduced by Professor John Gunn)

It gives me exquisite pleasure and great honour to introduce to you Professor Robert Cawley as an Honorary Fellow of our College. The only difficulty in my task is the general presidential admonition that the citation should be a short one. There is so much to say about Bob, who has inspired so many of us and given so much to his profession and to this College that brevity is not really appropriate.

Bob Cawley's roots of course are right here in Birmingham and it was as his first houseman in the, then, very new department of psychiatry here that I met him. I was immediately captivated by his scholarship and by his commitment, by his capacity for work, and by his sheer perfectionism. He had come into medicine by way of an honours degree in zoology, followed by a PhD in medical statistics under the tutelage of Professor Lancelot Hogben who became a personal friend. His fascination for social medicine led him to apply to become a late entrant medical student. He worked his way through Birmingham medical school, and still kept ahead of his class. He mopped up professorial unit training posts and then went off to the Maudsley to learn psychiatry. There are many tales to be told about his years in the Maudsley junior common room, but I won't linger on those today, except to say that I point out to modern trainees that if they wish to know how to clerk a patient and write up a perfect set of notes, they should try to emulate those that were carried out by Dr R. H. Cawley during the years 1957 to 1960.

Bob returned to Birmingham as a senior lecturer in 1962 and made considerable impact as Professor Trethowan's right-hand man, but the call of the Maudsley was by this time very strong and when an opportunity for a consultant post there came up in 1967, he packed his bags and left for London once again, and he has stayed at the Maudsley ever since, becoming first Sub-Dean, then Chairman of the Medical Committee, and in 1975 Professor of

Psychological Medicine between the Maudsley and King's College Hospital. London medicine owes him a considerable debt for laying the foundation for a first rate undergraduate department in extremely difficult circumstances.

However, not only has he devoted himself to the university, but for ten years he gave unstinting service to the Medical Research Council, becoming a member of the Council after being Chairman of the Neurosciences Board; a largely unrewarded, but vital academic post in British psychiatry. Yet Bob's personal research contribution has, in my view, been insufficiently trumpeted. This is partly due to the modesty which colours his whole life and partly to his quite unusual academic generosity. In his early years at the Maudsley he was a largely unacknowledged co-author of many papers and theses because it was he who gave design and statistical advice. Later it was Bob Cawley who organised two nationally significant research groups: the first to conduct a multi-centred clinical trial of treatment of depression, which was published without the prominence of his name in 1965; the second was an attempted trial of psychotherapy, which was published as a feasibility study in 1972. Other publications include papers on the balanced hospital community, a vocabulary of aggression, papers on the evaluation of psychotherapy, an edited book called *Policy for Action*, papers on the psychiatric sequelae of heart disease, and most recently his Aubrey Lewis lecture on 'Educating the Psychiatrist of the Twenty-First Century'.

Other government and national bodies have also sought the benefit of his wisdom; for example, for four years he was consultant adviser in psychiatry to the Royal Air Force and for six years a confidential adviser to the Chief Medical Officer in the Department of Health.

Yet there is more, much more. Today, in this setting, we must put an emphasis on Bob's contribution to this College. He has of course been a Member of the Council, the Court of Electors, of the Research Committee, of the Journal Committee, and of the Manpower Committee. However, it is his contribution as an examiner, as a member of the Examinations Committee, and latterly as Chief Examiner, that we will remember most. He took over as Chief Examiner in 1981, just at the time that the examination itself was due for revision. He therefore also chaired the Review Working Party for the revision of the Membership for some four years. The success of the new examination and the fact that this Royal College is now second to none in the care and quality of its examination, is largely attributable to Bob Cawley. It is impossible to convey to those who have not seen him at work in this capacity, the extraordinary amount of personal attention and sheer graft which this one ordinary mortal has given to this task.

I say ordinary mortal, but I have had stupid fleeting doubts about such a description for this particular man. Unless you are a fairly close friend you will not realise that not only does he work the socks off most of us, but this is done in the face of considerable personal adversity. While the rest of us have had to struggle with tax forms and the like, as well as the real problems of work, Bob has also had to struggle with much physical illness. I, together with his many close friends, have drawn personal inspiration from the way he has tackled and still tackles the problems which life has thrown at him.

Now Mr President, I am just beginning to warm up and I would like to tell you many fascinating anecdotes about my friend, and mentor; I would like to tell you about his passions outside of work, about the strengths he has gained from his marriage to Ann, but time has ticked on and so I must come to the last and perhaps most significant point. Even if none of these other things I have mentioned had been achieved, Bob Cawley would still richly deserve to be honoured in this way today, because he is quite simply, apart from everything else, a consummate clinician. He has quietly spent thousands of hours giving meticulous personal care to patients from all walks of life. It is the nature of our most essential work, our clinical work, to be secret behind closed doors, therefore its true value is often missed in the public arena. No one but Bob knows the full extent of the list of eminent citizens who have queued at his door because they wanted the best that Britain can provide, but I can assure you without breaking any secrets that that list is a very long one, and many citizens, exalted and not so exalted, have come to be very grateful to Bob Cawley personally, for his skill and devotion.

In a small way today's award is our way of saying thank you to Bob for his skill and devotion so, now Mr President, I ask you and the Royal College, to welcome, as Honorary Fellow, Professor Robert Hugh Cawley.

Dr Eric Cunningham Dax (introduced by Dr Brian Davies)

Eric Cunningham Dax was educated at the Perse School Cambridge. He won a scholarship to St Mary's Hospital and qualified in 1934 after interrupting his medical studies for a year to take an Honours BSc in physiology. He had many sporting interests and boxed for the United Hospitals and London University. His interest in cricket led him to become a clinical assistant to Dr G. W. B. James, who was the Honorary Psychiatrist to St Mary's. This led to him working at Barnwood House, a registered mental hospital. He then returned to general medicine and was later appointed to St Francis' Hospital observation ward to work under Edward

Mapother. He jointly wrote the first account of observation wards. He then moved on to Leavesden Hospital for the next two years where he produced a series of papers on ophthalmology in relation to mental retardation.

He went to Netherne in 1939 and stayed there 13 years as physician superintendent. During the war it was a large emergency hospital and under Eric's leadership it attracted a staff of outstanding clinicians who studied the new physical treatments and the social aspects of psychiatric illness. Netherne along with Warlingham Park, Graylingwell and Runwell in the post war years, were leaders in mental hospital administration, treatment and research. In this regard his work on selective leucotomy was an important milestone. It was also at Netherne that 'music in hospitals' and research programmes on psychiatric art were introduced. At this time he wrote his first book on *Experimental Studies in Psychiatric Art*.

He was an active member of the RMPA, a Council member, the editor of the red handbook, and with T. P. Rees from Warlingham Park moved that the name of the *Journal of Mental Science* be changed to the *British Journal* and that the RMPA should examine for its own Diploma of Psychological Medicine.

Far away in Victoria, Australia, Professor Alexander Kennedy had visited to write a report upon the terrible conditions of the State Psychiatric Hospitals. Following this Dr Dax was appointed as the first Chairman of the new Mental Health Authority in 1952.

In the next 17 years he completely changed the conditions and treatments for psychiatric patients, not only in Victoria but through Australia. He regionalised the service, opened locked wards, developed extensive voluntary services, social clubs, half-way homes, hostels, out-patient clinics, emergency services, day hospitals and therapeutic workshops. He began a Mental Health Research Institute and organised postgraduate teaching. He built up morale and skills in the nurses and doctors in the individual hospitals.

In Melbourne he became a well-known public figure and used newspaper, radio and TV publicity to further the mental health movement.

In 1960 Morton Kramer and J. R. Rees visited Melbourne. In consequence Dr Dax was invited to write his second book *Asylum to Community* in Mental Health Year for the World Federation for Mental Health. This book was launched in New York.

When I began in 1964 as the first Professor of Psychiatry in Melbourne, no one was more helpful to

myself and the department than Eric Dax. He built a small undergraduate and postgraduate teaching hospital that was very successful. He had been a WHO consultant and written important reports after visits to Malaysia, the Philippines and Fiji and organised teaching programmes for doctors and nurses in South East Asia. He was the President of the Australian and New Zealand College of Psychiatrists in 1965 – the year of its foundation – and he is still an active member. Psychiatric art has been one of his main interests since 1946 and his collection has grown over the years to many thousands of paintings. It is now housed in the University of Melbourne and represents a national collection comparable to those in other countries.

He moved to Hobart in Tasmania in 1969 to become the Co-ordinator in Community Health Services. He started a research department and made valuable observations on multiproblem families, criminology and the effects of illiteracy on driving records. He was a foundation member of the Australian Institute of Criminology and the Criminology Research Council and published research monographs with their aid.

Dr Dax returned to Melbourne in 1984 where he still works clinically in geriatric psychiatry and is the official curator of his own collection of psychiatric art at Melbourne University. Of recent years he has written widely on the history of psychiatry in Australia and has been an outspoken critic of the bureaucrats who know little about psychiatric patients yet organise the system that cares for them.

In 1982 he was awarded the John Cade gold medal of the Royal Australian and New Zealand College of Psychiatrists. In 1984 Melbourne University conferred an Honorary Doctorate of Medicine upon him and in 1985 he was honoured by being appointed an Officer of the order of Australia.

I am pleased and privileged to introduce him to you as an Honorary Fellow.

Professor Lee Robins (introduced by Professor E. S. Paykel)

Professor Lee Robins, by background a sociologist, stands uniquely at the forefront of mainstream psychiatric research, and has done so for a generation. She has combined intellectual and methodological rigour, quiet tenacity of purpose, a talent for spotting the right research question, and certitude in using the right methods to produce a series of major right answers in psychiatry.

She was born in New Orleans, and started on a very distinguished path early, with a BA magna cum laude from Radcliffe, the sister College of Harvard, followed by a PhD from Harvard.

Since the 1950s she has worked in the Departments of Psychiatry and Sociology at Washington Univer-

sity, St Louis, Missouri, where she is Professor of Sociology in Psychiatry. The Washington University Department of Psychiatry has had the same impact on American psychiatry in the 1970s and '80s as Johns Hopkins in the '30s and '40s, and Harvard in the 1950s and '60s, giving rise to a host of distinguished psychiatric researchers and departmental heads and to a rejuvenated national interest in psychiatric genetics, classification, longitudinal research and epidemiology. Its chairman for many years until his retirement with a long illness was Eli Robins, also an Honorary Fellow of this College. He is the progenitor of what were later known as the Feighner Diagnostic Criteria, which led to the Research Diagnostic Criteria, DSM-III, and all that has followed. His wife is Lee Robins, and she had four sons before returning to work in the mid-1950s. She combines her intellectual talents with charm and a capacity for warmth in relationships which make her an ideal role model, and one of my personal heroines. The two Professors Robins have set the tone for a whole generation of trainees and faculty members. I was fortunate enough to visit the department in the early '70s, and to experience both the air of excitement around the high professionalism of her research team, and the large and baronial home over which she presided at a dinner party with a talkative extended family of department members.

Lee Robins' first major piece of research in the 1950s was published in a series of papers and in a book, entitled *Deviant Children Grown Up*. It rapidly established itself as a classic and also demonstrated her remarkable qualities. A sample of 524 children who had attended a child guidance clinic, predominantly with antisocial behaviour, together with 100 controls, were traced and followed up after 30 years, virtually completely over the whole of what is probably the most geographically mobile country in the world. Data were obtained on 98% and interviews with most. Continuities were found between childhood and adulthood, with a poor outcome for conduct disorder and a good outcome for neurotic disorder. The study has become the standard against which subsequent long term follow-up studies have been judged.

An interest in delinquency in that study led her a few years later to a series of important papers on drug and alcohol abuse in the young, and to problems of black school children. In the 1970s, this led to a follow up of returned Vietnam war veterans, with particular emphasis on drug-taking.

In the late 1970s and early 1980s she was one of the small group of senior American figures who recognised the importance of epidemiology, and one of the leaders of the very large, elegantly designed multi-centre American Epidemiologic Catchment Area Studies. She devised the key case finding instrument, the Diagnostic Interview Schedule, which has since

been extensively used in other studies. More recently, she has, with John Wing and others, been fusing it with the PSE to create a unified instrument, the Composite International Diagnostic Interview. In the last few years, the method of longitudinal studies has come fully into its own as one of the most powerful designs to answer some of the key aetiological questions in psychiatry, and she has also continued to lead in this field, in a recent series of workshops and volumes, with Michael Rutter. I can attest to her continuing activity in every sense of the word: the last time I met her, two years ago, we were at the base of Mount Cook and the Tasman Glacier in the South Island of New Zealand, after a meeting on epidemiology.

Lee Robins has published 14 books and over 270 papers and chapters. She has been President of the American Psychopathological Association and the recipient of its Paul Hoch Award, a member of many prestigious bodies, including panels of the President's Commission on Mental Health in the 1970s, and the National Advisory Council on Drug Abuse. She is on the editorial boards of many journals, is a Fellow of the American College of Epidemiology, and Treasurer of the World Psychiatric Association Section on Epidemiology. Among many distinguished lectures, she has lectured to our College and in 1988 she was Emmanuel Miller Memorial Lecturer to the Association of Child Psychology and Psychiatry. She has inspired a generation of psychiatric researchers in this country and throughout the world. I have the greatest pleasure in presenting her to you for the Honorary Fellowship of the Royal College of Psychiatrists.

Dame Rosemary Rue (introduced by Dr Ann Gath)

Dame Rosemary Rue can aptly be described as a long and very good friend of psychiatry in Britain. During her early career in general practice and in public health she had worked in Oxford and hospital administration since 1965. She was Regional Medical Officer for eleven years and then combined that with Regional General Manager for the next four.

Throughout the time that she was at Oxford, she played a very large part in the relationship between the University and National Health Service, not always amicable bed fellows, to major improvements in service and in teaching in many of the medical specialties. She will be remembered by the College for her interest in the new department of psychiatry within the University, building up relationships throughout the region, leading to much higher standards of care throughout. At the same time, having been herself someone who combined a career in medicine with motherhood, she took a major interest in the careers of young women doctors with domestic responsibilities. At times these women were referred

to as part-time women, able but it could be construed as not being particularly flattering; at other times later on, with affection, as Rosemary's babies. I am extremely proud to be one of the most senior of those babies.

At the time of choice facing young women with children, whom they wish to care for a substantial part of their childhood, the alternatives were extremely limited, sometimes even to Family Planning Clinics alone. Rosemary with encouragement of a few generous colleagues who undertook the training, managed to raise horizons of such women way above the womb and pelvis. A large proportion actually entered psychiatry. The majority of these have now got consultant positions.

Dame Rosemary is a past President of the Medical Women's Federation where her interest in women doctors in general was extended. She has also been Professor of Community Health at the London School of Hygiene and Tropical Medicine from 1980–1982, President of the Faculty of Community Medicine from 1986–1989, and is an Honorary Fellow of Green College, Oxford and an Honorary MA of the University of Oxford. She was elected as a member of this College in 1955 and elevated to an Ordinary Fellowship in 1980. She received the CBE in 1977 and was made a Dame of the British Empire in 1988. Last month she became President of the British Medical Association. I know too from her curriculum vitae that she proudly acknowledges that she is also a grandmother of two girls.

President, for what she has done for psychiatry, for women doctors in the past and for the example which she has set for young women coming on, it is with great pride that I present her to you for Honorary Fellowship of this College.

Professor Michael Shepherd (introduced by Professor David Goldberg)

The College today acknowledges the excellence of someone who has greatly enriched our intellectual lives by bringing scholarship and a wide knowledge of psychiatry to bear within an epidemiological framework. He is this country's best known social psychiatrist, and editor of one of the world's most outstanding psychiatric journals.

Michael Shepherd's approach to psychiatry was shaped by the influences of John Ryle and Aubrey Lewis. From Ryle he learned the importance of social causes of disease, and the value of a public health approach; while from Lewis he learned intellectual rigour and what Gerald Russell has termed "erudition and creative scepticism, both displayed with brilliance".

His claim to a Fellowship rests on five grounds, any one of which would have been sufficient for the honour.

First, his position as our first Professor of Epidemiological Psychiatry. His early survey dealt with the major psychoses in an English county, and showed that well before the arrival of neuroleptics, length of hospital stay was becoming shorter, more patients were being discharged but admission rates were greatly increasing. A later study was concerned with the epidemiology of childhood behaviour disorders, and gave social scientists a developmental framework for viewing a phenomenon like bed-wetting, as well as helping to drive a nail into the coffin of the child guidance movement. I will not speculate today about which of these would have caused him the greatest satisfaction. However, his best known work has been concerned with the epidemiology of the neuroses. His survey into psychological ill-health in general practice had profound implications for the model that social psychiatrists now use for non-psychotic mental illness. It was no longer possible to conceptualise neurosis as a state of the organism, to be terminated only by psycho-analysis or death. He master-minded a vigorous programme of research in the General Practice Research Unit over a period of 30 years, and throughout that time provided the world with the cutting edge for the advancement of knowledge in that area. He has been awarded the Donald Reid Medal and the Rema Lapousse Award for Epidemiology, and his activities have excited a major programme of primary care research in the United States.

Secondly, as an editor he is a purveyor of excitement both new and old. *Psychological Medicine* maintains a tradition of sustained scholarship for new advances, while his activities in encouraging developments in publishing books on the history of psychiatry have helped a whole subject to take off. *Themes and Variations in European Psychiatry* was followed by the three volume *Anatomy of Madness*; and these seem to have spawned several related volumes by others. His thoughtful *Psychiatrists on*

Psychiatry provided an unusual 10-point view of the subject, with the editor in grand elenchi form.

Third, his own record as an author; he is distinguished in style and provocative in tone. Members of the college who have searched dusty volumes for such classics as his paper on 'Morbid Jealousy' or on 'The Age for Neurosis' may now refer to a recently published collection of his papers entitled *Conceptual Issues in Psychological Medicine*. In lighter vein, one remembers his witty book on *Sherlock Holmes and the Case of Dr Freud*. If he was wrong about lithium, he was surely right about Holmes.

Fourth, he has made a substantial contribution to psychopharmacology, having been co-director of the research unit at UCL, co-edited a standard textbook on clinical psychopharmacology, and having had a creative interest in clinical trials of drug treatments.

Finally, in conjunction with others he has made extensive contributions to advances in nosology and classification. He has contributed to the WHO's classification of mental disorders for both adults and children, and has grasped the nettle posed by classification of psychological problems by family doctors.

These are my formal reasons, but I hope you will allow me to add some informal ones as well. Mr President, I commend him to the College for his ability to stimulate others; for his wicked sense of humour; for the outrageous intuitive leaps he makes while interviewing a patient; for having fathered unnumbered professors of both psychiatry and statistics at home and abroad; and for his kindness to the point of lunacy as an undergraduate examiner in Manchester. Norman Sartorius has commented that "years later, when most of the other knowledge gained at the Maudsley's courses has become obsolete and forgotten, the Shepherdian stamp of critical and salutary scepticism is still present in all his old students, immediately recognisable and infinitely useful".

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The seclusion of psychiatric patients

PUBLIC POLICY COMMITTEE

(1) *Seclusion*

Seclusion is defined as the supervised confinement of a patient specifically placed alone in a locked room

for a period at any time of the day or night for the protection of the patient, staff or others from serious harm. The containment of a patient in a room such as