Interview

In conversation with Linford Rees

Hugh Freeman interviewed Professor Linford Rees on 22 March 1988 at the College.

HF Can we first talk about your early life and background, particularly anything from that you think may have influenced you in your later career.

LR Most of my family were teachers. My father was a teacher, my grandfather was a headmaster, my uncles were either teachers, headmasters, or directors of education. In Wales, in the grammar school I attended, everybody wanted to become a teacher. I realised that there was going to be a lot of competition for the vacant teachers' jobs so I looked for other professions. I sent to Cardiff for the prospectus of the Welsh National School of Medicine and I was very impressed by it. So really my entry into medicine was the decision not to become a teacher. But ultimately, I became a teacher just the same.

HF What was your language? Did you speak both languages or only one?

LR Up until the age of four, I was a monoglot Welsh. I was born in Burry Port and we spoke Welsh entirely there. We moved to Llanelli at the age of four and I remember talking in Welsh to the other boys in the district; they didn't know what I was talking about. Unfortunately, I then lost a lot of my Welsh, but have recently been regaining it. I belong to a dining club where we speak Welsh, and I am a bard in the Welsh Gorsedd of the White Robe Order and attend the national Eisteddfod each year, when I am able to.

HF Was it what one might regard as a typical Welsh background, with a lot of music and chapel-going?

LR Yes. Chapel played a very important part. It was the focus and centre for community life in the village or town. The male voice choirs, the mixed choirs, and the singing of hymns — all this was a very important part in my early life.

HF Do you still keep to your chapel faith from then?

LR Yes. There are some Welsh chapels in London and I go occasionally, but I am not a very regular attender at the moment.

HF You grew up in that period of economic depression. Did that affect your life particularly?

LR I noticed then the adverse effects of unemployment on my relatives and friends. I remember them walking around in a dejected manner, with very little enthusiasm for anything, and I realised that unemployment had a devastating effect on people's morale. Recently, I have written on psychiatric aspects of unemployment, and this early memory still remains very vivid in my mind. Fortunately my family, being teachers, were not affected by the recession as much as other people.

HF Were there any other early experiences you remember particularly that influenced you later?

LR Burry Port, where I lived, was a rural area with a very nice beach, pinewoods, and harbour. My love for swimming and the sea started then. My grandfather owned a tugboat and I used to go with him to bring in ships into the harbour. Then we used to wander up the mountains and there were lots of fossils, which I enjoyed collecting from the tips.

HF Do you think a rural, coastal background like that is a good one for a child to grow up in.

LR Yes, I think so. You get a variety of experience and see a variety of different people. When I moved to Llanelli, which was more industrialised, I met colliers who were a great people — a lot of character, very generous, very kind, and sociable. I think being a coal-miner probably brings out the best in a man's character.

HF I imagine that part of the world has changed very greatly in recent years.

LR Yes. In Llanelli many of the factories, the copper works, and the tinplate works have closed down and they now have manufacturing areas, making motor cars and so on; the character is quite different.

HF Can I ask you now about the time you went to grammar school.

LR I was a very stubborn boy and wouldn't try the

https://doi.org/10.1192/S0140078900021593 Published online by Cambridge University Press

scholarship examination to the grammar school because the boys I mixed with were quite tough, and it was regarded as rather sissy. So unfortunately, I went to a central school, which was very rough. I remember the headmaster telling us that if you ever want a job, don't tell anybody you've been to this school!

So I realised I should try to get into the grammar school, where I started in the lowest form of 4D and became top of that in the first term, then moved to 3C, became top of that in two terms, to 4B came top of that, and was in 4A at the end of the second year, when I was given an internal scholarship. I think the fact that my parents were enthusiastic was a great stimulant; they made me work hard and get on. When I came to advanced level, I was the only one doing physics and had to make all the apparatus, which was excellent experience. And in zoology, my friends and I had to get the laboratory going.

HF What about medical school?

LR The first year was in some ways a waste of time because I had done zoology at A level, and in those days you had to do botany as well. I think the Provost should have let me get on to anatomy and physiology with the botany but he didn't. I won various medals and prizes in anatomy and physiology and this led to a BSc degree before starting the clinical course at Cardiff Royal Infirmary.

HF What were the subjects for your BSc?

LR Anatomy, physical anthropology, histology, embryology, physiology, and biochemistry. These subjects were a normal part of the medical course in those days.

HF Apart from your studies, were you busy with extracurricular activities?

LR Yes. I played rugby occasionally, but wasn't much good at it. My sons are much better, but I did play tennis for the Medical College. I enjoyed the student dances; that's where I met my wife. She is the most important prize I won in Cardiff.

HF This was in the 1930s and of course, there was a lot going on then in the international sphere, a lot of political upheavals. Were you interested in those particularly?

LR Yes, but we didn't really take seriously the warnings in *Mein Kampf* that a war was inevitable. I didn't believe Chamberlain, although one hoped he was right. But, of course, the war came.

HF Let us come back to your own career.

LR After a period in general practice and in hospital, I took a post in Worcester at Powick Hospital. In those days, the interest was in removing focal sepsis, under the influence of Graves and Pickworth of Birmingham. A surgeon would come and remove patients' tonsils and scrape out their sinuses; some people seemed to improve, despite the stress of operation. In those days too, convulsive therapy appeared using cardiazol, and I remember giving it to some chronic schizophrenics with encouraging results.

HF Why did you take a post in a mental hospital?

LR When I was a student, I spent six months as a resident clinical student at Whitchurch Hospital and this played a very important part in stimulating my interest in psychiatry. Whitchurch was an outstanding hospital and there was an excellent research laboratory under Quastel, who was an FRS. He did a lot of outstanding work in the field of biochemistry of mental illness. I remember he studied the ability of the liver of schizophrenic patients to metabolise benzoic acid. I and some other students were the controls. I remember Quastel mentioning that he was sure mongolism had a biochemical basis, which was far-sighted of him.

As the clinical work and teaching were also excellent, my interest in psychiatry developed at Whitchurch.

HF Did you choose to do that period in the hospital?

LR Yes. It was very good experience — you were resident, did ward rounds in the morning and evening, did the post mortems, the dispensing when the pharmacist was away, social histories when the psychiatric social worker was on leave, and wrote up the continuation notes. This experience led me to apply for the post at Worcester.

HF What were your first impressions of the mental hospital?

LR The two hospitals were quite different in their calibre and standards. I was favourably impressed with Whitchurch, where the students were taken round by the sister and given great status and treated as if they were important people, which was very pleasant. My first job at Worcester was to look after 600 chronic patients. I examined all of them physically as well, and found a number of undetected GPIs.

HF Psychiatrists today have difficulty appreciating the atmosphere of a provincial mental hospital in the late 1930s. Could you give us any further idea what things were like then?

LR One had to take part in various social activities with the patients. The dances played were old-fashioned, the quadrilles, the lancers, and took me a long time to learn, but the patients and

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the superintendent were experts. We also had to be on call every lunch-time with a tracheotomy set in case one of the patients choked. Ten years earlier, a patient died whilst eating a meal and ever since then, all medical officers had to be on the alert with a tracheotomy set. But it never was used; nobody else choked.

The clinical notes had to be written up according to statutory requirements and physical examinations done regularly, as well as examinations of the mental state. The shining light of Powick was the treatment centre, which was a modern surgical one with very good equipment. One had to give anaesthetics for the tonsillectomies and other operations, and extract teeth from the staff, when needed.

One was expected to attend church regularly; this was a duty and sometimes one had to read the lesson. Another obligatory duty was for one of the medical officers to be captain of the cricket team, regardless of whether he had any cricketing ability or not. In fact, I had quite a good team; it contained three men who played for Worcestershire.

HF After some time there, you decided to move to the Metropolis.

LR I realised it was essential to get higher qualifications and training in psychiatry. As Powick were not willing to provide study leave, I resigned and went to London to take the course for the DPM at the Maudsley Hospital. There, I attended lectures by Aubrey Lewis, Stokes, Golla, Sargant, Slater, Alfred Meyer, and W. E. le Gross Clark, who lectured on anatomy.

During this time, I applied for a post at Mill Hill, which was a war-time part of the Maudsley. The Maudsley had divided into two; one half went to Mill Hill with Aubrey Lewis, Stokes, and Maclay and the other branch to Sutton with Sargant, Slater, and others. At Mill Hill, I worked with William Gillespie, from whom I learned a great deal; he was a first-rate clinician and an outstanding psychoanalyst. The other person I worked with there was Paul Wood. He was in charge of the Effort Syndrome unit, as it was called, and was a world renowned cardiologist. The work with him stimulated my interest in the emotional aspects of various disorders such as 'effort syndrome' (cardiac neurosis, which was also called Da Costa's syndrome).

The conditions were heterogeneous, but most were anxiety states; some had a basis of depression and some were largely constitutional. My interest in psychosomatic medicine started then.

HF Were the patients mainly servicemen?

LR Entirely — Army, Navy, and the Royal Air Force. Later in Mill Hill, I had to look after a unit of about 50 women from the women's auxiliary forces. This was a new unit and it was an agreeable experience too, doing a round of inspection in the morning with these nice-looking WAAFs, WRNs, and ATS. Later, I had to look after an entire ward of conversion hysteria patients, some with full-blown conversion symptoms such as paralysis, blindness, deafness, and so on.

HF Were these mostly cases who had experienced battle stress?

LR A lot were, but some broke down at the stress of separation from home and the regimentation of the services. Many suffered with acute stress after Dunkirk, and the aim was to get them better within two weeks if possible, so it was quite intensive treatment.

HF How did you do that?

LR The aim was to get rid of the conversion symptoms as quickly as possible using relaxation, hypnosis, or intravenous barbiturates; to get them using the disabled function and making them continue using it right into the waking state, and then getting them into a full rehabilitation programme. That doesn't mean to say one didn't look at the factors which produced the conversion hysteria, but it was essential to get rid of the symptoms quickly, to avoid them becoming firmly established. So one had to go into the history very fully and determine what factors contributed.

HF What was the rate of success?

LR Symptomatic success was high, but some of them were deemed to be unlikely to provide further useful service, so quite a number had to be discharged. They were high-risk cases, who would not have given good service, as they would have broken down again, but quite a number did go back and survived, some for the whole war. The rate of return to the Forces was over 50%, and we had the advantage of a special scheme that Aubrey Lewis was instrumental in starting called the Annexure Scheme.

HF What did that mean?

LR It was a scheme which enabled the doctor to place the patient who had broken down with neurosis in an occupation in the Army which was suitable for him, in terms of his interest and ability and the degree of stress he was able to cope with. It was hoped that it would save a lot of people from discharge who would be able to continue to provide some useful effective service.

Mill Hill had about 500 beds. It was

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extremely well run, with a very complex programme of occupational therapy and physical training, on which we were provided with individual reports on each patient every week, which we had to read and sign.

HF Who was responsible for the organisation?

LR We had a medical committee who decided on the pattern and the planning of treatment. There were all types of activities, such as carpentry, gardening, and handicrafts and we used to send patients to Hendon Technical College to learn typewriting and shorthand. I had the privilege of being medical officer in charge of these activities.

HF Did you have dealings with Hans Eysenck at that time?

LR Eysenck joined us at Mill Hill and did his early work on suggestibility there. We worked together on the study of physical constitution in neurosis, schizophrenia, and manic-depressive illness, and from a factorial analysis of the results, created the Rees-Eysenck Index of Body Build for men. I later developed the Rees Index of Body Build for Women, based on a similar study on female patients in Mill Hill. Eysenck, on the basis of data collected from item sheets at Mill Hill, wrote his first book, on Dimensions of Personality. He was the principal author; Hilde Himmelweit and I were co-authors.

HF What were the long-term consequences of the work that went on at Mill Hill?

LR It provided a pattern of care of a high standard and it was there that the ideas and planning for the post-war Maudsley were all hatched. We discussed how it would be organised in terms of training and research; Aubrey Lewis was the prime mover. We also had Walter Maclay, who left Mill Hill towards the end to become a Senior Commissioner of the Board of Control. Aldwyn Stokes became the Superintendent and I was made Deputy Superintendent. Maxwell Jones worked there too and started his group therapy and therapeutic community programme.

HF But then he moved to Sutton, I think.

LR Yes that's right, and later moved to the States. But before that, when Mill Hill closed down, Maxwell Jones and I went to Dartford to look after the repatriated prisoners of war.

HF What are your recollections of that period?

LR The men who had been prisoners of war in Japan suffered a great deal, both in terms of starvation as well as ill-treatment. The ones who were prisoners in Europe also suffered a great deal, but some of them recovered quickly. The prisoner of war unit, which Maxwell Jones played a leading part in shaping, was operated on similar lines to Mill Hill, with intensive occupational therapy and physical training, educational lectures, and group therapy.

Then I was appointed to the Maudsley as the Assistant Physician, and my first job there was to take a group of about 45 ex-service psychiatrists for further training. This was one of the most enjoyable jobs I have had. It was based in St Ebba's, where there was plenty of clinical material. I did that for a couple of years and then became Deputy Medical Superintendent at Whitchurch.

HF Why did you decide to go back to Wales?

LR I wanted to spend part of my professional career in Wales, and the post at Whitchurch was attractive in terms of clinical work, research, and teaching. While there, I worked on electronarcosis and other forms of treatment, and studied the relative value of different physical methods of treating schizophrenia. This was in 1947. With the inception of the National Health Service, I was appointed Regional Psychiatrist for Wales. I started this post before July 1948, in order to make a flying start. The job involved surveying all psychiatric services in Wales and Monmouthshire including mental hospitals, out-patients, general hospital units, child guidance services, and hostels for maladjusted children. It also meant surveying the psychiatric parts of public assistance institutions, where the decision had to be made how many of the residents were regarded as coming under the Health Service and how many were really problems of long-term care. On this basis, the Regional Hospital Board undertook responsibility for those deemed to have medical problems and the others went into Part Three accommodation, provided by the local authority.

In my planning of the mental health services, I gave priority to increasing the medical staff of psychiatric hospitals, because that was the most urgent need. Then came the development of the child guidance services, which were in their infancy, so we set up new consultant posts in different parts of Wales to develop them. Then, the mental handicap service needed help, and we were able to build some new units for these patients. Money at that time was not the problem, so one could do anything with ease, but about 1952/53, a limit had to be imposed on developments, and of course we have seen this happening ever since.

When I completed the survey, I published a book on psychiatric planning of the National Health Service in Wales. When that was

https://doi.org/10.1192/S0140078900021593 Published online by Cambridge University Press

complete, I had a lot of spare time, so I opened a new in-patient unit at East Glamorgan Hospital, which gave me a chance to work with physicians and an opportunity to do further research on psychosomatic medicine. I wrote papers on miners' nystagmus, psychiatric aspects of peptic ulceration, vagotomy, thyrotoxicosis, and the psychological accompaniments of ACTH and cortisone therapy.

In Cardiff, I worked in St David's Hospital with Dr D. A. Williams, a leading expert on asthma and allergy; a botanist, a paediatrician, and an ENT specialist. We each examined the same 450 patients, made our own assessments independently, then met and agreed on the relative importance of allergic, infective, psychiatric, and ENT factors.

HF From your survey of the facilities in Wales, did you feel that there were going to be big changes in the future in the pattern of psychiatric care?

LR At that time, we didn't anticipate a tremendous move into the community. We concentrated then on providing the mentally ill with a good quality of care in hospitals. But one envisaged a big expansion of the out-patient and day hospital service and an increased need for the provisions for psychogeriatric patients.

HF What made you decide to come back to London?

LR I'd completed my task during seven years in Wales with the Regional Hospital Board and I felt London offered closer contact with the psychiatric community, so I rejoined the Maudsley in 1954, had beds there and in the Bethlem, and continued my work on psychosomatic medicine. I also started a whole series of investigations involving double-blind, randomised control studies of the new psychotropic drugs. That was when they first appeared, in the mid-1950s.

HF Can you say how you got involved in that subject?

LR I got interested in the introduction of chlorpromazine. From discussions I had with Mayer-Gross, I realised this was going to be a rapidly developing branch of psychiatry and that the scientific evaluation of these new medications had been sadly lacking in France — it was mainly the product of the 'French Impressionist' school of psychopharmacologists. There was the need for strictly controlled, double-blind studies, so I did these with chlorpromazine and with various antidepressants — tricyclics and monoamine-oxidase inhibitors.

I became a member of the clinical trials committee of the Medical Research Council and sat on the Committee on Safety of Drugs and the Committee on Review of Medicines. I was Chairman of its Psychotropic Medicines Committee and also Chairman of the Medico-Pharmaceutical Forum.

HF In these various regulatory bodies, do you think that clinical experience played a sufficient part, as against strictly scientific criteria?

LR Clinical experience plays a very important part, as the clinicians in medicine and psychiatry provide the clinical component of the assessments. You may be interested to know that one of my articles on drugs is due to be read in 5,000 years time. It was an article entitled 'The Use of Drugs in the Treatment of Psychiatric Disorders' published in the *Postgraduate Medical Journal*. It was buried in the Time Capsule in New York in 1965, together with other items typical of the time such as works of Einstein and Churchill, a polythene bag, a contraceptive pill, and a Beatles record. As English may not be in existence in 5,000 years time, instructions regarding the capsule have been put in mathematical code and sent to all parts of the world including monasteries on top of high mountains in case of atomic warfare.

HF Remarkable! Could we talk about your move to Barts now?

LR In 1958, I applied for the post of physician at St Bartholomew's Hospital; Dr Strauss was in charge and I was second in command. At that time, Barts medical students had psychiatry taught only on one afternoon a week, and this was in the medical out-patient department. The psychiatric department was minute and in a rather primitive condition. Later, when I became physician in charge of the department, and then professor, I was able to persuade the College to give three months full-time to psychiatry and to provide psychiatric input in the first clinical year. I also encouraged the students to spend two weeks in psychiatric hospitals throughout the country, which complemented their experience in a teaching hospital. In the final year, they had the opportunity of doing an elective period in psychiatry.

Then we were able to get a new department, in William Harvey House, with plenty of consulting rooms and teaching facilities. That was in stark contrast to the very limited conditions we had when I first joined. Then we opened units at Hackney and at the German Hospital, and provided a complete psychiatric service for the London Borough of Hackney and the City of London. That was quite a tough

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commitment, because there were a lot of immigrants, as well as a lot of people who were in the disprivileged social classes with a relatively high incidence of psychiatric illness.

HF Could we go on now to discuss your work in the College? First of all, what was your attitude towards the idea of a foundation of a College of Psychiatrists?

LR I first joined the RMPA in 1947, and later held office as Secretary of the Psychogeriatric Sub-Committee and Chairman of the Research and Clinical Section, and of the Papers and Discussions Committee. These jobs gave me a seat on the Council of the RMPA, which I served as a member until the inception of the College, so I was able to witness the various forces for and against the College.

I was in favour of the College and worked for it. Some of my colleagues were doubtful about the wisdom of it, but they were wrong. The College has been a great success and has done a tremendous amount of good for psychiatry. If we had gone under the umbrella of the Royal College of Physicians, that would not have had the impact or the influence of the Royal College of Psychiatrists. They were quite stormy days.

HF Were there any particular experiences during your time as President that you recall?

LR When I was President, there were two main tasks regarding Belgrave Square. We had to furnish it and we had to pay off the debt. So I had to spend a lot of time collecting funds for furniture and decoration and also to pay off the loan which we had. The committee dealing with the collection of money for the loan (and for the high rate of interest) did a very good job, as did Sir Martin Roth and Henry Rollin, who played very important parts. During that time, we were able to clear the loan and the headquarters became viable.

I was also a member of the examination committee, and had been chief examiner for London for many years, so I saw the exam developing as an important method of ensuring high standards of training and qualification. Then, the hospital approval visits were introduced, which also ensured good standards of training.

Another thing which occupied the attention of the College was the plight of political dissidents and the misuse of psychiatry for political purposes. This took up a great deal of the College's time, the Council's time, and my time as President. We tried to get a joint group of people representing the legal profession and psychiatrists to visit the Soviet Union, to make inspections of various psychiatric hospitals. I tried to get the Law Society to join in, but they weren't willing, though I was quite successful with the Council of the Bar. They were willing to join us in a joint venture of barristers and psychiatrists to go to the Soviet Union to investigate the complaints and allegations of the misuse of psychiatry. But when we requested permission to visit, this was refused. So while that would have been well worth doing, in the end it wasn't possible to put it into effect. So one had to apply pressure to help people who were committed in mental hospitals and for whom the main problem seems to have been they were dissidents. A lot of work was done behind the scenes to apply pressure on the Russian psychiatrists, and we did succeed in getting them to release one or two.

I wrote to the Governor of the prison where Koryagin was detained, to leading psychiatrists in the Soviet Union, to the Soviet Ambassador in London, and got the British Medical Association to write articles about his plight. In a variety of ways, I suppose, all this pressure mounted up and eventually led to his release and to everybody's delight, he came to the College Meeting last year.

HF Can I ask you next about the World Psychiatric Association, your part in that?

LR I was appointed Treasurer of the World Psychiatric Association for 12 years. In the beginning, when Denis Leigh and I joined, Professor Lopez Ibor was President and things went smoothly. We began to develop the facilities of the WPA by organising sections, symposia, and regional conferences. But later on, the problem of political dissidents cropped up and culminated in a meeting in Honolulu (1977) in which Peter Sainsbury spoke for the College and did a very good job. At the next Congress, in Vienna, Ken Rawnsley, although he was not well at the time, did a splendid job in presenting the College's views about the plight of political dissidents.

HF Can I ask you now about the BMA and your Presidency of that?

LR My link with the BMA started when I was Chairman of the Mental Health Committee. When I had completed my term as President of the Royal College of Psychiatrists, I was invited to become President of the BMA. This was quite a new experience because one met doctors from all branches of medicine, and the BMA is concerned with terms and conditions of service as well as scientific and ethical aspects of medicine. It gave one a wide perspective of medicine — not only in the consultant field, but in general practice and

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in the community health sector. I hope as President I was able to put forward the importance of psychiatry in relation to other branches of medicine.

HF The present problems of the National Health Service would hardly have been imagined at that time.

LR No, not at all. I feel very fortunate that I worked in the National Health Service when it wasn't handicapped by the financial restraints which have been so powerful in recent years. We didn't really imagine that the present difficulties would arise.

HF You, of course, are still very active in the private sphere of medicine. How do you see the relationship between the private sector and the NHS?

LR I see opportunities for quite close collaboration, both in terms of education of doctors and research into methods of treatment. I think it could play an important part in funding research at universities and endowing chairs of psychiatry and addictive diseases. Plans for these were made, but so far have not been put into operation, though the potential is there if the private sector wishes to do it.

I think they can help when finances are very much a problem in universities and the health service, and in certain areas they could supplement the treatment facilities of the National Health Service, particularly in addiction.

HF What would your advice be to young psychiatrists who are interested in setting out on a career in research at this stage?

LR I think they should get fully trained in clinical psychiatry and go through the registrar and senior registrar training. It's slightly risky to take up a full-time research post in psychiatry, unless one is on a unit where there is opportunity for progression along a ladder of promotion. Otherwise, one might find that the unit may be closed down, the research work discontinued, and career prospects spoilt. This has happened in many psychiatric research units in the country. So I would think that they should certainly do research, but in a part-time clinical post and part-time research post, so that they've got two strings to the bow, which should give more security.

HF Did you see any promising lines for research in psychiatry in the future?

LR I think there are great prospects for research in the biological basis of psychiatric illness, particularly its biochemical, neuroendocrine, and genetic aspects. There is also great opportunity for further work in social and psychological treatments such as behaviour therapy, brief psychotherapy, and group therapy. So I think there are opportunities both from the psychotherapeutic and from the biological sides. And there are great opportunities in the field of the genetics and biological aspects of mental handicap.

HF I see that one of your qualifications is that you passed the primary fellowship in surgery.

LR I did that as an insurance really! In case I took up surgery. As I mentioned earlier, I liked anatomy and physiology and decided to take the primary FRCS. I did this when I was an undergraduate in medical school, but nowadays you have to wait until you qualify and have had some experience in surgery.

HF Tell me about your family.

LR Catherine and I regard our family as our number one priority. We have four children. David, Consultant Urologist, Angharad, actress, Vaughan, psychologist, and Catrin, a Barts-trained nurse, working in the intensive care unit for premature babies at St George's Hospital.

They have given us nine delightful and interesting grandchildren, and we all meet regularly, usually for lunch on Sundays, and all spend a summer holiday in Laugharne together.

Our family links with the acting, musical, and medical professions bring us into contact with a wide circle of interesting people, which makes our life very rich.

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