

Was the College justified in making common cause with psychiatrists in different parts of the world in criticizing the use of psychiatry for the suppression of dissent in Russia and elsewhere, or was it going beyond its proper domain? I believe we had no alternative to the course of action adopted. We were confronted with an issue of principle we could not burke. Critics such as Thomas Szasz would have it that psychiatry constitutes in all countries a sordid conspiracy against the freedom of ordinary people and is utilized by the powers that be in order to label, invalidate and repress all forms of dissent. Psychiatrists have repudiated such views. They uphold the inalienable right of the individual to dissent and deviate from the conventional moral and political beliefs of the society in which they live. No form of deviance, as such, constitutes illness. The human mission and scientific purpose of psychiatry is to treat or mitigate mental suffering and, as van Praag has shown, deviance may be a secondary consequence of psychiatric disorder but never in itself a valid criterion for its diagnosis. If we were to define the ethos of psychiatry, there was no alternative to the actions we took and must continue to take against those who misuse it.

Anyone who has read Bukovsky's *To Build a Castle* or has had an opportunity of hearing Plyushch describe his experiences is not likely to be left in doubt that the treatment meted out to them was a slur upon psychiatry's good name which all those who practise must try to expunge.

I owe a debt of gratitude to Tom Main who devoted time and energy in the midst of an extremely busy professional life to occupy the roles of Vice-President, member of the Executive and Finance Committee and Council, during the greater part of my term of office. Wilfred Warren's wisdom, dedication and skill in the role of Treasurer and second Vice-

President made a contribution of inestimable value to the work of the College, continuing as financial wizard and watchdog tasks he had undertaken for the RMPA over a number of years. We were fortunate to have Ken Rawnsley, now our President, as our first Dean, and Morris Markowe's sage and judicious mind at work in the office of Registrar. Our gratitude is also due to the pioneer visiting Approval teams who undertook their difficult and delicate task with tact and discernment. Eliot Slater, who was the main architect of the *British Journal of Psychiatry* as a scientific and clinical journal of world wide influence, I have already paid tribute to in 11 years as Editor, teacher and friend of a multitude of contributors to our *Journal*. Edward Hare, who succeeded him, brought to bear not only an incisive critical mind but an unexpected business flair on his editorial tasks and for the first time made the *Journal* financially profitable. The furnishing of our library has been made possible through a generous grant from one of the Foundations, and it is now under the aegis of Henry Rollin, with for the first time has the aid of a professional librarian. Miss Natalie Cobbing's loyal and devoted service, her experience of the College's affairs over many years and her unfailing memory have proved of great value to the College during the entire decade. We must be specially grateful to members of the small Executive and Finance Committee who travel long distances each month or more frequently to attend meetings to decide matters that are often of fateful importance for the College's future. There were other officers, councillors and friends too numerous to list in a short article, who contributed to make the early formative years of the College happy and creative, thus laying solid foundations for its humane constructive work in the years of maturity and venerable old age ahead.

Professor W. Linford Rees (1975-1978)

Our Founders (Hitch, Gaskell, Thurnam and others), who established the Association of Medical Officers of Asylums and Hospitals for the Insane, started an evolutionary process which is continuing to the present day.

After 24 years, this first Association became The Medico-Psychological Association. In 1926 this received its Charter and the title 'Royal', and in 1971 it became The Royal College of Psychiatrists.

Ten years is a small part of the total life of the College and its predecessors, but its achievements during the past decade have been remarkable. Francis Pilkington and Martin Cuthbert, the last two Presidents of the RMPA, together with its General Secretary, Ben Monro and the Registrar, William Sargant, paved the way for the transformation helped by many other people, among whom special mention should be made of John G. Howells.

At the outset a great deal of preparatory work was done by the transitional Council and Court of Electors, including

the establishment of criteria for admission to Foundation Membership and Foundation Fellowship.

At the first Annual Meeting in November 1971, Sir Martin Roth was inducted as its first President. His term covered a period of nearly four calendar years; and the outstanding event of this period was the acquisition of 17 Belgrave Square as the College headquarters. We owe this important development to the work of the Appeal Committee, chaired by the President, with the invaluable support given by its sponsors and benefactors, led by Lord Goodman and Lord Rayne, and the substantial support given by the membership.

The lease of the house was bought from the Institute of Metals; as one member remarked, this was very convenient since all that was needed was the addition of one letter to make it the 'Institute of Mentals'!

During the second phase of three years, whilst I was President, the finances of the College became well established,

and this has enabled the improvements to be carried out at our headquarters during the past two years. The house is now assuming an elegance and dignity in its appearance befitting a Royal College.

The Court of Electors and the first Dean, Professor Ken Rawnsley, established the Approval Exercise of visits to various parts of the country to assess the quality and adequacy of training programmes. The impact of this exercise has indeed been very great, and as a consequence training programmes have been improved and greater and better facilities have been achieved in those areas which had not reached the required standard. It has also enabled a more adequate manning of psychiatric services to be achieved. The importance of the approval of training programmes is that it ultimately results in improved quality of care for all patients, which is one of the most important aims of the Royal College.

Another function was the establishment of the Membership Examination. There was a stormy period during its infancy, and a great deal of activity from trainees, and the Association of Psychiatrists in Training (APIT) has provided considerable constructive advice. Similarly, the Examination Forum has provided an opportunity for free and frank discussion on how the examination could be improved. During the past decade something that has greatly impressed me is that the College has given much greater recognition and power to its trainees, culminating in the establishment of a Collegiate Trainees Committee.

The MRCPsych is held in high regard throughout the world, and the Examinations Sub-Committee continually keeps the Examination under review, and will institute further changes by evolution in the light of experience.

I would like to pay tribute to Dr Wilfrid Warren, our Treasurer for so many years, for his very skilful management of the College finances. It is largely due to his efforts that sufficient money was accumulated to enable the College's continually expanding activities to proceed. His work is now being ably carried on by my colleague, Dr Michael Pare. I would also like to pay tribute to another Honorary Fellow, Dr Alexander Walk, who after being Honorary Librarian for 25 years has continued to serve, with unceasing and untiring energy, both the *Journal* and the Library. His contributions to the RMPA and the College have indeed been quite outstanding and unique. His successors as Honorary Librarians, Drs Leigh and Rollin, have enabled the Library to become established and to increase its services to the membership.

Dr Markowe, who succeeded Dr Monro, also played a very important role in the development of the College during its formative years.

The *British Journal of Psychiatry* is now one of the most prestigious scientific journals in the world, and we owe a great debt to a succession of very able Editors, Eliot Slater, Edward Hare and John Crammer. Not only is the scientific quality of the contents of the *Journal* consistently high, but

the *Journal* has been, for many years, an important contributor to the finances of the College. In addition, many important monographs have been published under the auspices of the Journal Committee.

One of the most striking ways in which the College has developed, and been able to exert its influence on the Health Service and in public policies in general, has been the greater status accorded to it by the DHSS and by the other Royal Colleges and Faculties. Regular meetings have taken place between the College and the DHSS on manpower needs, and also an annual meeting to discuss the mental health services in general. These meetings have proved to be extremely valuable and indeed fruitful.

The three successive Presidents have represented the College on the Joint Consultants Committee, which is one of the most influential bodies advising the DHSS; on the Standing Medical Advisory Committee which deals with the more scientific aspects of health care; on the Central Health Services Council which includes not only medical members but also representatives from all the services provided by the National Health Service; and on the Council of Post-graduate Education, and the Conference of Royal Colleges and Faculties, Sir Desmond Pond being its current Chairman of the Conference.

At all these very important national bodies, the views of the College and the needs of psychiatry have been put forward and vigorously supported by the Presidents.

Liaison with other bodies has continued to advance. This includes the Royal College of Physicians, the Royal College of General Practitioners, the British Association of Social Workers, the British Medical Association, the British Paediatric Association, and the British Geriatric Association. The College, with the Association of University Teachers of Psychiatry, has formed a Joint Committee on Higher Psychiatric Training, and this, like the Approval Exercise, has served to improve the quality of training, especially at senior registrar level.

I would also like to pay tribute to Dr Brian Ward, who as Secretary of the Public Policy Committee, has carried out very important tasks in the preparation of so many College documents. His memorandum on the 'Responsibility of Consultants' became the accepted guideline for use by other Colleges and Faculties, as being the most informative outline on the role and responsibility of consultants in general. The College submitted evidence to the Royal Commission on the National Health Service, and produced reports on very many discussion documents including *Better Services for the Mentally Ill*. It also issued its own document on the 'Role of the Consultant in the field of Mental Handicap'.

It has been interesting to see how Groups have developed, become well established and eventually acquired the status necessary to become a Specialist Section of the College. This occurred with Forensic Psychiatry just prior to the inception of the College and more recently with the Section of the Psychiatry of Old Age and Social and Community

Psychiatry. Other active Groups are those for Dependence and Addiction and Biological Psychiatry. All these appear to be thriving in a very healthy manner.

During these years the College has taken an active interest in the matter of human rights, particularly with regard to the abuse of psychiatry for political purposes (see Sidney Levine's article in the *Bulletin*, May 1981, p 94). The College passed a number of resolutions condemning this abuse, particularly in the USSR. During my Presidency, I was able to enlist the agreement of the General Council of the Bar to take part in an investigatory commission jointly with the College to visit the USSR and investigate allegations of psychiatric abuse, but permission was not received from the USSR for the visit to take place. The College proposed a resolution for the General Assembly of the World Psychiatric Association meeting in Hawaii, which after amendment by the Australian and New Zealand College of Psychiatrists, was passed by the Assembly. The World Psychiatric Association set up two committees, one to deal with ethical matters in psychiatry, and the College set up its own special committee to consider matters relating to the political abuse of psychiatry, under the Chairmanship of Dr Peter Sainsbury. This committee has considered allegations of the abuse of psychiatry in other countries, including Argentina, Chile and South Africa.

The Research Committee is not only always ready to help

individual research workers in the planning and methodology of their research, but has also launched the College's first research project, an inquiry into ECT.

Other standing committees have also gone from strength to strength. The Programmes and Meetings Committee arranges excellent meetings throughout the year, the Education Committee, in its manifold activities, plays a vital part in the College's affairs, the Collegiate Trainees Committee is actively engaged and is particularly concerned with manpower and the Membership Examination and with training throughout the United Kingdom and Republic of Ireland.

A key person during the period preceding the inception of the College and throughout the past decade has been Miss Natalie Cobbing who, as Secretary of the College, exercises a co-ordinating role without which the College could not function effectively. We are indebted to her and her colleagues, and to Mr and Mrs Brooks, for all the work they have so faithfully given the College.

This has really been a very brief summary of some of the important activities of the College, and inevitably I have been unable to mention all its achievements and all those who have contributed to its success during the past decade. The College continues to evolve and has already gained in status and recognition throughout the world, for which we can all be justly proud.

Professor Sir Desmond Pond (1978-1981)

Sir Martin Roth and Professor Linford Rees have well documented the achievements of the past ten years, to which I can add but little except to say how proud I am to have been able to join in with these activities and try to continue their far-sighted policies. Nevertheless, there is much that remains to be done, not so much because of what we have failed to do as because of the constantly changing situation in which we work.

As an example, I should like first to mention recruitment and manpower. Though I raised this as a major issue when I became President, little progress has been made. However, the general lines of future policy are now clearer, and the will to implement change will undoubtedly be increased by the recommendations of the House of Commons Select Committee under Renée Short, whose report has just been published. The main difficulty is that, though manpower problems are different in different specialties, we have, nevertheless, to keep roughly in step with the career structure of the medical profession as a whole. Our recruitment from British graduates may improve as a result of the 'popular' specialties of general medicine and surgery making greater efforts to bring home to graduates the advantages of going into the 'shortage' specialties, though it is difficult to know quite what determines popularity and unpopularity among us and whether efforts should be made to change students'

views more at the undergraduate than the postgraduate level. We are probably further on than most specialties in providing better arrangements for part-time trainees and part-time consultant appointments, though there is still a long way to go. More difficult is the question of the ratio of trainees to consultants, though there is now movement here, at least at the levels of DHSS and Joint Consultants Committee policy planning. More consultants has always been our policy, but it carries with it the inevitable consequence that some hospitals will be without trainees. What sort of non-trainee, non-consultant doctors may share the workload with the consultant staff is so far an unsolved issue, but I think we are nearer than most specialties to having and accepting a role for career-grade part-time (and probably whole-time) specialists. However, I do not think we have adequately considered the advantages of using general practitioners more, nor the possibilities of the non-medical professionals, like community psychiatric nurses, counsellors, clinical psychologists, etc.

This last consideration brings me to the second matter on which further action is increasingly necessary. This is to remedy the lack of a proper body to represent the interests of the numerous workers in the psychosocial caring field. There are many *ad hoc* committees and standing committees, but no on-going body which can speak with authority. There are