

The College

The Fifteenth Annual Meeting, 1986

The Fifteenth Annual Meeting was held in Southampton from 8 to 19 July 1986 under the Presidency of Dr Thomas Bewley

SCIENTIFIC MEETINGS

The Scientific Meetings were held at the University of Southampton.

BUSINESS MEETING

The Business Meeting was held on 9 July 1986 and was chaired by Dr Thomas Bewley.

Annual Report of Council and the Registrar's Supplementary Report

You will have received a copy of the Annual Report of Council with your papers for this meeting and so I would like to mention some of the things which have happened within the College since the Report went to press at the end of May.

Council met on 20 June and approved the comments on the Draft Code of Practice which had been prepared by the Special Committee. I mentioned in my recent report that this Special Committee was working to a tight schedule and they succeeded in finalising the College's response by the DHSS deadline of 30 June. I would like to thank the members of this Committee who worked so hard. I should also like to thank the College members who sent me many detailed comments which were of immense value. Copies of our response are available from the College but, to summarise, the College rejected the Code in its present form. We recommended that a new Code should be prepared which initially should concentrate on Section 118(i) of the 1983 Mental Health Act, namely 'the admission of patients to hospitals and to mental nursing homes under the Act'. We also requested that there be a further round of consultation before it is laid before Parliament.

The College has been carefully monitoring several Bills currently going through Parliament, particularly the Disabled Persons (Services, Consultation and Representation) Bill and the Finance Bill. Council agreed earlier in the year to use the services of a Parliament and Government Monitoring Agency and this is proving very helpful in ensuring that our views are presented to the right people at the appropriate times.

The Annual Meeting between representatives of the College and the Department of Health took place at the end of June. We had useful discussions on a number of topics including the Social Services Committee's Report into Community Care and also the lack of adequate regional and district strategies to replace mental hospitals.

We are having a further meeting later on this month with the DHSS specifically to discuss the possibility of introduc-

ing community treatment orders. The College has agreed that the present legislation is unsatisfactory and relevant MPs and Peers were lobbied with the suggestion that there be legislation for compulsory community treatment orders. The question was subsequently raised by MPs—hence the meeting with the DHSS.

Council was concerned at its last meeting that there was a considerable bottleneck at the registrar to senior registrar level; the Manpower Committee has been asked to review the present Manpower structure and to present a report to the next Council meeting when there will be a detailed discussion of the problem.

The second edition of the College report on alcohol entitled *Alcohol: Our Favourite Drug* is now complete and is with the printers. We expect it to be available in the Autumn and there will be a press conference to ensure maximum media coverage.

Council approved several memoranda, all of which are now available from the College Secretary. They include a report from the Section for the Psychiatry of Mental Handicap on 'Psychiatric Services for Mentally Handicapped Adults and Young People', a statement on the role of Clinical Psychologists in Psychiatric Services and a statement on the Medical Care of Long-Stay Patients in Psychiatric Wards.

This last statement arose out of the recent Stanley Royd Hospital Enquiry when, as you probably remember, the Consultant Staff were not informed promptly of an outbreak of food poisoning. Council reaffirmed unequivocally that the consultant psychiatrist retains the ultimate responsibility for all aspects of medical care of an in-patient under his charge.

The following venues have been proposed for College meetings in 1986/87:

Autumn Quarterly Meeting: Kensington Town Hall, London, 29–30 October, 1986; Winter Quarterly Meeting: Royal Society of Medicine, London, 27–28 January, 1987; Spring Quarterly Meeting: University of Aberdeen, 7–8 April 1987; Annual Meeting: Belfast, 30 June–2 July 1987.

Since the last Quarterly Meeting the Court of Electors has approved 51 Inceptors. Out of 276 candidates in the Membership Examination 129 were successful. At its June meeting the Court approved the Guidelines for the Training of the General Psychiatrist in Psychotherapy, produced by the Psychotherapy Specialist Section.

I would like to announce the following election results: Dr W. D. Boyd has been elected Honorary Treasurer; Professor R. Bluglass has been elected onto Council. Other election results were as follows:

Chairman: Section for the Psychiatry of Old Age, Professor B. Pitt. Chairman: Forensic Psychiatry Specialist Section, Dr J. Higgins. Secretary: Forensic Psychiatry Specialist Section, Dr J. Hamilton. Secretary: Section for Social and Community Psychiatry, Dr D. G. Fowlie. Chairman: Dependence/Addiction Section, Dr J. Madden. Secretary: Dependence/Addiction Section, Dr I. Akhter. Chairman: Welsh Division, Dr M. Tannahill. Secretary: Welsh Division, Dr D. D. R. Williams. Chairman: North West Division, Dr D. A. W. Johnson. Secretary: North East Division, Dr T. C. Jerram.

I would like to thank Professor Gibbons and his staff for extending such generous hospitality towards us during our meeting in Southampton. Finally Dr Michael Pare retires today after seven years of service as Honorary Treasurer. We will certainly miss his wise counsel and his skilful guidance through the complicated financial affairs of the College. I am sure you would like to wish him all the best in his retirement.

PROFESSOR R. G. PRIEST

Distinguished Guest Lecture

Unfortunately Sir Moses Finley was unable to give the Distinguished Guest Lecture. We had hoped to publish the lecture posthumously but Sir Moses had been unable to complete it before he died. Professor T. Arie gave the following words of appreciation at the Annual Meeting.

Sir Moses Finley

Moses Finley arrived in Oxford 30 years ago as a surprising entity—a classical scholar from New Jersey: if ever there was an Oxbridge case of carrying coals to Newcastle, this seemed at the time to be it. He was introduced by a family friend as a bright young man who had been fired by Rutgers University because he refused to testify before Senator McCarthy's Committee. He was offered a term's lecturing in Oxford and then at Cambridge, mostly I think out of sympathy for someone who had stood up to McCarthy.

He was a strikingly handsome man and remained so. I remember the initial impact of his charm, his intelligence and his learning—and the warmth of his wife Mary, who died the day before Moses: he had a stroke on the day after her death. They had no children.

He was a stunning success in the Oxford of the mid 1950s. His lectures were packed out. As someone who had only lately become a medical student from having read classics, I was dazzled by this star. We grieved when he moved on to Cambridge the following term. After that he returned to the States for a while, didn't find work and decided not to stay, and he and Mary came to Cambridge where he had been offered a job.

The rest of the story is well known. He became Professor of Ancient History, Master of Darwin, and was knighted. The power and originality of his learning ensure that he will be rated as among the great scholars of his generation. What he brought to the study of antiquity was very rare—a close familiarity with modern social science, economics, and the law (he took his first degree in psychology). His

teaching illuminated antiquity with a rigorous and informed modern perspective.

I am heartbroken that he is not here today; more than most things of late I have looked forward to enjoying him meeting the members of our College. It is hard mourning a childless couple; there are no children with whom one can condole. My 12 year old son, who counts Moses among his friends, grieves too, for Moses talked to a small boy with straight-forwardness and simplicity.

President, I had expected on this occasion to be thanking Sir Moses Finley for what would undoubtedly have been a remarkable talk to our College; instead we mourn him today, and I am grateful to you for asking me to say a few words about him to friends and colleagues in the College.

Election and introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

Professor Jules Angst (introduced by Dr S. Montgomery)

Professor Jules Angst is head of one of the most prestigious departments of psychiatry in Europe. He is also one of the most senior and respected research psychiatrists today. For those concerned with research in psychiatry in Europe he represents a standard of intellectual rigour and excellence which has influenced a generation who have followed him.

The Chair of Psychiatry which he holds in the Psychiatric University Hospital of Zurich has been held in the past by such illustrious men as both Manfred and Eugen Bleuler. Professor Angst has continued and developed the tradition of systematic observation of the patients and perceptive evaluation of illness patterns. It is this body of knowledge which allowed Professor Angst to investigate and verify the concept of bipolar and unipolar depression. This contribution has had a profound effect on the development and practice of psychiatry.

Professor Angst is inspiring as a teacher as well as research scientist. His enthusiasm affects everybody he meets. He is as well a constant and loyal friend both to science and to his friends and colleagues. He has carried out important research in schizophrenia as well as depression and this work has led to numerous honours and prizes. Professor Angst is however the most modest of men who continues to work hard at examining the basic concepts in psychiatry. We are grateful that he does since he continues to stimulate us all. I am honoured to introduce him to you as an Honorary Fellow.

Dr Douglas Bennett (introduced by Dr J. L. T. Birley)

This week there have been two very successful and productive sessions on rehabilitation. Recently the College has produced a useful statement on training in rehabilitation and on the job description and facilities required for consultant posts in this specialty. Psychiatric rehabilitation and the care of the long-term patient is, as they say, reaching centre stage. It is a complex process and difficult to grasp,

requiring clinical skills, a knowledge of social processes and some entrepreneurial panache.

There is one man who has had a clear vision and clear purpose on this subject for many years, and who has encouraged and inspired many people, in many different professions, to work in this field, Dr Douglas Bennett. His pupils, and I am proud to be one, are to be found all over the world. They all say "He *really* understands what rehabilitation is all about".

He was trained in the classic stable of Netherne Hospital with Dr Rudolf Freudenberg and his stimulating group of clinical and research staff who became linked to the MRC Social Psychiatry Unit at the Maudsley. Thus there came about the happy combination of clinical enthusiasm and innovation and scientific rigour. Douglas had himself written an MD thesis on the Body Concept—a fascinating, central, and neglected subject in psychiatry. This must have sharpened still further his outstanding clinical skills.

He came in 1962 to spend 21 immensely productive and exciting years at the Maudsley Hospital, where he led, with other colleagues, especially Dr Tony Isaacs, a service for the local population and particularly those who suffered from a chronic psychiatric disability. All this flooding with reality has been very stimulating for the Maudsley, but his teaching and example has been in great demand all over the country, and around the world. He is very much involved as an adviser to national bodies and to the World Health Organisation.

Since his retirement he has been as busy as ever, at home and abroad, as a teacher and innovator. In fact we are lucky that he is free to be with us today and I am delighted to present him as an Honorary Fellow.

Professor Eli Robins (by Professor R. E. Kendell. Professor Robins was unable to attend)

Eli Robins is one of the great figures of contemporary psychiatry. As a young man he made two characteristically shrewd decisions, to leave his native Texas in order to do his medical training at Harvard Medical School and to marry an attractive and intelligent young psychologist called Lee Nelken. After qualifying in 1943 he did his residency in psychiatry and neurology in Boston and then in 1951 he moved, as a humble instructor in neuropsychiatry, to the Washington University School of Medicine in St Louis. Unlike most contemporary American academics he has remained in the same place ever since and has slowly converted St Louis from a backwater to one of the most powerful and influential departments of psychiatry in the world. He became professor of psychiatry there in 1958 at a time when most other American departments, and certainly all the prestigious ones, were preoccupied with psychoanalytic ideas and techniques, and over the next 15 years he slowly built up a department dedicated to the kind of empirical research which was then being practiced only at the Maudsley Hospital and a few other centres in this country. For many years he and his mid Western department were the pariahs and the laughing stock of American psychiatry. His residents were reared on Mayer Gross' textbook, and he

and his colleagues had to publish much of their research in the *British Journal of Psychiatry* as most American journals were not interested in the type of clinical and biological research they were pursuing. But slowly things changed. Slowly it became clear that Eli Robins was right and that his scornful critics were wrong and one by one the great departments of the East coast and the West abandoned their psychoanalytic assumptions and started to fall into step with St Louis. The energetic band of clinical research workers whom Eli had trained and inspired—men and women like George Winokur, Sam Guze, Donald Goodwin and Paula Clayton—became department chairman themselves, spreading Eli's credo, his insistence on testable hypotheses and empirical data, further and further afield. In 1972 he and they published the diagnostic criteria they had developed at Washington University and within the next four or five years these were adopted by research workers throughout the United States and indeed throughout the world. Sadly, at the height of his triumph, in 1975, Eli was forced by a slowly progressive illness which eventually confined him to a wheelchair to resign the chairmanship of his department. Happily, though, the department has continued to flourish and to expand under Sam Guze's enlightened leadership and Eli himself has continued to pursue his personal research. His book on suicide was published, by the Oxford University Press, in 1981.

In recent years Eli Robins has, deservedly, received many awards—the Gold Medal of the Society of Biological Psychiatry in 1974, the Paul Hoch Award of the American Psychopathological Association in 1977, the Salmon Medal of the New York Academy of Medicine in 1981 and an honorary DSc from his own university in 1984. But there is no award more fitting, I think, than the Honorary Fellowship of our College for in spirit Eli has been one of us all along. It is sad that his physical disabilities prevent him from joining us here today. But those same disabilities make it all the more appropriate for us to salute him in his absence as a great man, an inspiring and much loved teacher and as an example to the rest of us of what is meant by academic leadership.

Mr David John Sainsbury (introduced by Dr J. Reed)

It may be that only the latter part of David Sainsbury's name will be familiar to many of the Members and Fellows of this College. Our other Honorary Fellows today are all eminent scientists whose skills have done much to widen the knowledge of mental illness and mental health and to enrich the practice of psychiatry. Why is the College honouring David Sainsbury—the Financial Director of the well-known firm of supermarket operators? The answer to this lies in David Sainsbury's commitment to helping us to find better ways of delivering high quality care to the mentally ill. In talking about his commitment to the care of the mentally ill I am sure he will not mind if I make a comparison with the objectives of his company which are, among others, "To carry out our work to the highest standards and to contribute to the public good and to the quality of life in the community". David Sainsbury's aim is

to help us to achieve these objectives in mental health care and especially to help us to overcome some of the many barriers to improvement in the service which we meet so frequently in our working lives.

David Sainsbury first became interested in the problems of mental illness and mental health whilst he was at Cambridge. Although he had gone up to read history at King's he found himself becoming friendly with many people reading scientific subjects. He became fascinated by the work being done in the Department of Experimental Psychology on perception and particularly that on visual illusions. Seeking to develop these interests further he chose to read a Part II in Experimental Psychology and studied under Professor Richard Gregory. So interesting did he find the work and so successful was he in it that he seriously considered a career in experimental psychology. Modestly he says that he decided to be a "a good grocer rather than an indifferent experimental psychologist". Considering his success as a grocer it is more than possible that his success as an experimental psychologist would have come to be ranked above the indifferent. Having made this decision he joined the family company as a graduate trainee in 1963, went to the Columbia Business School in New York and received the MBA after studying there between 1969–1971. He returned to Sainsburys in 1971 as Financial Controller and has been Finance Director since 1973.

Since returning to the family business he has, in his private life, continued the family tradition of philanthropy and in 1973 was responsible for the settlement of the Gatsby Charitable Foundation. This Foundation has given sustained support to mental health projects since then. In the five years to 1985 the Trust made donations to a total of £950,000 towards projects focussed on the improvement of delivery of service to the mentally ill. In April 1985 the Trust's benefaction enabled the National Unit for Psychiatric Research and Development to be commissioned. With a budget of a million pounds over a five year period this has the aims of 'promoting excellence in the delivery of patient care and gathering, disseminating and encouraging good ideas, good practice and interest in research in the United Kingdom'. In addition to his interests in mental health David Sainsbury also supports a number of other fields. These include economics and industrial policy, education—with special reference to modern technology and engineering—health and social welfare and care for mentally frail old people and the Peterborough Hospital Home Scheme. He also supports research into plant science, agriculture and population control projects in West Africa and the development of Interactive Technology Centres.

Mental health and mental illness do not usually rank high in the priorities of philanthropy. Such magnificent support as has been given by David Sainsbury is of the greatest significance. What, however, is especially important is the particular orientation of his interest which is towards the practical application of knowledge and the improvement of delivery of service. This orientation can at times be as helpful as the financial support he is able to give. Many of you will know that the Unit in which I used to work

was developed largely through the generosity of David Sainsbury's charitable Trust. Our experiences exemplify his approach. We had studied a group of chronically disabled patients in terms of their unmet needs and returned to our funders to ask for money for a further study. Gently and quietly we were told that we had shown an unmet need and that what was required now was not just more research but action to meet that need. Support, we were told, would be available for innovations in service to meet the need in collaboration with the statutory authorities. When we had met the need we had shown then more research money might be available. It is this unique attitude towards the problems of mental health and illness linking research results with practical applications that is largely responsible for David Sainsbury being here today to receive an Honorary Fellowship. He is here to receive this for himself but in doing so remind us that the ultimate aim of all our work, whether in research or in practice, is to provide a better service to the mentally ill. The objectives of this College are to advance the science and practice of psychiatry; to improve public education about mental illness and to encourage study and research in psychiatry. These objectives are so closely congruent to David Sainsbury's personal objectives in this field that it is clear that it is entirely appropriate for the College to have elected him to an Honorary Fellowship. I am delighted and honoured to introduce him to you.

Lord Taylor of Harlow (introduced by Professor R. Bluglass)

It is a pleasure and privilege to present to you Lord Taylor of Harlow, a distinguished physician. His career has not followed the main stream of conventional psychiatry and he is perhaps not easily identified by contemporary psychiatrists as a pioneer in our specialty, yet his influence and interest in the field of social psychiatry has in fact been extensive and pervasive and still continues.

As will be evident, Lord Taylor is a big man and his remarkable career reflects his expansive and generous personality. His career began as a medical student at St. Thomas' Hospital where he was a contemporary of Sir Denis Hill with whom he collaborated on his first research publication *Blood Counts in Anxiety States* which was published in 1938. While still a junior medical officer he published at the age of 28 a paper entitled *The Suburban Neurosis* which attracted much interest and then he decided to follow Sir Denis to the Bethlem Hospital and then to the Maudsley as an Assistant Medical Officer. Even at this time he was aware that his career was moving along unconventional paths and that he foresaw his future work in the application of psychiatry in the practice and development of social medicine or even in politics. From the Maudsley he spent a short period working in the *Lancet* as an assistant editor and he published anonymously *A Plan for British Hospitals* which anticipated many developments which were later to be incorporated into the National Health Service. The *Lancet* published some 140 letters about this article, which was a key contribution. For a short time Dr Taylor, as he then was, joined the Royal Navy as a neuro-psychiatrist but he was then removed to join the Ministry of

Information as Director of Home Intelligence and adviser to the Government on home morale and public opinion. He continued to write *Lancet* Leaders and importantly he also established the Government Social Survey, which still continues to this day. After the War he was elected as Member of Parliament for Barnet and I well remember him as my own MP at that time. It is characteristic that although a member for only five years he was quickly promoted from the ranks and became Parliamentary Private Secretary to the Deputy Prime Minister, Herbert Morrison. Despite a promising future in politics he was not unhappy to be defeated in 1950 and he then began work as a member of the Harlow Development Corporation to build the new town of Harlow, during which time he was Medical Director of the Harlow Industrial Health Service and he established a new pattern for general practice with model practice centres all of which turned out to be highly successful. His important work, *Good General Practice*, is still regarded by many post-war GPs as a landmark contribution.

With the new opportunities offered for research at Harlow together with his colleague, Dr Sidney Chave, he carried out an extensive comparative study of the mental health of the new town population in comparison with those in an inner London borough from which the population had been transferred and also a London suburb. This classic survey was published as *Mental Health and the Environment* in 1964 and they described the 'pre-clinical neurosis syndrome'.

Meanwhile Stephen Taylor had been called to the House of Lords in 1958, partly to strengthen the Labour Party Front Bench on mental health matters and matters of higher education. There, he was very active and was often in the public eye. He will also be remembered for hitting the headlines in 1962 when he settled a serious strike of doctors in Saskatchewan where the medical profession was locked in an apparently irresolvable conflict with the provincial Labour government. In eight days he hammered out the Saskatchewan Agreement which was accepted by both sides

and has since provided the basis for the Canadian system of Medicare.

There were many other important appointments in all of which he was influential until in 1967 he was called to the Memorial University of Newfoundland as its Vice Chancellor, where he was charged with building a new medical school and engineering school. Both these tasks were accomplished and he attracted academics from this country and in particular his psychiatrists from Birmingham. He retired 13 years ago but he has continued to produce a steady stream of publications, has made new friends and colleagues and those of us who have come to know him have much appreciated his generosity and encouragement. Typically, I first came across him when I found he had checked in for a forensic psychiatry course that I was running in Birmingham for postgraduates and there he was in the audience among the young Membership candidates, together with his equally distinguished wife, previously Dr Charity Taylor, whom many will recall as the charismatic Medical Governor of Holloway Prison. Together with his late sister, Dr Mary Ellis, for many years a leading psychiatrist in the Prison Medical Service, they were a formidable trio.

Now Lord Taylor is completing a mammoth tome entitled *The Natural History of Everyday Life* which hopefully will soon see the light of day, and in his retirement he has been appointed Visiting Professor of Medicine at his old University of Newfoundland.

This brief sketch will I hope have given you the flavour of the man, who tells me that he has tried to be a doctor of society, applying the methods of medicine to the problems of society. Although we do not offer an Honorary Doctorate in this field, I know that Lord Taylor will accept the Honorary Fellowship of our College in lieu. It is with the greatest pleasure that I present to you Lord Taylor of Harlow, a doctor of society, and invite you to confer upon him the Honorary Fellowship.

Meeting in Bordeaux

A joint meeting of the College and the Association of French Psychiatrists will be held in Bordeaux from 14–15 May 1987. It is proposed to have sessions on schizophrenia, difficult patient, treatment issues in old age, AIDS, psychotherapy, and legal issues in psychiatry. An extensive social programme and visits to psychiatric centres are also envisaged. Further details are available from Deborah Hart, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

An adjacent meeting will be held in Montpellier on 11–12 May 1987 at the next symposium of the 'Quo Vadis' series entitled 'Diagnosis and Treatment of Depression: Quo Vadis?'. Information from Perla Roset-Danan, Centre de Recherches, Rue du Pr. J. Blayac, 34082 Montpellier Cedex, France (telephone 010 33 67 40 01 33).