columns

obituaries

Sydney Brandon

Formerly Professor of Psychiatry, University of Leicester

Sydney Brandon was appointed the Foundation Professor of Psychiatry at the University of Leicester in 1975. As such he was one of the last of that generation of pioneering professors of psychiatry in undergraduate schools that had bloomed in the preceding decade or two. He was also one of the smaller group of professors who had the opportunity of contributing to the creation of a new medical school. From the beginning in Leicester he was a notable wheeler and dealer for the university, for the school and for his subject. His leadership of the then innovative 'Man in society' course ensured that the psychosocial perspective on health and disease was emphasised from the start of each student's career. His cajoling and corralling shaped up local psychiatric services in time to receive the first students in their clinical clerkship. No one could ignore Sydney and anyone who sought to cast psychiatry in a Cinderella role had to reckon with him. His enthusiasm and energy were infectious. A quarter of the first cohort of Leicester undergraduates opted for a career in psychiatry. At least one is now a professor.

A proud Geordie, Sydney started his medical career in Newcastle. Before medicine he had lied about his age to get into the RAF at the end of the war and briefly toyed with a career in aeronautical engineering. Years later he took a great delight in the high honorary rank that came with his role as psychiatric advisor to the RAF. He worked in paediatrics and research in child development before settling into a career in psychiatry. Time in the USA and Manchester led up to his appointment to Leicester.

His achievements were many as a researcher and scholar. His work was wide ranging but was always practical and rooted in clinical work. The Leicester trial of electroconvulsive therapy was a notable achievement, not only academically but also as an exercise in persuasion and inspiration. All his consultant colleagues in Leicester agreed to allow all of their eligible and consenting patients to enter the study. But then, Sydney was a charismatic leader and forceful manager, although not in the modern style. Toward the end of his career the new managerial enthusiasm was on the rise but its modes and mores were not to Sydney's taste. His favoured planning tools were malt whisky and the back of an envelope, although he could work a committee expertly when it was necessary. And he took his role as a clinical leader seriously. He made no marked or unnecessary distinction between the role of the university and the NHS. To him both were organisations that should serve patients by promoting good practice and good practitioners. On the back of his office door was pinned a leaflet from the 1940s exhorting the virtues of the, then, new health service. He was an NHS man through and through.

It was as a humane and skilled clinician that Sydney really shone. He cared about people – his patients, their families and his colleagues. He was involved in the best sense. Every inch the consultant but also down to earth and not at all 'posh', he was more likely to irritate his peers than his patients or those in less elevated roles. He was a dapper figure. He once published an article on 'what every young man should know'; it gave instruction on how to knot a bow-tie – his habitual neckwear. Once at a formal dinner he was shocked and upset to find me wearing a ready-made bow-tie. Such sloppy short cuts were not for him either in dress or in clinical work.

He ended his formal career as a postgraduate dean. He was also a vice-president of the College. In so-called retirement he continued to work hard, energetically contributing to work with sick doctors and to the charity Childline. He made many trips to Rwanda, advising and contributing to aid work in the aftermath of the genocide. He always had plans for the future. He was a medical collector and amateur historian. He lived in a house that verged on being overwhelmed by his collection of feeding cups, instruments and medical memorabilia. He had hoped to write a book on the history of military psychiatry. Unfortunately, like his hope of mastering the French language, that ambition remained unfulfilled.

Sydney was a delightful companion and colleague. He was a family man and is survived by his two daughters, one a lawyer and one a doctor. Over the years, despite various illnesses, he seemed to remain the same. Only during his final struggle with ill health did his twinkle begin to grow dim. He died on 5 December 2001, leaving a sad gap but also happy memories and a continuing influence.

Bob Palmer

Sydney Brandon was outstanding: even in his appearance he stood out. He was of short, stocky, 'pyknic' physique. He had a shock of white hair, but what was unmistakable was his long, bushy side-burns that, together with the inevitable bow-tie he sported, gave him the dash of an Edwardian toff. And if, perchance, he was hidden in a crowd, he could be located by his infectious chuckle, audible at at-least a hundred paces. Despite being plagued in later years by ill health he always managed to retain his glow of cheerful optimism.

Sydney was born in Washington, County Durham. His father, Thomas Brandon, was a deputy colliery manager, and his mother, Rhoda May (neé Rook), is described as a housewife. In 1950 Sydney married Joanne (neé Watson), a lecturer in social work.

Professor Brandon was educated at Rutherford College, Newcastle-upon-Tyne, and studied medicine at King's College, University of Durham, where he graduated in 1954, and at the Royal Victoria Infirmary, Newcastle.

After graduation, Sydney became interested in paediatrics, but his face-to-face involvement with the behaviour of disturbed children led him into psychiatry, which became his life's work. Thus, as a junior, he was appointed Nuffield research assistant in child health to the children's department, Royal Victoria Infirmary, Newcastle, where he worked from 1955–1959. From 1963–1964 he worked as a research fellow in psychiatry, Columbia University, New York, and from 1964–1966 he served as a lecturer in psychiatry at the University of Newcastle. His later appointments were as Nuffield Foundation Fellow in Psychiatry (senior lecturer) at the University of Newcastle (1966–1969), reader in psychiatry at the University of Manchester (1969–1973) and finally, in 1973, he was elected Professor in Psychiatry in the University of Leicester, a post he served with distinction until his retirement, after which he was created Emeritus Professor.

From 1982 until his death he served as Civil Consultant Adviser to the RAF. He was singularly proud of his connection with the RAF, and he was a regular attender at the annual dinner of the

https://doi.org/10.1192/pb.26.8.317-a Published online by Cambridge University Press

columns

RAF medical officers at the RAF Club, London.

His packed schedule still allowed space to give valuable service to the Royal College of Psychiatrists. There he rose to the office of vice-president, as well as sitting on various important committees. Furthermore, in his time he served as President of the Section of Psychiatry of the Royal Society of Medicine.

He was a prolific writer: his publications included topics on eating disorders, carbon monoxide poisoning, panic disorders and sexual deviations. A particular interest in post-traumatic stress disorder was responsible for his concern with Rwanda, the unhappy country he visited frequently as a counsellor to the surviving victims of the appalling genocide.

No picture of Sydney Brandon is complete without mentioning his interests and hobbies. He enjoyed the thrill of driving fast cars, but above all he was a *bon viveur*: he loved good food and good wines in the company of his friends, of which I am proud to have been one. He had a passionate interest in the history of medicine as witness his valuable and extensive collection of medical artefacts.

His wife, Joanne, predeceased him, but he is survived by his two daughters and his devoted friends.

Henry R. Rollin

Arumugam Sittampalam

Formerly Consultant Forensic Psychiatrist, Broadmoor Hospital, Crowthorne, Berkshire

Arumugam Sittampalam died on 4 August 2001 after a stroke. Sitt, to his friends and colleagues, was born on 30 November 1922 in Jaffna, Sri Lanka. He qualified in 1949 at the University of Colombo, later obtaining the DPM, FRCP (Edin) and FRCPsych. From 1957–1971 he worked for the Ceylon Health Service as the senior psychiatrist. He left Sri Lanka in 1971 for Canada, where he was senior psychiatrist at the union hospital in Moose Jaw, Saskatchewan, but soon decided to come to the UK where he worked first from 1972–1979 as medical officer at HMP Brixton and then from 1979 as a consultant forensic psychiatrist at Rampton Hospital. This meant that he was separated from his family, who were settled in London, so in 1981 he moved to Broadmoor where he worked until his retirement in 1992.

Sitt was a quietly spoken, modest and intensely private man dedicated to his family. At Broadmoor his wide clinical experience, his diligence and his sound judgment were a tremendous asset and a stabilising influence, making him admired and respected by friends and colleagues of all disciplines. Towards the end of his time at Broadmoor he founded a dining club for doctors who had worked there, but disappointingly this did not long survive his retirement. At Broadmoor his generosity will long be remembered.

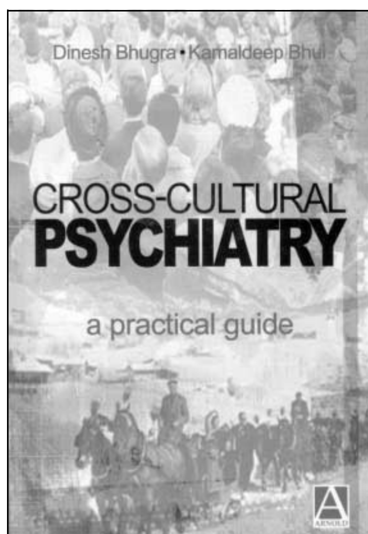
In the years following his retirement he spent his time with his grandchildren or gardening and watching sport. He leaves his wife, Puaneswary, and four sons and a daughter.

David Tidmarsh

reviews

Cross-Cultural Psychiatry. A Practical Guide

By Dinesh Bhugra and Kamaldeep Bhui. London: Arnold. 2001. 114 pp. £15.99. ISBN: 0-340-76379-5



In this increasingly diverse country an understanding of cross-cultural issues in the practice of psychiatry has become essential. However, the literature is spread across a number of specialities including sociology, anthropology, history, political science and medical biology. It can be hard to find the information that you need and when you find it, it can be impenetrable. Because of this many clinicians may not develop the understanding of cross-cultural issues that would be commensurate with good clinical practice.

Cross-Cultural Psychiatry. A Practical Guide aims to cut through this dense literature and offer some practical ways of understanding the challenges set by cross-cultural psychiatry. It is a jumping-on point, rather than a jumping-off point. It does not claim to be comprehensive but to 'open doors for clinicians and other health professionals to start thinking seriously about differences and similarities across cultures and individuals'.

The book is not targeted at specific cultural groups. General principles are considered more important than specifics. This parallels the position in the USA, where cultural competence training offers transferable broad skills that help people understand cross-cultural interactions. It is assumed that this is the best way to cope with the fact that cultures develop and that over time new groups of people and new generations will present different challenges to psychiatrists. A psychiatrist will not be able to be 'culturally competent' for all groups and so to be a good psychiatrist he/she will need to develop common strategies for identifying cross-cultural problems and dealing with them.

The book is a good general introduction to the field and will become a 'must read' for all those in training or who are new to the field.

The book is not without problems. In my opinion the authors do not make it clear enough that the skills and strategies developed by the book are useful across the board – not just for ethnic minority groups. The reliance on UK ethnic minority groups for examples could lead the reader to believe that cross-cultural psychiatry refers to problems produced by an interaction between psychiatry and different ethnic groups, rather than the interaction of the cultural assumptions of psychiatric practice and different cultural groups. The majority of people in the UK somatise rather than psychologise their distress.

A further problem is that there is little discussion of the impact of discrimination or of institutional racism in this volume. It is important for individual clinicians to improve their clinical assessment and treatment, but improvements in care can be limited by institutional causes of disparities in service delivery. An understanding of this is required if clinicians are to be able to offer the best care for their patients.

Cross-cultural psychiatry is good psychiatry. Developing the knowledge base is fundamental to good practice. This short book is full of ideas and information and this is a good place to start.

Kwame McKenzie Royal Free and University College Medical School, London

https://doi.org/10.1192/pb.26.8.317-a Published online by Cambridge University Press