

The College

Minutes of the Twelfth Annual Meeting, 1983

The Twelfth Annual Meeting was held in Bristol from 5 to 7 July, 1983 under the Presidency of Professor Kenneth Rawnsley.

SCIENTIFIC MEETINGS

The Scientific Meetings were held at Stoke Park Hospital, Glenside Hospital, the Student's Union and Barrow Hospital.

Tuesday 5 July: Morning Session A

Mental Handicap—Bristol Fashion

Undergraduate and postgraduate teaching of mental handicap—Dr Yvonne Wiley

Resettlement of the mentally handicapped in the community: Priory Court Scheme—Dr Ruth Walters

Community based services: Wells Road Project—Dr J. A. O. Russell

Recent advances in chromosomal studies in mental handicap—Dr A. McDermott

The etiology of mental handicap: A paediatric and teratologic viewpoint—Dr T. J. David

Sudden death in mental handicap hospitals—Dr G. Carter

Morning Session B

Psychiatry—Bristol Fashion

Bristol psychiatry: Retrospect and reminiscence—Dr D. F. Early

Children in security: Problems of consultation—Dr W. Lumsden Walker

Psychiatry and general practice: (i) Consultation services in a city centre practice—Dr D. Cook; (ii) General practitioners' use of psychotropic drugs—Dr A. C. Brown, Miss Lesley Jones

An approach to opiate addiction—Dr R. Reeves, Dr Anne Read, Dr Rosemary Arnold, Dr D. Antebi and Mrs Anthea Pritchard

Morning Session C

Miscellaneous Papers

Dexamethasone non-suppression and response to antidepressant medication—Professor Brian Davies

Treatment of patients with anorexia nervosa and bulimia—Professor P. J. V. Beumont

Post-synaptic serotonin hypersensitivity and vulnerability to depression—Professor H. C. Hendrie

Role-taking by histrionic personalities: An investigation of the socialization scale—Dr K. Standage

Afternoon Session A

A neuropsychiatric approach in psychiatry—Dr H. J. Crow,

Dr Carol Crow, Dr D. Papakostopoulos, Dr W. C. McCullum

The care and rehabilitation of brain damaged patients—Dr Ray Cooper, Dr H. J. Crow, Mr H. Curry

Afternoon Session B

Psychiatric Genetics

Biologic markers—Dr E. S. Gershon

Individualizing the risks for schizophrenia under a multifactorial model—Professor I. Gottesman

Cerebral ventricular volume in schizophrenic twins: Genetic predisposition and birth complications—Dr Adrienne Reveley

The clinical implications of genetic epidemiology in psychiatry—Dr Ted Reich

Wednesday 6 July: Afternoon Session A

The Mental Health Act 1983

'Brains Trust'—(Chairman: Professor K. Rawnsley) Panel: Professor R. Bluglass, Dr. J. Hamilton, Dr. J. Jancar, Dr. B. Ward, Mrs M. Morgan (DHSS)

Afternoon Session B

Miscellaneous Papers

Non-autistic psychoses and severe developmental disorders of childhood: An approach to clarifying diagnostic confusion—Asst Professor J. C. Pomeroy

Asperger's Syndrome: A problem of classification—Dr Lorna Wing

Asperger's Syndrome and social incompetence—Dr Digby Tantam

Thursday 7 July: Morning Session A

Miscellaneous Papers

The out-patient clinic for anorexia nervosa—Professor H. G. Morgan, Dr J. Welbourne, Miss J. Purgold

Geographical and ethnic factors in compulsory admissions—Dr Glyn Harrison, Mr Bernard Ineichen

Behavioural techniques for relieving anxiety: A critical review—Mr Dougal MacKay

Spirit Possession: Cult or madness—Dr M. G. Barker

Chapter of suicides—Dr Duncan Chisholm

Morning Session B

Progress in Research on Huntington's Chorea

Clinical studies of the movement disorder—Dr D. Lindsay McLellan

Psychiatric symptoms—Dr Susan Folstein

Post-mortem neurochemical studies—Dr E. G. S. Spokes

Molecular genetic approaches—Dr J. F. Gusella
Historical aspects—Dr Macdonald Critchley

Morning Session C

Trainees' Research Papers

Changes in serotonin uptake in depression—Dr D. Healy
The effect of desipramine upon central beta adrenoceptor function in depressed patients—Dr C. Thompson
The growth hormone response to clonidine in endogenous and reactive depression—Dr T. Corn
Dexamethasone suppression test normalization: A correlate with clinical recovery of depressed patients—Dr P. C. Bowie
Depressive illness, clinical, psychological, biological and therapeutic correlates—Dr M. T. Abou-Saleh
Psychiatric morbidity in a gynaecological clinic—Dr T. Byrne
Behaviour problems in three year olds—Dr Carol Fitzpatrick, Dr M. Payton
Psychiatric illnesses in male prisoners age 65 and over in the south east of England—Dr J. M. Parrott
Characteristics of attenders at a Scottish Drug Dependence Clinic—Dr K. M. Leighton, Dr A. Frazer
Why are the mentally handicapped admitted to hospital?—Dr G. Carter
Functions and effectiveness of a psychogeriatric day hospital for the demented elderly—Dr J. M. Eagles
Predictions of prolonged attendance at a day hospital—Dr F. Holloway

Afternoon Session B

Progress in Research on Huntington's Chorea (continued)

The EEG in diagnosis—Dr Elaine Allen
Long-term prevention of Huntington's Chorea—Professor Peter Harper
Family attitudes towards diagnosis, genetic counselling and predictive tests—Miss Audrey Tyler
Management and problems of inter-agency co-operation—Miss Rosemary Yale

Afternoon Session C

Miscellaneous Papers

How low are the Irish suicide rates?—Dr Mary Clarke-Finnegan
Depression in chronic schizophrenia—Dr Alec Roy
A biological approach to self injury—Dr Ivor H. Jones

Other Sessions

The *Forensic Psychiatry Section* held a meeting on 4 July at Pucklechurch Remand Centre entitled 'Psychiatry in the Remand Centre'.

The *Psychotherapy Section* met on 7 July when Dr P. Ashurst read a paper entitled 'Learning to Listen—The Importance of Psychotherapy Training for Psychiatrists'.

Distinguished Guest Lecture

Sir Alec Merrison presented a paper entitled 'Truth and Imagination in Science'.

BUSINESS MEETING

The Business Meeting was held on Wednesday 6 July 1983 and Chaired by Professor K. Rawnsley.

Minutes

The Minutes of the previous meeting held in London from 6 to 8 July, having been published in the *Bulletin* (December 1982, 223–7), were approved and signed as a correct record.

Obituary

The PRESIDENT announced with regret the names of those members who had died since the last College meeting.

Annual Report of Council and Registrar's Supplementary Report

The Annual Report of Council had been circulated with the papers for the meeting. As the Registrar was unwell, the President, Professor K. Rawnsley, presented the following report of additional matters which had occurred.

This statement is a supplement to the Annual Report which you have all received and tells members briefly of some of the things that have happened in the College since the Annual Report went to press.

This, and indeed the Annual Report itself, would normally have been presented to you by our Registrar, Professor Gerald Timbury. Those members who have not already heard will be very sad to hear that Professor Timbury has recently suffered a bad stroke and is at present in hospital in Glasgow. There has been a slight improvement in his condition and I am sure that members here today would like me to send him your good wishes for a full recovery. We shall, of course, miss Gerald very much here today and this is probably the first Annual Meeting, either of the College or the RMPA, that he has missed over the past 20 years.

I shall refer later to Professor Timbury's retirement from the Office of Registrar and also to Dr Crammer's retirement from the Office of Editor.

Since the Annual Report went to press there has been a meeting of Council and a meeting of the Executive and Finance Committee. Whilst this Annual Meeting cannot discuss matters which are not on the Agenda in a formal way, nor put forward any new Resolutions, I shall be inviting comment and discussion on any matters referred to. Any significant matters can be referred to Council or to its Executive and Finance Committee (which meets here in Bristol on Friday). If there are any College Reports referred to here or in the Annual Report, in which any member has a particular interest, copies may be obtained from the College after this meeting.

At the request of Council the Appeal Committee has met and has been planning how the finance shall be raised for the

College Research Unit. An Appeal will be launched and in the first instance (later this year) our own members' support will be sought. We will then be approaching other selected individuals and organizations. I would be pleased if any members who know of people or bodies who might be willing to support our aims would get in touch with me. It has been estimated that to support the small unit (Director, Research Assistant and Administrator/Secretary) for five years we need half a million pounds. A million pounds would support a unit in perpetuity.

Following our regular meeting with the DHSS, it has been decided to hold a Conference later next year on Mental Health Service Planning. Participants will be invited and will represent very widespread interests. Among the items which may be discussed are the financial allocations to mental health services, procedures for closing large mental hospitals, the shifting of resources into community care, psychiatric manpower, bed norms and the care of the young brain damaged.

The Public Policy Committee and the Mental Health Act Working Party have been closely watching all aspects of the implementation of the new legislation and report regularly to Council. We have made known to the Department again our concern in relation to the recognition of doctors under Section 12 of the new Act, and guidelines on the criteria and procedure for appointment of these doctors are being drawn up by our Working Party. The Mental Health Act Commission is in the process of being set up and although its membership has not yet been made known, we understand that various people are being approached and that an announcement will be made soon.

We have been very much concerned with the problems of child and adolescent psychiatry and others in relation to confidentiality. There are very particular difficulties in relation to social workers who are not employed by the health service and whose reports might be available to other social services departments and local authority computers.

Representatives of the College, including Dr Anne Bolton, met members of the GMC and following this meeting a very clear statement about the sharing of confidential information is to be published in their new edition of the blue book on professional conduct and discipline. It is the doctor's responsibility to ensure that any shared information is imparted in strict professional confidence and thus College members themselves may be in jeopardy and, indeed, find it impossible to share information with non-NHS social workers. This is being raised as a matter of urgency with the DHSS and the British Association of Social Workers.

The Executive Committee of the Forensic Psychiatry Section has expressed its grave concern at the possible reintroduction of the death penalty and the consequent involvement of doctors in assessment of individuals charged with murder, both before trial and after conviction. This will be discussed by the Executive and Finance Committee on Friday and such action taken as seems advisable as it may

not be practicable to wait for the next meeting of Council in October.

At its meeting in June, Council approved the proposed changes in the Charter and Bye-Laws, which we will be discussing later this morning, subject to further minor amendments which have been tabled (the pink papers).

Council and the membership have made three nominations for the Office of Editor and the ballot papers will be sent out next week.

Finally, I am very pleased to welcome as our new Registrar, Professor Robin Priest of St Mary's Hospital, London, who is here this morning.

Dr P. Bowden, Chairman of the Forensic Psychiatry Section, read out the following Resolution, which had been passed by the Forensic Psychiatry Executive Committee: 'Before the abolition of the death penalty doctors were involved in the assessment of individuals charged with murder, both before trial and after conviction. The Forensic Psychiatry Specialist Section Executive Committee would deplore the return of capital punishment. Should Parliament reintroduce it, we urge all psychiatrists not to participate in any procedure which may result in the judicial death of a prisoner.'

The sentiments expressed in this Resolution were shared by the Annual Meeting and the President agreed to pass on these views to the Executive and Finance Committee which was meeting the next day.

Annual Report of the Treasurer, 1982-83

Accounts for the year ended 31 December 1982

DR C. M. B. PARE, Treasurer, introduced the Annual Accounts.

The College accounts for the year ended 31 December 1982 are given on pages 235 to 239. They show a revenue surplus of £49,785 compared to a surplus of £30,090 in 1981. Yet again we are indebted to the *Journal* which contributed profits of £107,517, an increase from £74,218 in 1981, due partly to an increase in subscribers charges for the *Journal* which came into effect on 1 January 1982 and partly to a substantial increase in advertising income. Setting aside £50,000 for the College Development Fund, we therefore just about broke even.

We continue to be grateful to Viscount Sandon and his group, who, in addition to other advice, direct the College's strategy on investments. This strategy, implemented by Mr Keith Smith, our stockbroker, has led to a very satisfactory increase in the value of our reserves.

Some of the items in the accounts for 1982 are not comparable to 1981. We are going through a process of recoding expenditures with a view perhaps to computerizing the finance department. This has been an enormous task and I am especially grateful to Miss Natalie Cobbing and our new finance director, Mrs Pamela Rowell, and indeed all the staff in the finance department, for their work during this difficult time.

Costs keep creeping up, mainly of course because of inflation. In addition we are having to bear an increased proportion of the costs of the general training and JCHPT exercises. Another example of increased expenditure is a decision to subsidize a limited number of overseas speakers to attend quarterly meetings and, of course, the work relating to such important items as the Mental Health Amendment Bill was very expensive, not only in time put in by people but also in money terms. To counter this expenditure the Registrar and Secretary are intensifying their efforts to reduce non-essential committees and their demands on staff time and hence salaries.

This leads again to my asking for an increase in subscrip-

tions. Assuming a rate of inflation of 7 per cent over the next two years, I anticipate an overall loss of approximately £30,000 in 1983 and, unless the College activities can be reduced, the loss in 1984 might be in the region of £70,000. I am looking for an increase in subscription income of approximately £60,000 starting in January 1984. This will entail Fellows and Members subscriptions being increased by approximately 20 per cent. Last time I did not increase the subscriptions of our overseas members, but now I am asking them to share the burden, though the differential remains.

During the year we have received a very generous gift from Mr and Mrs Page. This is in the form of a prize to be awarded for research in child and adolescent psychiatry and commemorates the life of Miss Gillian Page.

Dr Pare introduced proposals for the above subscription rates and registration fees from 1 January 1984. The resolution was proposed by Dr I. Christie and seconded by Dr S. A. Montgomery and the new subscription rates, to become effective from 1 January 1984, were approved.

Appointment of Auditors

Messrs Ernst and Whinney were re-appointed as the College Auditors for 1983–84. Proposed by Dr C. M. B. Pare, seconded by Dr S. A. Montgomery, and carried *nem con.*

Alterations to Bye-laws

Proposed amendments to the Supplemental Charter and Bye-Laws which had been circulated were introduced by Professor K. Rawsley, who also welcomed Mr Downs, from Philip, Conway, Thomas Co. There was discussion about the proposed introduction of two new categories of membership, New Associate (medically qualified practitioners) and New Affiliates (non-medically qualified members of a profession closely allied to psychiatry). This proposal was put to the vote and carried by a two-thirds majority. The remaining proposed amendments to the Bye-Laws were approved, carried by a two-thirds majority, proposed by Dr J. Jancar and seconded by Professor M. Gelder.

Resolutions

The following Resolution, proposed by Professor G. C. Timbury, seconded by Dr C. M. B. Pare, was carried unanimously: 'This Annual Meeting authorizes the payment of an honorarium (£50–£250 according to the work undertaken) to the author of any commissioned article who is a member of the College, and whether or not he is a member of Council, provided that such article shall be invited by the Editor for publication in the *British Journal of Psychiatry*.'

The following Resolution was proposed by Professor S. R. Hirsch and seconded by Dr S. P. Sashidharan and Dr M. Lipsedge: 'The Royal College of Psychiatrists condemns South Africa for discriminatory practice in the provision of psychiatric services and segregation of psychiatric facilities

Subscription Rates

Category	Registration Fee £	Annual Subscription £
FELLOWS	100	110
OVERSEAS FELLOWS	100	80
MEMBERS by Examination and Foundation Members	30	75
Under Bye-Law III, 2 (ii)	50	75
OVERSEAS MEMBERS by Examination and Foundation Members	30	50
Under Bye-Law III, 2 (ii)	50	50
AFFILIATES United Kingdom		50
Overseas		35
INCEPTOR†	25	25
CORRESPONDING ASSO- CIATES (former RMPA) UK		30
OVERSEAS CORRESPONDING ASSOCIATES (former RMPA)		25
OVER 40 YEARS MEMBER- SHIP (All Categories)		Nil
RETIRED (All categories)*		
Retired before 1.1.1976		4
Retired after 1.1.1976		25

HALF-YEAR

If taken up after 1 July Registration fee and half annual subscription.

JOINT MEMBERS

Receive a £10 reduction and one copy of the Journal (husband and wife).

† Inceptors pay only the Registration fee on enrolment; they pay the annual subscription in subsequent years.

* Except Honorary Fellows and those with over 40 years' membership = Nil.

for political ends.'

This Resolution was then amended and was proposed by Professor S. Hirsch and seconded by Dr M. Lipsedge: 'The Royal College of Psychiatrists condemns the Association of South African Psychiatrists and the Health Authorities of South Africa for discriminatory practice in the provision of psychiatric services and segregation of psychiatric facilities resulting from the policy of apartheid'.

This Resolution was put to the vote and defeated by a two-thirds majority.

After discussion, a further amendment, proposed by Professor M. Gelder, seconded by Dr J. L. T. Birley, was carried: 'The Royal College of Psychiatrists condemns South Africa for discriminatory practice in the provision of psychiatric services and segregation of psychiatric facilities resulting from the policy of apartheid.'

Change of title of the Mental Deficiency Specialist Section

The proposal to change the title of the Mental Deficiency Specialist Section to the Section for the Psychiatry of Mental Handicap had resulted from a ballot of all Section members. This proposal was carried *nem con*—proposed by Dr J. Jancar and seconded by Dr B. Sacks.

Complimentary Motions and Announcements

The President paid a very warm tribute to the retiring Registrar, Professor G. C. Timbury, who had been a tower of strength to the College over the past five years. He had attended to the business of Registrar, the work of Committee and Council with exemplary devotion, conscientiousness and with good humour. His wise counsel would be greatly missed.

The President wished to place on record the very good wishes of the College for his speedy recovery.

The President also paid tribute to the retiring Editor, Dr J. L. Crammer, who had worked tirelessly and with extraordinary effort for the success of the *Journal* and the *Bulletin*.

Presentation of Prizes

The *Gaskell Medal and Prize* and the *Research Prize and Bronze Medal* were presented (*Bulletin*, September 1983, 7, 176).

Reception of Overseas Guests

The following overseas delegates were presented to the President: DR M. VISOTSKY, President, American College of Psychiatrists; DR J. GRIGOR, Honorary Federal Secretary, The Royal Australian and New Zealand College of Psychiatrists; DR Q. RAE GRANT, President, Canadian Psychiatric Association; PROFESSOR M. BOURGEOIS, Société Médico-Psychologique, France; DR M. DE MUNSHI, Indian Psychiatric Society; DR A. ZARRABI, President, Iranian Psychiatric Association; DR D. MAHADEVAN, Malayan

Neuropsychiatric Society; and DR L. P. KOK, Singapore Psychiatric Association.

Many other visitors from various parts of the world were also welcomed to the meeting.

Election of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship:

PROFESSOR A. LEIGHTON, Professor of Psychiatry and Preventive Psychiatry, University of Dalhousie, Canada: formerly Professor of Psychiatry and Social Anthropology, Cornell University.

SIR ALEC MERRISON, Vice-Chancellor, University of Bristol: formerly Chairman, Committee on the Regulation of the Medical Profession and of the Royal Commission on the National Health Service.

VISCOUNT SANDON, Deputy Chairman, Westminster Bank; Chairman of College Advisory Panel; formerly Chairman, Board of Governors, Bethlem Royal and Maudsley Hospitals.

DR PETER SAINSBURY, formerly Director, MRC Research Unit, Graylingwell Hospital; Chairman of the College's Special Committee on the Political Abuse of Psychiatry; former Vice-President and Chairman of Research Committee.

SIR WILLIAM TRETOWAN, Emeritus Professor of Psychiatry, University of Birmingham; formerly Chief Examiner, Royal College of Psychiatrists.

Introduction of Honorary Fellows

The newly-elected Honorary Fellows were introduced by citations as follows:

Dr J. L. T. Birley on Professor A. Leighton

Professor Leighton is one of the Founding Fathers of Social Psychiatry. His own particular approach can be regarded as 'human ecology'. Of the three books based on his studies in Nova Scotia, the last, *The Character of Danger*, derives its title from a statement by Rudolf Virchow, whose contributions to social medicine were as great as to pathology. Virchow contrasted his definition of disease—'life under altered conditions'—to the botanical approach of Sydenham or the parasitic view of more simple-minded pathologists. In Virchow's view disease is adaptation: 'Everywhere, it is a question either of the obstruction of normal physiological processes or of the stimulation of the same in unusual locations or at unusual times . . . yet in such a way that the pathological process differs from the physiological process by *the character of danger* which it entails for the continuance of life in general or of individual living components.'

The same view has governed Professor Leighton's approach to psychiatric epidemiology, and his work has had a profound and creative influence on his colleagues and successors. He has also been active in setting up a mental health service based on 'Bristol', a pseudonymous town in

Nova Scotia, and his experiences have been summarized in his recent book, *Caring for Mentally Ill People*.

Professor Leighton has held distinguished academic posts in the United States and in Canada, being Professor of Sociology, Anthropology and Psychiatry at Cornell University, Professor of Social Psychiatry at the Harvard School of Public Health and now Professor of Psychiatry and Preventive Medicine at Dalhousie University. It is a particular pleasure to introduce him as an Honorary Fellow in the 'real, original Bristol'.

Dr J. Jancar on Sir Alec Merrison

It is my great privilege and honour to present to you Sir Alec Merrison, at the same time I feel very inadequate to do justice to a man who became a legend in his own lifetime. Sir Alec distinguished himself from an early age—his form master, asked to record his strongest and weakest subjects, answered the first question readily enough with 'Mathematics', but was baffled by the second, and could only manage a question mark. Clearly, Sir Alec Merrison had begun as he meant to go on.

He went on, after school, to King's College, London, which meant in fact that he began his university career here in Bristol, because King's College was evacuated to Bristol during the war. Here, among other things, he learnt a good deal of physics, read and remembered a remarkable variety of books on a remarkable variety of subjects and took his turn at fire-watching. Fire-watching involved sitting up all night at the top of the Royal Fort tower, waiting for air-raids, so that it would be fair to say that even as an undergraduate, Alec already occupied a high and responsible post in the University of Bristol. Little did he know then, if the enemy destroyed the University, that he would never become the Vice-Chancellor of Bristol.

After graduating, he spent a year or two working on radar problems at Christchurch before moving to Harwell, where he developed some of the earliest neutron spectrometers, and then in 1951 he moved to Liverpool, where he again changed fields and became an elementary particle physicist.

In 1969 Sir Alec was appointed Vice-Chancellor of the University of Bristol, at an unusually early age, but it was clear that Bristol University was getting a brilliant administrator as well as a first rate scientist and engineer. During his stay in Bristol he became Chairman and Member of very important committees. I will mention just a few which are relevant to the medical profession and reports which are named after him.

Before he was chairing the Committee of Enquiry into the Regulation of the Medical Profession, he chaired the Committee of Enquiry into Design and Erection of Steel Girder Bridges. One wonders if this chairmanship influenced the chairmanship of the Royal Commission on National Health trying to give steel girder bridges stability. He is chairing the Advisory Body for the Research Councils.

Psychiatry is very much indebted to him for his support with the establishment of a number of new university lectureships, including the academic establishment of Mental Handicap.

For his scientific endeavours he received the highest accolade, Fellowship of the Royal Society, in 1969, and the Crown recognized his work by giving him a Knighthood in 1976. Universities of Bristol, Ulster, Bath, Southampton, Leeds and Liverpool confer honorary degrees for his outstanding work in science.

Mr President, I present to you Sir Alec Merrison as eminently worthy of Honorary Fellowship of the Royal College of Psychiatrists.

Dr C. M. B. Pare on Viscount Sandon

Whether we are interested in psychiatry or indeed horse-racing, we all know the importance of genetics and training in producing a winner. On this basis one cannot but be impressed by Viscount Sandon's forerunners who for 200 years produced extraordinary men devoted to Public Service—a Lord Chief Justice, Secretary of State for Foreign Affairs, Lord President of the Council, Lord Privy Seal, Secretary Board of Trade and others with interests in the colonies, education and, I believe, religion.

Lord Sandon himself served throughout the war, being wounded in Europe before serving in the Far East. He has continued to be active in the Territorial Army and was at one time Colonel commanding the City of London Field Regiment, being awarded the Territorial Decoration. He is, of course, now one of the captains of financial affairs in the City. He is Chairman of the International Westminster Bank and Deputy-Chairman of the National Westminster Bank and of Coutts and Company, as well as holding other directorships. Among his many public services, he has been Manager of the Fulham and Kensington Hospital Group; Deputy Chairman of the Teaching Hospitals Association; a member of the Central Council for the Care of Cripples and Honorary Treasurer of the Family Welfare Association. He has, of course, been particularly interested in psychiatry as a Trustee of the Psychiatry Research Trust and from 1965–73 was both Chairman of the Institute of Psychiatry and also Chairman of the Board of Governors of the Bethlem and Maudsley Hospitals. Other people in the audience will know better than me of his contribution in this capacity, but as far as I know he has been the only person to combine those two chairmanships and was thus able to bridge the gap between the two interested institutions. In particular, of course, he was intimately involved in the devising, fund-raising and building of the new Institute of Psychiatry.

From what I have said you will appreciate Viscount Sandon's generosity in sparing time to come to the College with some of his City friends to advise us on our major financial decisions and how fortunate we are to have some of his abilities and experience.

You may well imagine how I felt as a new Treasurer of the

College when I went to see him in his office in the City with a problem. Can I just say that his abilities as a psychiatrist coping with a patient such as myself with an inadequate personality, were and have been most impressive. He has the knack of putting me at ease, never gives me the feeling of his being rushed, brings out and clarifies the problems at issue, shows me how best to tackle them and offers me support as, and if, necessary.

It is indeed an honour for me to present to the College, a man of such ability, generosity and humanity and who has done so much for psychiatry.

Dr J. L. Crammer on Dr Peter Sainsbury

I am glad to have the opportunity of presenting Dr Peter Sainsbury for Honorary Fellowship of this College. I was first introduced to him 29 years ago in a way which crystallized for me the nature of his eminence and left a very strong impression on my mind. Within a few days of arrival at the Maudsley Hospital we beginners in psychiatry were taken down into the basement by Professor Lewis to meet a bright young man who seemed to be toiling alone. He was measuring muscle tension in various emotional states. Above us was the busy routine work of the hospital, but there in the depths, in secrecy almost, seemed to be the real power house of research in the charge of one man, on whom rested the whole reputation of the Maudsley.

Dr Sainsbury was then still in rank a junior doctor. Soon afterwards he moved to the Westminster Hospital as first assistant in psychiatry, and widened his psychosomatic research; then, in 1957 he moved to Chichester as Director of the research unit at Graylingwell where he has been ever since. Under men such as Erwin Stengel and then Martin Roth, this unit had been the most notable of those established in NHS hospitals. Taken over financially by the MRC and with Sainsbury as Director, it expanded physically and came internationally to the forefront like a major university department without a mother university. Over a quarter of a century many young psychiatrists were shaped there by Dr Sainsbury and moved on to senior positions in medical schools or psychiatric hospitals.

Among so many, if I mention the names of Dr Norman Kreitman and Dr Brian Barraclough, it will remind us that the problems of suicide have been one main strand in Dr Sainsbury's researches, ever since the publication of his classical Maudsley Monograph No. 1 on *Suicide in London*. If I mention Dr Jacqueline de Grad, it will recall another major epidemiological field of his work—the careful measurement of the changes in the symptoms of patients and the burdens on their families brought about by the change in the orientation of psychiatric hospital practice from institutional to community care. These two fields of study have yielded immediate practical results as well as stimulation for the future. Dr Sainsbury has also continued studies on the measurement of movement and gesture, and other psychosomatic matters which have yet to make their full mark, as

psychosomatic medicine itself becomes reorientated as either liaison psychiatry or physiological neuropsychiatry.

I present Dr Sainsbury, therefore, as a leading scientist of psychiatry: a research worker, a team director, an adviser to the Medical Research Council (for instance, on its Neurosciences Board and as Secretary of its Clinical Trials Subcommittee), to the Mental Health Research Fund and to the World Health Organisation. But also for a long and fruitful period, as Chairman of the Research and Clinical Section of the old Royal Medico-Psychological Association, he had a great influence on the membership of this College and its forerunner. In particular, he was responsible for teaching lectures published afterwards in book form. With Kreitman he edited *Methods of Psychiatric Research* (1963, new edition 1975) and promoted the two classics, *Recent Developments in Schizophrenia* and *Recent Developments in Affective Disorders* both edited by Coppen and Walk (1967).

More recently he chaired the College committee which produced the well known 1977 'Memorandum on ECT'. He has been a Vice-President of ours; he has led the College in its Special Committee on the Political Abuse of Psychiatry. He is an English liberal of the old school. Education at Stowe and Trinity (Cambridge) encouraged his feeling for English, for Mathematics, for Architecture and for Style. He has been a major influence nationally and internationally and we are proud to count him among our Honorary Fellows.

Professor M. Gelder on Sir William Trethowan

Sir William Trethowan has taken a major role in academic psychiatry since the 1950s when he was appointed to the Chair of Psychiatry in the University of Sydney. His evident success in that post encouraged a series of British doctors to follow the path from England to Australia and we are pleased to see some of them here today. However, in 1962 Professor Trethowan's success led to his return to this country to the Chair of Psychiatry in Birmingham University. It was in that post that Professor Trethowan was soon to show the full breadth of his abilities: as clinician, teacher, investigator, administrator, medical politician and statesman of psychiatry.

In Birmingham he soon created a flourishing academic department. He decided, in his own words, not to create a 'Maudsley of the Midlands' but an excellent department of another kind. His example as a talented clinical teacher soon ensured that postgraduate psychiatry in the Midlands was of a high standard and that, among undergraduates, psychiatry became a popular and respected part of the medical curriculum. In these developments he showed remarkable foresight. He developed an integrated programme of postgraduate training long before others realized the importance of such schemes, and he was one of the first to exploit television as a teaching tool. The breadth and depths of his knowledge of clinical psychiatry is shown in his editing of the textbook originated by Professor Anderson and in the monograph on uncommon syndromes written with David Enoch.

Sir William's administrative and medico-political skills were soon in demand outside his own department. In his own University, he was a popular and effective Dean of the Medical School from 1968–74. However, his talents reach far beyond the ordinary level of medical politics and he has been one of the small number of statesmen of psychiatry who have represented our subject in the wider world of medicine. He has served on the General Medical Council—having been its Treasurer; on the University Grants Committee and on the Standing Medical Advisory Committee, of which he was also Vice-Chairman. He was also the Chairman of the influential committee which made recommendations about the future of clinical psychology. His talents have also been sought much further afield, for example, in Hong Kong, where he Chaired the Medical Academic Advisory Committee of the Chinese University.

So far I have said nothing of Bill Trethowan's contributions to our College. He has, of course, served on many of our committees, but his special contribution was to the Membership examination. When our College was founded it was he who took on the seemingly impossible task of devising, in a very short time, a form of examination that was fair, reliable and acceptable to candidates and examiners. The result was a singular success and a tribute to his clear thinking, tenacity of purpose and tact.

These many achievements have led, appropriately, to a series of awards: an honorary fellowship of the Royal Australian College of Psychiatry; a corresponding fellow of the American Psychiatric Association; an honorary DSc from the Chinese University of Hong Kong; and in 1975 the CBE, followed in 1980 by the Knighthood which gave so much pleasure to his many friends.

A record of achievements of this kind does not, of course, give a full picture of the man. Bill Trethowan not only has qualities of leadership, he is also the most helpful of colleagues, a good companion and an attentive host. He is a talented musician: a man of many interests. He is also a popular lecturer: I am told that one of his most recent lectures was called 'Growing old gracefully'. It will certainly be many years before such a lively colleague can grow old; in the meanwhile we are glad that he will grace our College, which he has served so well, as one of our Honorary Fellows.

President, I have the pleasure in presenting to you, Sir William Trethowan.

ANNUAL DINNER

The Annual Dinner was held at the Unicorn Hotel, Bristol on 6 July 1983. The guests included Lord Glenarthur, Joint Parliamentary Secretary responsible for Mental Health matters, Professor and Mrs R. Hoffenberg, President of the Royal College of Physicians, Sir Peter and Lady Tizard, President of the British Paediatric Association, Dr and Mrs T. J. Thomson, President of the Royal College of Physicians and Surgeons in Glasgow, Sir Henry and Lady Yellowlees, Chief Medical Officer, DHSS, Sir Alec and Lady Merrison, Professor and Mrs A. H. Leighton, Dr P. and Mrs Sainsbury.

The Dean, Dr J. L. T. Birley, proposed the toast of 'The Guests' and Professor R. Hoffenberg, President of the Royal College of Physicians, replied and proposed the toast 'The Royal College of Psychiatrists' to which the President replied.

News Items

Drinking and Driving: Problem Drinkers

Following the College's consultations with the Department of Transport concerning the report of the Blennerhassett Committee on drinking and driving, new procedures were introduced on 6 May 1983 to deal with what the Committee described as 'high risk offenders' with an aim to minimizing the hazards which drivers with a serious drink problem present to others on the road.

Each year there are about 3,000 drivers who fall into the problem drinker category: they have been disqualified twice within a 10-year period and are likely to have had more than 2½ times the legal limit of alcohol. The essence of the new procedures will be to ensure that these offenders are medically examined and allowed to resume driving only when it is clear that any drink problem has been effectively treated and cured.

WPA Section on 'Psychiatric Rehabilitation'

At the recent Congress of the World Psychiatric Association in Vienna, a new Section on Psychiatric Rehabilitation was inaugurated under the chairmanship of Dr James C. Folsom of New York. Dr Brenda Morris (Consultant Psychiatrist, Royal South Hants Hospital) was invited to represent the United Kingdom on the Executive Committee. The aims of this Section are to promote psychiatric rehabilitation throughout the world, to hold scientific meetings and to improve communication between practitioners in the member countries.

Psychiatrists with an interest in this field of study are invited to become members and application should be made to: Dr James C. Folsom, Director, International Center for the Disabled, 340 East 24th Street, NY 10010, USA.

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