

Obituaries



Stephen Alexander MacKeith OBE, formerly Senior Medical Officer (Health Education) Southampton and S. W. Hants Health District

Stephen MacKeith, a Foundation Fellow of the College, died on 10 September 1995, aged 89. He was a scion of a distinguished medical family which includes his son, James MacKeith, Consultant Forensic Psychiatrist, Maudsley and Bethlem Royal Hospitals.

In April 1989, Stephen wrote a brief autobiographical sketch for his nephew, John, a substantial portion of which, with the permission of the family, is included here.

"I enjoyed living in London, and associating with a wide variety of non-medical friends and acquaintances. I also enjoyed the work at my medical school, St Mary's, Paddington. My book studies, however were scanty and irregular, so that I did not pass my finals in the minimum time. This was valuable practical. I qualified MRCS (Eng), LRCP (Lond) in 1932, and did a couple of 'house jobs'. In the summer of 1933, to fill in time, I spent four months as a locum tenens assistant medical officer at a mental hospital in Hertfordshire. This experience made a great impression on me at the time. When, a few years ago, I wrote a description of it for mental health workers of the present time, I felt that I must be writing about the situation a hundred years ago – not just fifty or so!

In 1934, I accepted a 'permanent' appointment at the same mental hospital. I was strongly attracted to psychological medicine. The people at the hospital had welcomed me back, and made me feel valued. Moreover, it seemed to me that professional competition in psychiatry (in those days) was quite modest, so that, if anyone put his back into his work, his career prospects would look after themselves!

I was fortunate in various respects. The hospital in question was, for those days, efficiently and humanely run, with good standards of general medical care. There were various progressive developments, such as a child guidance service for the whole county. There was easy access to postgraduate training at the Maudsley Hospital and the Tavistock Clinic.

In mental health generally, things were at last on the move. It was less than four years since the coming into force of the 1930 Mental Treatment Act, whereby, for instance, for the first time – believe it or not – ordinary patients had become able to enter a mental hospital for treatment on a voluntary basis.

I spent two happy and instructive years there. I took a special interest in the development of occupational therapy. I attended various part-time postgraduate courses in London, and obtained the Diploma in Psychological Medicine. In 1936, I moved to a mental hospital in the Midlands, as its Deputy Medical Superintendent. Here I learnt more about the latest developments in physical treatment, and followed some minor researches of my own, and considerably extended my experience of out-patient work at my clinics in Coventry and Leamington. In 1939, to supplement my professional knowledge, I moved, again as Deputy Medical Superintendent, to a progressive mental hospital in Sussex. However, soon after my arrival there, the Second World War began; and a year or so later I was commissioned, as an army psychiatrist, into the Royal Army Medical Corps.

Wars are so terrible that I am almost ashamed to say how much I benefited personally from my five and a half years as an army psychiatrist, both in a careerist sense and in the widening of the horizons of my psychological medicine. It would be wearisome for me to list here all my successive and varied army 'postings', even if I mention one or two of them. It will be better to identify some major trends and events which were significant for psychiatry and for medicine generally.

Before the Second World War, psychological medicine in this country, though striving to improve itself, had very modest professional status, and rather tenuous connections with

general medicine. Within itself, the relationship between its various parts were distant and confused. The mental hospitals, though freed from some of their legal trammels, were modernising their medico-social role only in a gradual and patchy fashion. The psychoanalysts and other psychotherapists were devoted to their various gospels; but they remained rather isolated. The psychiatrists of the Maudsley Hospital doughtily defended their scientific banner; but they had not yet exerted much influence on services in the country as a whole. The Emergency Medical Service had been skilfully planned, but as yet it was barely functioning. The Ministries of the three Armed Services had determined that there should be no repetition of the inept handling of psychiatric casualties which had occurred during and after the First World War. Each of the Services had therefore appointed a chief psychiatric or neuro-psychiatric adviser, who was instructed to plan a suitable organisation. Of these, the Army Psychiatric Service, advised by Brigadier J. R. Rees, was by far the largest and most varied. It was concerned, not only with the management of 'battle exhaustion' (shell shock) and other kinds of mental illness, but also with such things as officer selection, the procedures of courts martial, the optimal use of soldiers of below-average intelligence, and various aspects of training and morale. Army psychiatrists collaborated with army psychologists in the carefully planned 'personnel selection' of all new recruits. This list of functions is not complete; but it demonstrates what an extension of medico-social education it was, to serve as an army psychiatrist.

J. R. Rees recruited his medical officers from all the pre-war divisions of psychological medicine which have been described above. He ensured that they worked harmoniously together. That was, for the medical officers concerned, a mutually enriching experience, which had an enormous influence on British psychiatry.

My own first 'posting' was to a military hospital in Aldershot, to assess and treat in-patients and out-patients. Here I had the unusual and instructive opportunity of seeing patients jointly with my father-in-law, Dr Millais Culpin, who had been bombed out of London. He had been a psychotherapist for soldiers during and after the First World War, and had a lot to teach me. This learning experience helped me greatly, especially when, later on, I was Advisor in Psychiatry to General Eisenhower's Allied Forces Headquarters in the Mediterranean Region.

After the war, in 1946, I was appointed Medical Superintendent of a large mental hospital near St Albans. This was well administered, but in some respects rather out of date. I enjoyed modernising it, and organising weekly evening seminars for the medical officers. However, much more important

than my individual activities was the lively discussion, then going on, about the proposed National Health Service. At one time it was suggested that the mental hospital should be excluded from the provisions of the Bill; but fortunately that disastrous idea was abandoned. The National Health Service came into being in July of 1948. It enabled much improved liaison between mental hospitals and general medicine, and allowed the mental hospitals to make some further progress.

Thereafter, being by temperament restless, I went on changing my job from time to time, never staying in any clinical appointment for longer than seven years. There is, however, no need for me to list these various posts in detail. During my time in Norwich, I did two short-term jobs in the Far East for the World Health Organisation; and paradoxically such assignments caused me, on my return to the UK, to work with fresh eyes at my psychiatric work here. I was a member successively of two Regional Hospital Boards; and this taught me something about regional psychiatric planning.

During my time in Surrey, in addition to my clinical case load and my administrative duties as Physician Superintendent, I was able to develop my interests in psychiatric day hospitals, in art therapy, and in music therapy. In 1964, I moved to Hampshire. In the following year, I started day-release postgraduate classes in psychiatry, for the Wessex Region. In 1967, I gave up clinical work, in order to devote myself to what had become the Wessex Regional School of Psychiatry (later absorbed into the Medical School of the University of Southampton). This work I continued until 1973, when I reached the university retiring age of 67. (Subsequently I worked for some years in Health Education. I am now an honorary Visiting Fellow in the Department of Psychology of the University of Southampton).

In psychiatry, it is a case of 'so little done; so much to do'. However, I am grateful that I had the chance to work in that field at such an interesting time."

Keith William Bridges, formerly Consultant Psychiatrist, University of Manchester.

Keith Bridges was a special psychiatrist. He was the kindest man, and this showed in unexpected ways. Given the job of looking after a hostel for our sickest patients, Keith took it upon himself to take the residents out to dinner at a restaurant. At that time he was also the organiser of 'departmental walks', in which 50 or so staff members met at some point in the Peak District chosen by Keith and walked the afternoon away until they reached a pub where we all had dinner. Consultants and junior nurses, professors and care assistants, girlfriends and children - we all turned up, and stragglers were rounded up by Keith. On one occasion Keith arranged for the