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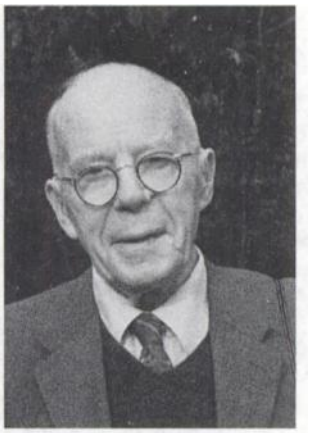
Interview

In conversation with Stephen MacKeith

Greg Wilkinson interviewed Dr MacKeith at the College in September 1992



Dr Stephen MacKeith, OBE
MRCS Eng. LRCP Lond. 1932
DPM (conjoint) 1935
FRCPsych (Foundation) 1971

Dr MacKeith was born in Southampton in 1906, the eighth of 11 children, of whom four qualified in medicine. He was a student at the University College of Southampton and in 1926 won an Open Scholarship to St Mary's Hospital Medical School; he qualified MRCS, LRCP in 1932. In 1939 he was appointed Deputy Medical Superintendent of Graylingwell Hospital, Chichester and was released to serve in the RAMC from August 1940 until December 1945. For the second half of this period, he held the rank of Lieutenant-Colonel. Dr MacKeith has been a member of the South-West Metropolitan and East Anglian Regional Hospital Boards and a member of the War Office Advisory Committee on Psychiatry. He was Medical Superintendent of Napsbury Hospital, St Albans from 1946–1950 and has held numerous major appointments. He is currently Honorary Visiting Fellow to the Department of Psychology at the University of Southampton.

Your father qualified in medicine in Glasgow, but he practised in England.

Yes, he practised in the South of England. He had eleven children. I was born in 1906. We were a closely knit and self-contained family, with a Caledonian respect for education. I myself was supposed to complete a London University degree in arts subjects, and become a solicitor; but at the last moment I had a change of heart, and decided I wanted to do medicine. I remain very grateful to my father for allowing me to make the change, when I was only two years short of completing my arts education. I got a scholarship to St Mary's Hospital medical school in London.

A change of heart?

I thought hard about it, but perhaps not very clearly. With a medical father and two medical brothers, I couldn't help regarding medicine as interesting and important. I think I vaguely gathered that economic survival was easy in medicine; but I think I was more influenced by the secure status in society of doctors at that time.

This is all *post-hoc* guess-work, although I *have* learnt that sometimes these almost incoherent decisions are among the soundest. They rank with the decision that one makes about which girl to marry, and I think they are as deeply rooted as that.

How would you set your contribution and your career in a general context?

I don't think of myself as having made any large contribution. On the other hand, I *do* feel that I had an especially interesting time. I was in psychiatry from the 1930s to the 1970s and that was a period of major change and innovation. During the Second World War, work for the armed services considerably widened the experience of many psychiatrists; and I was one of them. My formal qualifications were modest; but my temperament had elements of empathy and enthusiasm – also of restlessness and a recurrent desire for change. Anyhow, I held a wide variety of jobs; and I enjoyed them all. I was lucky in meeting a lot of interesting people.

We were talking earlier about the importance of opportunism. What was the importance of opportunism in your career?

Firstly, I would repeat a mention of the fact of my restless temperament, always changing appointments. It seems to me that if a psychiatrist has profound research interests, which I was never trained for, he may be able to endure the tedium of staying in one appointment for a long time. If his interests lie in clinical matters and the social forces working upon them, he may feel more anxious to change his work from time to time. At least, that's a very plausible rationalisation!

A restless temperament may have an impact on family life.

My wife and I had six children. They all went to day schools. Whenever I wanted a change of job, I always had to bear in mind two things. I had to confine my applications to places where there were good day schools nearby. And, as far as possible, I avoided moving during the school year preceding any child's entry for a public examination. It was like a game of chess!

Your contribution was related to clinical matters and social forces that you talked about. What clinical tradition were you in? Were you a pure alienist?

I would say I belonged, from the beginning to the mental hospital doctor tradition, an element important in clinical service but which doesn't tend to loom very large in histories. When I began, I was a pure alienist. All this terminology is linked with medical history; I am thinking of the period from 1934 to 1939. My psychotherapist father-in-law Millais Culpin, would reject with contumely the label 'psychiatrist', which, in any case, was a little newfangled. The old terms were something like this; if you were at teaching hospital, you were a physician in psychological medicine; if you were at an ordinary mental hospital, you were called a mental hospital medical officer. The term psychiatrist only came in gradually; and so oppositional were those three groups, in that period before the Second World War, that a psychotherapist would not allow me to call him a psychiatrist.

What did it conjure up in those days, the idea of a psychiatrist?

What it conjured up in *his* mind was the picture of a dug-in and blinkered asylum medical superintendent. Of course, there were some such medical superintendents, who, though devoted to their own work, would express very dogmatic and mistaken ideas about the neuroses. They were just as capable, as a neurologist of an earlier period, of calling psychoanalysis 'this filthy thing that came out of Vienna'.

In private practice there were, of course, psychotherapists, and alienists, and specialists in psychological medicine, who would see some of the patients; but the lion's share were seen by neurologists, who indeed got their intellectual satisfaction from their morbid anatomy, but their main income from neuroses.

So you had appointments at Hill End Mental Hospital, St Alban's, the General Hospital in Northampton, St Crispins in Northampton and again at Hill End, in the early part of your career. What were things like in psychiatry in those dark ages?

Let me point out in passing that your "dark ages" may have been a bit dark; but we mustn't slip from that admission into an idea that the chaps working in the field were inferior people. I feel this quite strongly, because of the able people I have worked with, and was influenced by. At my very first entry into the subject, our classification tended to be Kraepelinian, and our management tended to be largely custodial, not because of any nihilism on our part but because effective treatments were so limited.

You decided to go into psychiatry in the mid-thirties. What was it that led you in this direction? Or who was it?

My first job in a mental hospital was a convenient four-month *locum tenens* job. It's worth remembering, perhaps, that, while I was doing that, I went round telling all my friends on social occasions that I hadn't the least intention of staying in psychiatry. This is a reflection of the low status of the subject in those days. But it happened that I found doing that locum extremely interesting, far more than I had expected. Incidentally, when I did that locum I thought I had untold wealth. I took all my friends to the Russian Ballet on it!

In general, mental hospital medical officers were paid comparatively well, perhaps because the medical status of such jobs was rather low.

You found it interesting.

It was partly because I had escaped from the general hospital system into a place where my own responsibility was greater, and where the work had enormous human appeal. Nonetheless, I was influenced enough by the semi-stigma on the subject of psychiatry among doctors, not to plan to do anything more than that *locum tenens* post. I went away, and did a house physician job, and had set my heart on a certain further HP job, which I didn't happen to get; and just at that time I had a very attractive offer from that

same mental hospital to come back to them. That was at Hill End, near St Alban's, under a devoted medical superintendent called W. J. T. Kimber.

What was this attractive offer?

It was to go back to the same mental hospital but, instead of being a junior medical officer, to be a middle-rank officer, and also to be offered full encouragement to get on with training for the diploma in psychological medicine.

What was training like in those days?

It was limited. In the part-time training at the Maudsley Hospital, one visited the Maudsley two or three times a week, just for the afternoon. It was not full-time. Mind you, it was very interesting. There were famous characters there, like Frederick Golla and Edward Mapother.

What is your memory of them?

Golla was a wonderfully ironical teacher. Mapother presented the classical descriptive psychiatry of the time.

Your first senior appointment was in 1936 as Deputy Medical Superintendent at the Central Hospital Warwick. I would be interested to hear about your views about the development of psychiatry leading up to and after the war, because I see this as the watershed between the 'dark ages' and the period of enlightenment or renaissance.

Let me first refer to that particular job. I went to the Deputy Medical Superintendent of the hospital, under Dr David Parfitt, an outstandingly able medical superintendent, who taught me a lot.

What I would like to emphasise about the quasi-political situation in psychiatry, say from 1936 leading up to 1939, was that the different aspects of psychiatry were managed much more separately than they are nowadays. First, there were the considerable numbers of psychiatrists working in the ordinary mental hospitals of the country, whose society was the Royal Medico-Psychological Association. Then there was the Maudsley (and indeed Edinburgh, but I know no details about that), where academic psychiatry was beginning to be built up. And, of course, there were the psychotherapists, including the full-blown analysts.

By the way, don't imagine that the psychotherapists held their meetings within the RMPA; they would be much more likely, as I remember it, to hold them in the setting of the medical section of the British Psychological Society. That may illustrate how separate they were.

There was considerable difference of opinion between those three elements, and not a lot of contact, which was a situation rather different from what applies today. Of course, the war made a big difference.

Before 1939, the British Authorities, who knew something of the history of psychiatric casualties in the armed services during the First World War, did something they hadn't done for the First World War, that is, they made some preparation, at least by appointing chief psychiatrists for the three armed services. For the RAF, there was the neurologist and neuropsychiatrists C. P. Symonds (together with R. D. Gillespie at first); and for the Royal Navy there was Desmond Curran.

But for the Army there was Dr J. R. Rees, who was an important figure for me. The Army psychiatric service, sometimes working closely with the psychologists, civil servants, and others of the Army Psychological Service, made a large contribution to the nation's effort in the Second World War. I am only competent to talk about the Army Psychiatric Service itself. This was the largest of the three armed-service psychiatric systems, much the most varied, and very much the most strongly influenced by social factors. Incidentally, it constituted a continuing psychiatric education for myself.

How did Rees influence you?

I should explain first of all that, when I did my first permanent job in a mental hospital between 1934 and 1936, and took an external training at the Maudsley; I not only did that, which was the respectable thing to do, but I also used to go privately to lectures at the Tavistock Clinic, because I thought there must be more than one side to psychological medicine.

So I had heard Dr J. R. Rees give psychotherapy lectures before the war; but during the war I was more impressed by the managerial aspects of his psychiatry, his amazing breadth of vision, and his constructive ability to penetrate non-medical aspects of the Army; also by his unique capacity to recruit considerable numbers of psychiatrists from *all* those separate groups that I have mentioned to you before, and to bind them into a surprisingly united team, co-operating remarkably well and learning a great deal from each other.

So you took from this experience the idea of management and social context. That influenced you in your later career. Going back, you were involved with a number of people, for example, Millais Culpin, Ernest Jones, Emanuel Miller and Edward Glover.

You may be interested to know that the first lectures on the psycho-neuroses, as such, in any medical school in London, were given some time in the 1920s, following the appointment of my father-in-law, Millais Culpin, to The London Hospital.

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Millais Culpin was born in London. He went to Queensland as a boy, for the sake of his father's chest condition. He came back from Australia to The London to read medicine. He was a bright chap, and took his surgical Fellowship, and became a highly successful surgeon in Shanghai, where he had a London Hospital nurse as his hospital matron, whom he subsequently married. Then in 1914 his wife persuaded him to come back to England. The First World War broke out as they were sailing back to England.

He joined the RAMC, as a surgeon. In those days, conversion hysteria was much commoner than in the Second World War. He, as a surgeon on medical boards, had so many men sent to him with hysterical paralysis and so on, that he had frightful rows on medical boards, trying to prove to his colleagues that the condition before them was not organic in origin.

And so in the year 1917, when the British military medical authorities at long last admitted that they would have to do something about the loss of manpower by "shell-shock" breakdowns, he volunteered to go for a short intensive course in psychotherapy at Maghull Hospital, near Liverpool. In 1920, the Cambridge University Press published his first book, entitled *Psychoneuroses of War and Peace*.

An extraordinary career.

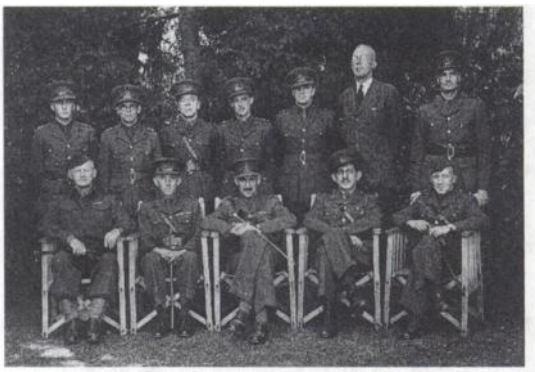
Then, after the Great War, he did research for the Industrial Health Research Board on telegraphist's cramp and miner's nystagmus and so on. But I'm mainly mentioning him, because he must be the first teaching hospital lecturer in the psycho-neuroses who was a psychotherapist rather than a pure alienist.

You were acquainted with the Worthing Experiment. Can you tell me about that?

Well, after I had been Deputy Medical Superintendent at Warwick for three years, I moved to a similar post at Graylingwell Hospital in West Sussex, and worked under Dr Joshuah Carse. Dr Carse was a reserved, stiff sort of person, but devoted to his work and quite imaginative; and he carried out, as you have noted, the Worthing Experiment, which was to develop the psychiatric work of a small town in Sussex, and to staff clinics and so on *from* the mental hospital, but with maximum independence to permit more flexible and modern arrangements.

The period at Graylingwell was intercalated with service in the Royal Army Medical Corps. Eventually you attained the rank of Lieutenant Colonel, and you were awarded the OBE.

You know what it's like with these decorations and awards. If a team does a specially useful job, a decoration is usually handed out, and usually it comes to the chap in charge; and it happened that for a period of 19 months I had been the adviser in psychiatry to General Eisenhower's Headquarters in the Mediterranean. The main part of the clinical work was done by the wonderful team of colleagues I had; and I got the OBE.



Back row, *From the left, Denis Carroll, the psychoanalyst who helped to found the Institute for the Scientific Treatment of Delinquency, which preceded the Portman Clinic; Alan Maberley, a child psychiatrist; Stephen MacKeith; Geoffrey Thompson; A. T. McBeth Wilson, who ended up after the war as Professor of Organisational Behaviour at the London Business School; Adrian Stephen, psychoanalyst and brother of Virginia Woolf; and Paterson-Brown.*
Front row, *first on the left is J. A. Hadfield of the Tavistock Clinic, who wrote well-known textbooks; E. A. Bennet, who had a Military Cross from the First World War as a Chaplain. In the middle is the Commanding officer of the Depot; next comes Emanuel Miller, (the father of Jonathan); and last comes another Tavistock clinic chap, whose name I cannot remember. (RAMC Depot at Church Crookham, near Aldershot).*

I think that another important theme that emerged, around this period in your career, was liaison with psychologists and with the Emergency Medical Service.

Yes, work with psychologists was an important aspect. Moreover, in a larger part of their work with the Army in the UK, Army psychiatrists were working closely with members of the Army Personnel Selection Service, in the military 'vocational guidance' which went by the name of the 'General Service Recruit Intake Procedure'.

What contact did you have with the Emergency Medical Service hospitals?

Army psychiatrists working in the UK often had links with the EMS psychiatric hospitals. As you may

know, during the war the Maudsley staff was, in effect, split, half of it going to a South London EMS hospital, Sutton, and half of it going to a North London hospital, Mill Hill.

Aubrey Lewis went to Mill Hill. A pleasant little story was told about him at the time. There was a very able Welsh woman who was doing war work in Mill Hill hospital. I don't know in what capacity, quite a modest capacity perhaps. She had a very long journey to work, and the buses were very crowded, and she always took a book to read. On that particular morning the book she had with her was 'The Golden Bough', by Sir James Frazer. At a certain stop, onto the bus got a doctor going to Mill Hill. I don't know whether she knew him, but I think that she knew he was a doctor from Mill Hill. Anyhow, the bus was crowded, and Aubrey Lewis got in, and sat down on an empty seat next to her. As they trundled along on their journey, he looked across, and saw what she was reading, and he said to her: "I read that book when I was at school; and she said to him "Weren't you a clever little boy"!

I have always remembered that story because she was, in fact, Mrs Linford Rees.

Your next substantial post was as Medical Superintendent of Napsbury Hospital between 1946 and 1950. During that time the NHS was beginning. What is your recollection of those changes?

I was chiefly interested in the general situation. It is quite strange to look back, and to remember how heartfelt and passionate was the opposition to the NHS by many doctors. I can remember going to a local BMA meeting in St Alban's where the subject was, once again, debated. I made a few comments in favour of the National Health Service Bill; and as soon as I sat down another doctor, a distinguished pathologist from Bart's, got up and said: "What MacKeith has just said is neither English nor Christian". This is vivid in my memory; but the strange thing is to think how "historical" that all sounds now.

What I *would* like to say is that for psychiatry the biggest crisis about the National Health Service was that at one time it was proposed that the psychiatric services should not be included in the national scheme. I am very happy that that proposal was discarded.

And the role of the local authorities?

The mental hospitals, in fact, had always been managed on a local authority basis. Thus when I began as Medical Superintendent of Napsbury Hospital in 1946, it was for the Middlesex County Council.

Resources may be given to local authorities to develop community care, but without a promise that it should be ring-fenced. If the priority is to fill a hole in the road or *deal with a child abuse case, the care for people with mental illness will be neglected. Did it seem like that then?*

You have to remember the total national setting in which a National Health Service was being planned. There was a change of government, and a very strong feeling in the country then, that now was the time when we were going to plan better things. That optimistic, perhaps over-optimistic sort of atmosphere is not one in which you anticipate difficulties of the kind you're mentioning.

You were talking about your time as a Medical Superintendent at Napsbury Hospital. What was your work? What were you aiming to achieve? What direction were you taking things in, from a clinical point of view?

That's awfully difficult to answer because it didn't seem that we were doing anything as grandiose as that. There were patients coming into the hospital, let alone the out-patient clinics. We had to use, as best we might, the most up-to-date and promising of physical and other treatments. We had to deal with the load. We had to try to run a humane hospital. And, of course, there was plenty of incidental modernisation to do, such as removing the old iron railings round the "airing courts". It kept us all busy; but it didn't produce, in my mind, the feeling of a great major plan.

There was one innovation, which I personally very much enjoyed. I introduced in 1947 a series of Wednesday evening informal talks by outside speakers. These were attended, quite voluntarily, by the medical staff of Napsbury and of various neighbouring psychiatric hospitals. Our visitors, some of them very well-known, were paid no fee; but they all seemed to enjoy the occasion.

I'm going to pick-up on something we've neglected, that's your contact with the Tavistock Clinic. During your time at Napsbury Hospital, you once met Pierre Janet and heard him lecture; you had supper with C. G. Jung. Can you tell me how your psychotherapeutic interests developed?

The shortest answer to that is to say that I went to lectures at the Tavistock Clinic way back in the 1934 to 1936 period when I had my first permanent mental hospital job. And socially I came to know a family living in Regents Park, which included a beautiful and clever daughter. Her father happened to be a psychotherapist. This brought me socially into touch with a number of analysts and other psychotherapists, about whose work I wasn't at all well

informed; I just met them. I was teased by the family of my fiancee, because I went to a cocktail party at their house, and after it was over, we discussed who had been there; and they asked me did I talk to Ernest Jones. I didn't know who Ernest Jones was; but eventually I said to them, "Oh, you mean that funny little Welshman standing by the mantlepiece; I thought he was rather knowledgeable".

Did you form a view about Ernest Jones?

I soon learnt that he was a very important figure. He had his own human and rather comical side too. Years later, in May of 1940, he and his wife, with their children, came to tea with us at Graylingwell. It was summer, and our first child and another child were playing naked on a little terrace. As the Joneses arrived and came round the corner of the house, their daughter, Nesta, said: "Look daddy, they're naked!" Ernest Jones replied: "As indeed, my dear, we all came into the world." I just thought his remark was rather solemn.

In 1950 you moved from Napsbury to become a Consultant Psychiatrist of the East Anglian Regional Board at Hellesdon Hospital, Norwich; but before we go on to that, how were people like you viewed, people who were working as Superintendents in medical hospitals, from the academic side? For example, how would someone like Aubrey Lewis have regarded working at Napsbury Hospital?

I never worked clinically with him, but I used to come across him from time to time. He did, at one time, negotiate with me about the possibility of Maudsley Hospital registrars doing a stint at Napsbury Hospital. It never came to anything because, with my views at the time, I thought that they ought to work there for a year or more, and he thought only of them doing six months. Although I didn't ever work with Aubrey, I came to know him as a person; and I was always much impressed by his charm.

I remember once he told me about his time in Adelaide, where he was at a day school. He would come home from school wearing his satchel. He would reach his parents' house which, of course, being in Adelaide, had a veranda. On the veranda there was a long book-case containing the full-size Encyclopedia Britannica. On the top of this book-case there were always bowls of fruit – you know how marvellous Australian fruit is! Aubrey used to drop his satchel on the floor of the veranda, takes a piece of fruit out of one of the bowls, casually pick a volume of the encyclopedia from the shelf below, and open the book and read. I think this must be why Aubrey used to know such a lot about everything!

Perhaps so! We move on to your period at Hellesdon Hospital.

A family snapshot, taken at Graylingwell on Whitsunday, 1940: Ernest Jones and his family (he is on the right of the picture); also Millais Culpin and his wife; Stephen MacKeith; James MacKeith and his cousin, Jacqueline.

I had a good time, an interesting time, as medical superintendent of Napsbury Hospital; but I found that in a hospital, as it then was, of 2,000 beds, the amount of administrative work I had to do was, in my view, quite excessive. Moreover, I was horrified by the idea that, if I followed the usual practice, I would be there as superintendent of that hospital for 25 years! I couldn't stand that prospect so I went off and applied for a clinical job in the provinces in Norfolk.

I became a medical member of that particular Regional Hospital Board, which was instructive to me: one came to know better how the National Health Service was run, and there was a good deal to learn about that.

But even more educational was the fact that during this time, I did two short consultant jobs for the World Health Organisation – one of them was in Malaysia, and another in Burma. These were for three or four months; they not only gave me some very interesting travel, but also introduced me to psychiatric work in the totally different circumstances of those countries. That had a curious effect on me. Although the visits were fascinating, and I had to write a report on each tour for the World Health Organisation, the most striking thing was that, when I came back to my work in Norfolk, somehow it all looked fresh, which made me re-think things. That's what I found so constructive.

Did it have an impact on either management or clinical service?

Not directly, for this country: but it had an impact on one's general philosophy and one's understanding of

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psychological medicine in a wider sense. It made me feel how powerful are the unspoken assumptions on which one works.

You moved again in 1957 to become physician superintendent at Warlingham Park Hospital, following Dr T. P. Rees there.

At that time there was a well-esteemed French psychiatrist (I've forgotten his name) who told me that he thought all psychiatrists in the UK were called 'Rees'!

My life in Norfolk had great attractions; but the place had disadvantages of distance, of which you yourself will be aware. Moreover, Warlingham Park Hospital was not only near London but had, itself, under the management of Dr Rees, a national and indeed an international reputation for its progressiveness; so I was a bit flattered when people suggested that I should go for that job. In fact, I fancy I learnt more from that hospital than the hospital learnt from me.

T. P. Rees had greatly modernised and liberalised the management of the hospital; and I found that many of his innovations were very wise and progressive.

He was, of course, one of the first people who began the policy of the so-called 'open door'; but he also was not averse to starting special units. For instance, Warlingham Park in those days was well known for its in-patient unit for alcoholics.

Rees also persuaded the King Edward's Hospital Fund for London to build a large and beautiful recreational centre for the hospital, which had an immense humanising influence on the life of the long-term patients. Art and music facilities were good.

While I think of it, I would like to refer to something that is rather important for the history of British psychiatry. In 1959, when I was at Warlingham Park, there was founded a small group, originally called 'The Group for the representation of the views of clinical psychiatrists'. This was spoken of as a society for the abolition of medical superintendents; but that's a gross over-simplification of its views. The group had an immense influence; it encouraged young consultants to push for many kinds of change.

The reason why they became so important is that that Group, which was later called the Society of Clinical Psychiatrists, had many able people in it, but especially John Howells. This was the heart of the body of opinion which produced The Royal College of Psychiatrists, in spite of the prolonged opposition of a number of very highly placed figures in psychiatry. If you want a good adventure story, read John Howells' story of the founding of the Royal College of Psychiatrists in that recent volume, *150 Years of British Psychiatry*. It's a very remarkable story; that's why I note with such emphasis this date, 1959, when that Group was first formed.

Did you play a role in that Group?

No, I didn't. The main reason why I was never invited to join it was that I was, at that time, a Medical Superintendent!

But you were in sympathy with their views?

I had considerable sympathy with their views; in fact, on arriving at Warlingham Park Hospital, almost the first thing I did was to institute a Medical Committee there, with influence on the management of the hospital.

You had another period of service with WHO, working for its European Division in a study group on psychiatric nursing care.

We were preparing a report on what was needed in a modern psychiatric nurse. Of course, there were a number of Nursing Officers on the Committee; so that was a very instructive time for me in Copenhagen.

And you were a member of the Keppel Club?

The Keppel Club was a very unusual group. It met mainly in the winter and spring months, at the London School of Hygiene and Tropical Medicine. It was a private discussion group for questions of medico-social policy and research. For a number of years Professor Titmuss was its Chairman; and I followed him.

Were any other psychiatrists involved there?

No, not regularly. That, for me, was the whole point – to get away from psychiatry for a bit!

You don't pretend to any special interest in research in psychiatry; at the same time you haven't expressed any antipathy towards it. What's your view about the great divide that there has been between clinical and academic psychiatry?

My first thought on that subject is a personal one. I do wish that some research workers did not give, sometimes, the impression that they think they have a monopoly of critical thought, that research work is the only approach. But that, I suppose is a piece of bad temper on my part. In fact, however, I greatly respect research work; and I strongly support the basic training of juniors in research methods.

Once again you moved, in 1964, to an appointment as Consultant Psychiatrist to the Wessex Regional Health Board at Knowle and the Royal South Hants; and you became Regional Tutor in Psychiatry.

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I would like to take up this theme now, your interest in education and training of psychiatrists, and ask you about how that developed in that particular post. Did you move there to take up a post of this type?

I was, as it were, sought out for it. People from the Wessex Regional Health Board came to see me at Warlingham, and suggested that I should put in for it. I was told to apply for a clinical job, which is what I took up in 1964; but the plan was always that I should develop a local day-release postgraduate school of psychiatry for the Wessex Region, and that is what I did.

Was this a new development in a national context?

Yes. At that time the University of Southampton had no medical school.

How did you set about the task, and how did you structure the course?

The first thing to emphasise is that it was conducted on a once-a-week day-release basis. Fortunately the Wessex Hospital Region was small enough for the travelling involved to be manageable.

The plan was just part of the generally progressive work of the Wessex Regional Hospital Board. The Board's Chief Medical Officer, Dr (later Sir) John Revans, formed the opinion, before there was a medical school at the University of Southampton, that in any case the Region needed a post-graduate school of psychiatry for its psychiatric registrars and senior registrars.

I went to Hampshire in 1964, I began organising lectures in 1965, and by 1967 we had the system running well. It was one of the earliest, if not the earliest, of such schools. In those early days there was also an able chap called Marshall Annear, at Morgannwg in Wales, who built up his own system.

Training developed by chance, so to speak: interested individuals in particular places developing it.

Not at all by chance. There was a distinguished national health official, called the Honourable Walter Maclay, who was strongly in favour of such progressive educational ideas. There was Revans, that highly progressive chief medical officer at the Regional Hospital Board. There was Angus Galbraith the Medical Superintendent of Knowle mental hospital, which was geographically central in the Region; and he was keen on the plan.

These three plotted the scheme in outline; and they built a little hutted school at Knowle. They started looking for a suitable chap to run it, which is why I was visited at Warlingham Park. So it was not so much chance, as a co-ordinated effort by a number of senior clinical and administrative staff.

I was thinking, though, about the national context and how this system of training developed nationally.

The Royal Medico-Psychological Association, as it then was, soon formed an informal committee or sub-committee of the Association, made up of, by now, a certain number of different people who were making special efforts at local psychiatric education. I took part in that at the beginning; but I didn't continue with it for long.

Now of course, the College has developed its elaborate and admirable system of training, inspection and examination.

In 1967 you became Regional Postgraduate Adviser in Psychiatry to the new Medical School of the University of Southampton, and official Organiser of the Wessex Regional School of Psychiatry; so academia finally claimed you.

If you like to put it that way! But the person who really raised standards at the Wessex Regional School of Psychiatry was Ian Skottowe, a distinguished psychiatrist who had worked in other health regions in this country, but had retired to Winchester. Dr Galbraith, the local Medical Superintendent, dug him out; and he played a major part in getting the school going. We had a wonderful time together. We even got the then Vice-Chancellor of the University of Southampton, Kenneth Mather, a geneticist and a Fellow of the Royal Society, to give a short series of talks on genetics. How proud we were to have an FRS on our 'staff'!

Tell me about your views on interdisciplinary courses, and how these developed.

The Wessex Regional School of Psychiatry made its main efforts in the direction of all kinds of training and instruction for Part I and Part II of the Diploma in Psychological Medicine, before the College's examination structure developed; but it was also concerned about instruction in certain special topics like mental subnormality and certain aspects of child psychiatry.

It was for those topics that I first found that instruction and teaching was much better and more effective when given on an interdisciplinary basis. I hold this view very strongly for certain aspects of psychiatry.

What are your views on professionalism and the need to study it objectively?

My interest is very general and not limited to psychiatry. I've become very tired of the two opposed extreme views held in this field. Members, especially of the more ancient professions, and their Colleges and other institutions, seem to demand from the young, unquestioning respect for the ancient history

and traditions of such and such a profession, as though a profession were wholly a good thing. At the other extreme, an increasing number of people seem to regard the professions as though they were purely a method of holding the public to ransom.

I believe that, in the teaching of undergraduate and post-graduate students, the characteristics of professionalism, its advantages and disadvantages, should be openly discussed. This is quite easy to do, if we draw upon some of the more scholarly of the sociological studies that have been made on the subject. Some of these are very illuminating indeed.

The question interests me greatly as a theoretical subject; but surely it must influence considerably the way medicine moulds itself in the future. Perhaps closer to psychiatry in particular, is the scrutiny of some of the basic assumptions made by the practitioners of psychiatry. Read Berrios' article in *150 Years of Psychiatry*. He raises some very interesting issues about assumptions that we make about our subject.

If I read him right, he mentions our failure to come out firmly in one or other direction about the fundamental nature of mental illness. Is it an illness in the sense of something quite distinct from normal physical and mental life, or is it a question of the extremes of deviations? I think Berrios uses the terms 'discontinuity' and 'continuity' in that connection.

More generally, I fancy that there is sometimes a failure in our specialty, including the teachers of our specialty, to lay open to undergraduates and post-graduate students, some of the assumptions that are made which are unproven, some of the differences of opinion which are fundamental and not faced.

What do you think the College's role is in professionalism and the development of, if I can so call it, a radical approach to professionalism?

I have been away from both clinical work and from psychiatric management for a long time, so my comments must be tentative.

As regards psychiatry and the general public, public education is obviously of great importance; and I welcome the College's new pamphlets as admirable. But we need progressively to modernise and democratise the psychiatrist-patient relationship in the actual *clinical situation*. Of course, it makes a considerable difference whether that situation is acute, subacute or chronic in nature. (That difference, by the way, is also relevant to questions of 'independence' in multidisciplinary teams).

You retired in 1973?

I didn't retire at one bang. I retired from whole-time service at the age of 61; but I then entered a long period of diminishing sessional employment. My last job was in health education.

You're still at work. You gave a paper this month at the Annual Conference of the Developmental Psychology Section of the British Psychological Society.

That's because my hobby in retirement is in subjects outside psychiatry, especially psychology and most especially developmental psychology. I didn't want to go on doing psychiatric *locum tenens* jobs until I became frail. I wanted to cut loose from psychiatry and have a change.

I now spend much of my time on psychology. My Visiting Fellowship in the Department of Psychology at Southampton, is entirely honorary. This means that I can concentrate on any particular narrow field of psychology that interests *me*; and my subject *is* a slightly unusual one. I'm interested in the psychological study of imagining and fantasy and pretending and make-believe and so on. I must stress that my interest is now developmental, and *not* clinical.

How do you study these phenomena?

Well, most imaginings are ephemeral and fleeting; but there are a few forms of fantasy which are much better remembered. For instance, there are some children, normal healthy children, who imagine a private world of their own, and keep reverting to it, elaborating it and systematising it. They tend to maintain such a world, not just for a few days or weeks, but for months and years. They remember everything about them, on into adult life, with remarkable accuracy and detail. That's one kind of imagining on which I have worked. Such private worlds are called paracosms.

What are your views about the future development of psychiatry? What you have done represents a model for the future psychiatrist in the changing Health Service environment that we have; you have been a person who has been lucky, you've moved around, you've done a lot of interesting things, you've enjoyed yourself, you've had a fulfilling career.

I am fascinated, stepping back now in retirement, by the way that psychiatry is far more influenced by the state of general and specialised *public* opinion that it ever admits to itself. I belong to a generation which still has the habit of using, in its solemn moments, odd Latin tags. My favourite Latin tag in this connection is *Tempora mutantur nos et mutamur in illis*, which I think means 'Times are changing and we are changing in them'.

This is a very powerful impression of mine about psychiatry, that, through all the decades that I've lived through (and previous decades whose representatives I have talked to in the past), in a steady and

Birthday portrait of Grandpa by Alexander (age 5), 20 September 1971.

almost un-noticed way fundamental assumptions in psychiatry have changed. I think this should be realised more vividly by present-day psychiatrists. An obvious and gross example is the things which the feminists, and some others, are teaching us about past fantastic assumptions about women and their role in society. Those assumptions were part of the basis on which British psychiatry was first built. Have we totally abandoned them yet? That question is *far* more important than the latest antidepressive drug.

So, as a 'shock treatment', I would prescribe for the new registrars and senior registrars that they must read something like, say: Elaine Showalter's *The Female Malady*! It will give them a pain; but at least it'll be good for them! Some of the assumptions of past public opinion we, as psychiatrists, are inclined to rationalise in our professional work.

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