

The College

Autumn Quarterly Meeting 1992

The Autumn Quarterly Meeting was held at the Birmingham Metropole Hotel, National Exhibition Centre, Birmingham on 14 and 15 October 1992.

Business Meeting

The business meeting was held on Thursday, 15 October 1992, attended by 50 Members of the College.

Minutes

The minutes of the Spring Quarterly meeting held at Ninewells Hospital and University of Dundee on 7 and 8 April 1992 were approved and signed.

Registrar's Report

The Annual General Meeting in Dublin was held at the end of July and this Quarterly Meeting is held somewhat earlier than usual in October. Thus, there has not been a meeting of Council between the two, so that the activities of the College to report are somewhat limited in number.

During the summer the report of the 'Inquiry' conducted by Louis Blom Cooper into the events at Ashworth Hospital was published. This makes highly disturbing reading which is relevant for all Sections of the College. A Working Party under the chairmanship of Professor Arthur Crisp has been convened to produce the College response.

A census will be held by the College through its Deputy Regional Advisers to determine the exact numbers of psychiatrists in the various grades. The census date was 30 September 1992. The information from this will be of very considerable value in planning for the future, as well as indicating present strengths and weaknesses as far as manpower is concerned.

London is in a considerably anxious state awaiting the results and deliberations of the Tomlinson Committee. Rumours are rife and this has had an understandable effect on morale in hospital medicine in London. It is highly likely that there will be major changes which will have a profound effect upon training of young doctors, research and the well-being of Londoners themselves.

The Memorial Service for Professor Ken Rawnsley is due to take place on Friday 23 October, at St Pauls, Knightsbridge at 12 o'clock. All members of the College are most welcome.

The present meeting is an unusual one with particular emphasis on forging links with Europe and has been also enriched by the presence of three of the five new Honorary Fellows elected and admitted today. Dame Elizabeth Butler Sloss will receive her Fellowship during the Winter Quarterly Meeting. We hope very much that Mrs Mary Robinson, President of Ireland, will be able to receive her Honorary Fellowship during the Annual Meeting to be held in Cork in 1994.

Election and Introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

Dr Philip Connell (introduced by Dr J. L. T. Birley, read on behalf of Professor N. Kessel)

In awarding the Honorary Fellowship of the College to Philip Henry Connell, CBE, MD, FRCP, and a long time Fellow of this College we do honour to a colleague of great distinction.

He is, indeed, well known in Belgrave Square, such a suitable address for the headquarters of a speciality that prides itself on its links with the community. It has been sanctioned by W. S. Gilbert:

Hearts just as pure and fair
May beat in Belgrave Square
As in the lowly air
of Seven Dials.

Nor is that inapt, for in Seven Dials a lot of London's drug dealing goes on, and more of that later.

Connell was the first Chairman of the Child and Adolescent Section of the College, and was, from 1979 until this year, its representative on the General Medical College. He was also Vice-President of the College. I am not sure of the functions of that office, but I know everything else that he has done as I have known him for 40 years now, and have followed him in many of the turns of his career.

We met in 1952 when we were both medical Senior House Officers at St Stephen's Hospital in Chelsea. He moved to the Maudsley the following year, coming under the influence of Dr D. L. Davies, who fostered his interest in the psychiatric sequelae of amphetamine ingestion. His research, including personally conducting the accompanying biochemical studies, formed his doctoral thesis and was published as a Maudsley Monograph. There are not many who can justifiably claim to have discovered one of the causes of Bleuler's 'group of schizophrenias'.

However, his first specialisation was in child psychiatry and in 1957 he went as its first specialist to Newcastle, returning as a consultant in child psychiatry at the Maudsley in 1963. His responsibilities for adolescents coincided with the spread of drinamyl taking among them. Connell was the right man in the right place and found himself, though the process was much more active, setting up the drug dependence clinical and research unit at the Royal Bethlem. So was the other limb of his future career determined, although we should not forget that he always continued in child psychiatry practice.

I need not relate all the committees he has served on, many for this College, nor the bodies of which he has been a member or chairman. They include hospital and national committees, WHO, United Nations' and Council of Europe. He has been an adviser to the DHSS, Chairman of the Institute for the Study of Drug Dependence, President of the Society for the Study of Addictions, and, above all, Chairman of the Home Office's Statutory Advisory Council on the Misuse of Drugs. This was no mean task. It contained representatives of diverse interests, those wanting to deal with the problem by changing society, those believing that social work was all, those who considered that the only effective preventive measures were detection and seizure of imports and those who claimed that extending psychiatric services would cure addicts of their habit. Connell was a very good Chairman. He was deft with the lefties; he could restrain exuberance while leaving enthusiasm intact.

His last endeavour, less well known, is equally important. Connell became the General Medical Council's Screener for Health, a post he recently relinquished. He was responsible for identifying sick doctors and accepting them under the Health Procedures so that they could be treated rather than disciplined. It was Connell's task to send them for medical, generally psychiatric, examination, and prescribe appropriate limitations on their behaviour and practice as well as setting up supervisory procedures designed to protect the public and at the same time rehabilitate the sick doctor. The task called for a compassion joined with firmness. Since he brought me up to succeed him I know from first

hand how well he performed it. Once again the right man was there to do the right job.

President, Dr Connell is always saying that he turned his back upon being "a narrow academic." Yet to have to one's credit an important piece of research, a vast number of publications, to have trained many of our experts in drug dependence, to have influenced the affairs of a great teaching hospital and of important national and international bodies, and to have cared for many members of our profession, to have, in sum, done well by students, colleagues, the speciality and the public, is not such an unacademic record.

In honouring Philip Connell the College is honouring itself.

Dr Melvin Sabshin (introduced by Sir Martin Roth)

It gives me particular satisfaction to introduce Dr Melvyn Sabshin whose work in the past 20 years as Clinical Director of the American Psychiatric Association has helped significantly to elevate North American psychiatry to its position of eminence in world psychiatry.

After graduation from Tulane School of Medicine in 1948 and a period in residences and a Research Fellowship, Mel Sabshin embarked upon that ordeal by fire of psychoanalytic training over six years (1955–61). Refuting the dark forecasts of some colleagues Melvyn emerged with burgeoning energy, eager to tackle fresh challenges. There is a long list of publications dating from this period and devoted to a range of stringent endocrine and psychological enquiries. As always Melvyn had shown balanced judgement. Clinical practice and research in biological psychiatry by day and psychoanalysis at night. No-one knows when he slept.

Melvyn was working in a fiefdom run by Mayor Daley and known as Chicago. Among the community projects he helped to get off the ground was a major enquiry into the traits and subsequent fate of first grade school children in an appalling slum behind the University of Chicago called Woodlawn. The report that emerged proved widely influential. He had to win the trust of the Black Community leaders and he ran the venture with humanity and outstanding skill. Added to this were his intellectual strength, sensibility and the capacity for looking a long way ahead which had made a deep impression.

His achievements led naturally to his election as Professor and Head of the Department of Psychiatry in 1961, a position he was to hold until 1974. At 36 he was one of the youngest psychiatrists in the USA to have been so enthroned in a major Chair and he rapidly achieved a role of leadership organising collaborative ventures for an attack on pressing social problems among Chicago's five main medical schools.

When elected as its Clinical Director in 1974 the American Psychiatric Association had reached a critical stage in its development. Sabshin judged public respect for psychiatry to have been eroded over the years. Psychiatrists had, in the words of Roy Grinker, been riding madly in all directions. An expansionist spirit prevailed. The problems of war and human aggression, ethics and morality, education and crime, the interpretation of the humanities, philosophical dilemmas and the origins of artistic and scientific inspiration were all judged to be capable of a deeper understanding and resolution by psychiatrists armed with loose psychodynamic ideas. Through doctrinaire separation from medicine it had become unclear what psychiatrists did that psychologists, social workers, sociologists, and lay healers could not do as well or better. The empirical approaches to enquiry had been neglected the need for self-criticism and objective assessment forgotten. Psychiatry was losing its accountability and health departments saw themselves pouring money into a bottomless pit.

There is wide recognition for the fact that the work of Mel Sabshin paid a major contribution to the redirection of policies and revitalisation of the American Psychiatric Association in the past 20 years. His natural flair for administration, clarity of mind and singleness of purpose and his first-hand knowledge of clinical practice and enquiries along a broad spectrum enabled him to exert a wide-ranging influence. Tact, wisdom and other qualities of statesmanship brought him to the forefront in the 'Organisations' of world psychiatry and he played a leading part in the decisions that brought to a halt the abuse of psychiatry in the Soviet Union.

As he has explained in a number of recent papers, he gave powerful support to the view that psychiatry must redefine its identity by specifying the range of skills it was uniquely equipped to bring to bear within the profession of medicine. Scientific development had to be recognised as the keystone to the progress of psychiatry. This did not mean that every step in clinical practice could be scientifically validated. Such a claim could not be advanced for medicine either. But the practice of psychiatry had to be informed by a critical scientific spirit.

There was already a slowly swelling tide of opinion that favoured the development of a more objectively grounded psychiatry. Sabshin recognised its fateful importance for the destinies of American psychiatry. There is a whole host of duties which command the attention of the Clinical Director of a vast organisation such as the APA but needs of biological psychiatry were never forgotten. DSM-III was in the process of development from small beginnings at the University of Washington at St Louis. Mel Sabshin recognised its importance and helped in the allocation of funds required to bring it to fruition. It proved a fruitful investment.

A man with Sabshin's clinical experience could hardly fail to notice the Chinese menu-like qualities and other short-comings of DSM-III. But he detected a large initial step towards a more objective and reliable system of diagnosis and classification. He judged that it would clear the Augean stables of interested theories and practices in the USA and wider afield and render psychiatrists more accountable to those who reimbursed them. DSM-III was making viable contributions to the expansion of neurobiological research.

He was aware of scepticism about the alleged atheoretical character of DSM-III and criticisms of its inflexibility. History and psychodynamics appeared also to have been expunged along with psychoanalysis. Sabshin believed such defects could be reviewed and rectified in the light of experience at a later stage. With all this DSM-III foreshadowed in his view a more solid basis for decisions in clinical practice than the methods of those psychiatrists who preferred to diagnose their cases as a Hamlet, Madam Bovary or Raskolnikov.

Many eminent Presidents of the APA have left a lasting impact upon its character. But Presidents come and go. As an eminent psychiatrist has said "the continuity, conscience and institutional memory of the APA and its invigoration by the ethics, sensitivity and tact of Dr Sabshin have been essential to the organisation's evolving destiny. In these senses Sabshin is the devoted but unseen guiding hand of the APA."

The recent death of his wife Edith, who had been a distinguished psychoanalyst and with whom he had shared adversities, joys and triumphs, has been a tragic loss which he has borne with great fortitude.

Sabshin has taken a keen interest in the activities of this College and has extended gracious hospitality in Washington to many of us in this College and the APA has provided generous support to young British psychiatrists who have settled in the USA. Mr President, Mel Sabshin's natural sensibility and understanding, his freshness of mind and foresight have been major influences in shaping the destinies of the American Psychiatric Association over a period of 20 years. He has a distinguished record of scientific and scholarly achievement and he has played an influential and positive role on the stage of world psychiatry in the last decade. I feel honoured to present him for the award of the highest mark of distinction our organisation can bestow – the Honorary Fellowship of the Royal College.

Professor George Winokur (introduced by Professor A. Gath)

George Winokur was one of the Gang of Three at Washington University, St Louis, Missouri, who

made that department into the centre of excellence for empirical psychiatry in the United States. The other two were Eli Robins, an Honorary Fellow of this College since 1988, and Sam Guze. Not only did an enormous pile of publications come from the department, but it supplied chairmen and professors to many universities eager to adopt a scientific approach to psychiatry. One of the major contributions was the Feighner criteria, known by the name of the first in alphabetical order but undoubtedly a team effort. It was that tradition of working together that made so many psychiatrists look back on the '60s and early '70s in St Louis as such an exciting and influential time in their lives.

In the early 1970s, George moved northwards to Iowa, famous for many years for being the first state to indicate which way America would vote in the presidential elections. The University of Iowa itself was renowned for its Writers School and the department at what was then called the Psychopathic Hospital had an enviable collection of medical records. George and the team who came with him from Washington "U", as it was affectionately called, were quick to see the value of such a collection of data and to appreciate that the population of this charming state were reluctant to leave it and so developed the fruitful work studying the relatives as well as the probands in that collection of charts. The schizophrenia research on the Iowa 500 was developed by Ming Tsuang but the family studies on affective disorder were George's special interest.

Family values are more than topical in this presidential election year, but no one should take more credit than George Winokur for development of family research in psychiatry. The scope and relevance of such research has gathered pace over the years towards the genetic studies and the molecular biology of today. It is typical that all the departments of psychiatry with those interests in the United Kingdom and Ireland count George among their most valued friends.

What is it that has made him so influential as a teacher and as an inspirer of research? What all who have been under his influence say is that it was his constant interest, particularly in the most junior researcher, and his ready availability. His door seemed always to be open and he was there ready to catch an idea and to toss it back in an amazingly short time, with encouragement, challenges and a wide range of information. What impressed this particular refugee from Oxford who arrived in the department in 1976 was the extraordinary effectiveness of his technique of teaching by jokes and leg-pulls. Somehow that produced more enthusiasm for wide reading than solemn exhortations. Most of all, he laughs at himself as when he describes himself as having decided to be a doctor because, as a small boy, he had admired Errol Flynn in such a role.

President, it is with great pride that I present to you someone who has had such an impact on psychiatry in his own country, here in ours and world wide, Professor George Winokur to be an Honorary Fellow of our Royal College.

Election to the Fellowship

Candidates for election to the Fellowship are considered annually by the Court of Electors.

Candidates may not make a personal approach to the College for election, *but must be nominated by two sponsors, who must be Fellows of the College.*

Sponsors should *apply in writing* to the Registrar for the relevant forms. Completed nominations should be submitted to the Registrar by 30 September in any year, for considerations by the Court at its meeting the following February.

Eligibility of nominees

- a. Candidates must either be Members of the College by Examination or more than five years standing, or Members who have been granted exemption from Examination.

- b. The Fellowship is ordinarily awarded to a Member for unusual distinction in teaching, research, and/or administrative ability, or for exceptional service to patients, especially where the supporting services have been inadequate. Sponsors are therefore asked to indicate any factors which go beyond the carrying out of consultant or academic duties by the candidates of their choice.

All sponsors and all successful candidates will be notified by letter of the decision of the Court of Electors.

Individuals elected to the Fellowship become entitled to use the designation FRCPsych after they have paid the prescribed registration fee.