

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

residents of the hostel to meet us when we took a break: they had been taken out in the hospital bus. As a consultant in rehabilitation psychiatry at Manchester Royal Infirmary he brilliantly adapted activities for patients to fit the modern world of unemployment and despair: his 'roving rehabilitation' units went out to the patients, and an artist contributed to the care of his patients. By this time he was playing his part in national events, and helping to influence rehabilitation activities of others.

Keith's first degree was in biological sciences (BSc Leicester, 1971) and this interest continued with a deep love of the countryside. He qualified in medicine at Birmingham (MBChB 1977) and then came up to Manchester to train. His MSc was concerned with psychological disorders occurring among neurological patients, while for his MD he studied somatic presentations of psychological distress to family doctors. His papers on these subjects have made a deep impact, and have been widely cited. He showed how commonly psychological disorder accompanies physical disease, and how when this occurs the doctor's attention is distracted by the disease, to the neglect of the more treatable problem. He also showed how often the consultation is taken up with probing somatic symptoms for which no cause is ever discovered, and how the doctor's manner determines whether or not the psychological disorder is ever revealed.

He died on 21 July 1995 at the age of 46 after a long and very distressing illness. He was at the peak of his career, and would surely have produced many more innovations for a group of neglected patients had he lived. He was a concerned and loving father to his two children, and a totally devoted partner to his wife, Kim. The loss of this unusual man will be keenly felt by his many colleagues and his wide circle of friends.

DAVID GOLDBERG

Michael Fordham, (see also *Psychiatric Bulletin*, September 1995, 19, 581–584)

I would like to add to Dr Stevens's obituary of Michael Fordham. Stevens recognises Fordham's editorial achievements and acknowledges the energy and enterprise which went into his role in the founding of the Society of Analytical Psychology, but perhaps because he comes from a different Jungian vertex than Fordham he has passed over his very substantial clinical discoveries. Stevens suggests that it was Fordham's personality not his clinical discoveries which led to his dominance in the Jungian world. This is misleading and requires the passing over of his many books on clinical discoveries and over 200 articles and reviews. Stevens's

argument is given temporary significance in the article by the impression he gives of knowing Fordham, when in fact he is merely rehashing either Baynes's view (Baynes, 1940) or information Fordham himself published in his memoir (Fordham, 1993).

The remarkable feature of Fordham, as analytical psychologist, was his readiness to learn from his clinical experiences. His books chronicle his application of Jung's methods and their limited efficacy when transference phenomena were not taken into account. A fact recognised by Jung who wrote in the preface of one of Fordham's books that his paper on transference 'merits attentive reading' and 'the author takes full account of the overriding importance of this phenomenon and accordingly devotes to it a particularly attentive and careful exposition' (Fordham, 1957, p.xii).

His discovery of symbols of the self in childhood was revolutionary in its impact on the Jungian world. It led to an extensive revision of Jungian theory and was taken up by other authors and researchers, especially his description of the dynamics of the self. To characterise Fordham therefore as another niche theorist who did not acknowledge other researchers is a distortion which, if he was alive to read, he would have vigorously challenged. His early papers describing the discoveries of the symbols of the self and their place in childhood development make reference to the pioneering research of the early ethologists, Tinbergen and Lorenz, work which Bowlby and others also built on. His work on autism (Fordham, 1976) derived from his conceptualisation of this illness. A conceptualisation which was recognised by other workers in this field, notably Frances Tustin.

Stevens is right to characterise Fordham as pioneering, he was also innovative, and it is true that he had a strong personality, but it belittles him to treat his significance as deriving from his dominant personality rather than from his attention to his experiences in the consulting room. Fordham was first and foremost a worker at the coal face of human experience, mining the seams he discovered for their true substance. And it was his remarkable ability to conceptualise what he discovered which set him apart from other workers.

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