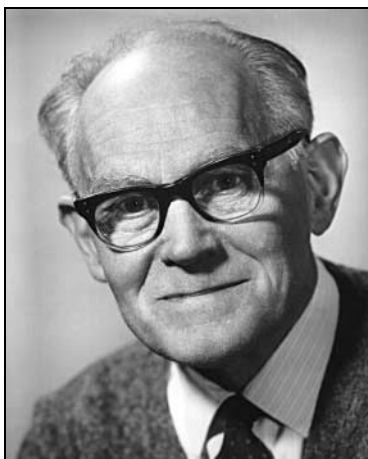




the columns

correspondence

Lionel Penrose, Fellow of the Royal Society



Sir: In 1998 I wrote 'Psychiatrist Fellows of The Royal Society (FRS)' (Bewley, 1998) in the *Bulletin*. This was about psychiatrists who had obtained the FRS, mentioning that there had been three in the last century. I omitted a fourth, Lionel Penrose, who was an outstanding authority on the genetics of mental deficiency and became FRS in 1953.

Lionel Sharples Penrose was born in 1898 and died in 1972. He left school in 1917 and joined the Friends No 5 Ambulance Train of the British Red Cross, serving in France for most of 1918. At that time he attended a lecture on Freud and his teachings and in particular the interpretation of dreams. He joined St John's College, Cambridge (1919–1921) to read the Moral Science Tripos, enjoying mathematics, logic and psychology but not philosophy. A year of psychology followed in the experimental psychology laboratory at Cambridge. He then went to E. Buhler's laboratory in Vienna. At this time Penrose met Sigmund Freud and underwent some analysis sessions with Bernfields as well as joining in the discussions of the Vienna group. He later became sceptical of psychoanalysis and observed of its results that it "led to the acquisition of a quiet effrontery". Nevertheless on his return to England he worked as an analyst at the London Clinic for Psychoanalysis for a short time during his early medical student days. He had decided to study medicine and following pre-clinical work

at Cambridge studied at St Thomas's Hospital from 1926, qualifying in 1928. In 1931 he started his first major project as Research Medical Officer at the Royal Eastern Counties Institute (for patients suffering mental deficiency).

He and his laboratory assistant examined 1280 patients suffering from mental deficiency between 1931 and 1938, and 6629 parents and siblings in more than 400 family histories, all families being visited by a member of the team. In 1939, having finished his work at Colchester, he moved to Canada, becoming Director of Psychiatric Research for the Province of Ontario and also their medical statistician. He developed non-verbal intelligence tests and pattern perception tests studying over 8000 cases of psychiatric disorder. It was at this time he charted the relation between mental illness and criminal behaviour, concluding there was an inverse relationship between the two factors. His pacifism led to his founder membership and Presidency of the Medical Association for the Prevention of War.

He became Professor of Eugenics at the Galton Centre and Consultant Geneticist to University College Hospital, 1945–1965. He later changed the name of the Galton Laboratory to the Department of Human Genetics and Biometry, as he disliked the term eugenics. He had previously changed the title of the *Annals of Eugenics* to *Annals of Human Genetics*. He ended his life MA MD (twice) DSc (three times) FRCP FRS.

It was a serious fault to omit him from the previous paper. I can only draw one conclusion from this: geneticists and members of the Faculty of Learning Disorder do not read the *Bulletin* or they would have written to draw attention to my egregious error.

BEWLEY, T. H. (1998) Psychiatrist Fellows of the Royal Society. *Psychiatric Bulletin*, **2**, 377–380.

Thomas Bewley 4 Grosvenor Gardens Mews North, London SW1W 0JP

Mental illness and the media

Sir: In 'Mental illness and the media' (*Psychiatric Bulletin*, **24**, 345–346) Jim Bolton is right to point out that

psychiatrists should not simply blame the media for stigmatising mental illness, but should learn how to communicate successfully with the media themselves. I would add two points. First, psychiatric patients should also be encouraged to communicate more effectively with the media: the message is more powerful if it comes from them as well rather than just from us. Second, psychiatrists themselves are in part to blame for the stigma of mental illness in their choice of diagnostic terms, for example 'schizophrenia', which is widely taken to mean 'split personality' and is associated, at least in some people's minds, with unpredictable violence (Crichton, 2000).

CRICHTON, P. (2000) A profound duplicity of life uses and misuses of 'schizophrenia' in popular culture and professional diagnosis. *Times Literary Supplement*, March 31.

Paul Crichton Consultant Psychiatrist, Royal Marsden Hospital, Fulham Road, London SW3 6JJ

Driving in Somerset

Sir: The premise of Kolowski and Rossiter's (2000) paper creates a needless dilemma for medical practitioners faced with forgetful drivers. The Driver and Vehicle Licensing Agency (DVLA) *At a Glance Guide* (1999) makes no recommendation that doctors advise those in whom dementia is suspected to stop driving: it states that they must be informed when a diagnosis is made.

Seventeen patients in their study were still driving. Telling all to stop driving means nine would have done so needlessly (no diagnosis of dementia), while others might have continued driving subject to annual renewal of their licence. Driving remains an important activity for people in old age, especially those living in remote and rural areas ill-served by public transport. To deprive them of their transport while they await assessment disadvantages them.

The DVLA emphasises the duties of drivers in relation to their fitness to drive. The advice quoted in the paper prejudices all those with memory problems as incompetent. Were this advice to be incorporated into the guide and medical



columns

practitioners to adhere to it, people with memory problems would be deterred from approaching general practitioners or attending clinics, to their detriment and to the greater public risk.

KOLOWSKI, S. J. & ROSSITER, J. (2000) Driving in Somerset. *Psychiatric Bulletin*, **24**, 304–306.

DRIVER AND VEHICLE LICENSING AGENCY (1999) *At a Glance Guide to the Current Standards of Fitness to Drive*. Swansea Drivers Medical Unit: DVLA.

Joan Barber Consultant Psychiatrist, Garnock Day Hospital, Ayrshire Central Hospital, Kilwinning Road, Irvine KA12 8SS

Christmas Appeal

Sir: Now the season of Christmas is almost upon us and all without regard to race or creed look forward to one of the

happiest times of the year – not so for all. Those of us connected with the Royal Medical Benevolent Fund (RMBF) know only too well the sadness that follows unexpected tragedy within our profession. The hardship that may follow seems magnified at this time of year; all the more poignant when young children are involved.

The generosity of the readers of *BJP* and *PB* last Christmas helped the Fund to distribute additional seasonal support of £75 000 to help bring some semblance of happiness and dignity to those doctors less fortunate than themselves, and particularly their bereaved families. Each year our general grants total well over £800 000.

The Fund always seeks to give this extra help at Christmas with gifts to the children involved. May I therefore ask for your support again this Christmas. The

RMBF is very much your fund and for this reason I am taking this opportunity to write to all doctors. I do hope that this Christmas you will decide to contribute to our appeal. Our ability to help depends upon your generosity. To those of you who are already members and all the other doctors who have helped during the year – thank you. On this occasion I particularly thank those of you who send us a cheque for the first time this Christmas.

Contributions marked 'Christmas Appeal' may be sent to the Chief Executive Officer of the RMBF at 24 King's Road, Wimbledon, London SW19 8QN, or to the Treasurer of your local guild of this Fund. Thank you.

Rodney Sweetnam President of The Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8GN

the college

Twenty-ninth Annual Meeting

July 2000

The Twenty-ninth Annual Meeting of the College was held at the International Conference Centre, Edinburgh, on 3–7 July 2000.

The Business Meeting of the Royal College of Psychiatrists was held on Wednesday 5 July and was chaired by the President, Professor John Cox. It was attended by 180 members of the College. The minutes of the previous meeting held in Birmingham on 1 July 1999 were approved and signed.

The report of the President was received. The report of the Registrar was received. The report of the Treasurer and a summarised version of the annual accounts for 1999 were received and approved. The re-appointment of the auditors was approved. The new fees and subscription rates from 1 January 2001 were approved. The report of the Dean was received. The report of the Editor was received. The report of the Librarian was received.

President's report

Professor Cox reported that the past year had been a particularly busy one for the College as well as being extremely productive. So many activities had taken place, both behind the scenes – with members quietly (and with great commitment) getting on with their work within divisional speciality and educational

domains – and those that had been very public indeed, such as the introduction of the National Service Framework in England and the General Medical Council's (GMC) proposals on revalidation. It had also been necessary to sort out what was 'spin' and what could therefore become 'unspun'!

Yet mental health had remained a high priority of Government, both north and south of the border, and the President believed that the College had developed structures whereby it could now influence politicians looking for votes more directly both through our formalised lobbying at regional and national level and via more informal 'hotlines' to ministers and civil servants in the Department of Health and, more recently, the Home Office.

The appointment of Professor Appleby as the National Director for Mental Health Services – who had the ear of Ministers – was potentially a most significant and welcome development. Council had wisely agreed to his being invited to become an observer at College Council meetings. The likelihood of consistent and informed advice getting through to where it really mattered was therefore increased.

The President believed that the recent work of the College, to an extent symbolised by the high profile media-attended conference in Edinburgh, had also been facilitated by the changes to College structures and functions initiated during the presidencies of Dame Fiona Caldicott

and Dr Robert Kendell, and which were now more fully operational. The new committee structures remained inherently democratic and had, with some fine tuning, enabled the College to tap the resources of the membership and to respond more swiftly to the rapidly changing, very public, world in which the College's work was increasingly carried out. Professor Cox referred specifically to the strengthening of the Executive Committee by the inclusion of all chairmen of faculties and, more recently, the Chairmen of the Irish, Welsh and Scottish Divisions. The establishment of a Single Training Committee, and the greater influence through the Education Committee and Court of Electors regarding the direction and content of the MRCPsych examinations were further positive developments.

The international work of the College was being reviewed, and the recommendations of Dr Kendell's Working Party on this topic were awaited with great interest. Professor Cox hoped that the College would increasingly recognise its international responsibilities, and find ways of making more appropriate links with other psychiatric societies through the World Psychiatric Association, whereby it – and they – could be strengthened.

The President believed that the strength and influence of the College on the wider medical scene remained very