

The Twenty-third Annual Meeting, 1994

The Twenty-third Annual Meeting of the College was held at University College, Cork on 6, 7, 8 and 9 July 1994 under the Presidency of Dr Fiona Caldicott.

Scientific Meetings

The Scientific Meetings were held at University College, Cork.

Business Meeting

The Business Meeting was held on 8 July and was chaired by Dr Caldicott. It was attended by 79 Members of the College.

The Minutes of the previous meeting held in Scarborough on 7 July 1993 and published in the *Psychiatric Bulletin*, December 1993 were approved and signed.

The Report of the President was received.

The Report of the Registrar and the Annual Report were received and approved.

The Report of the Treasurer and Annual Accounts for 1993, as given in the College's Annual Report, were received and approved.

The re-appointment of the auditors, new fees and subscription rates were approved.

The Report of the Dean was received.

The Report of the Editor was received.

Resolution

The following Resolution as set out in the notice convening the meeting was proposed by Dr F. Caldicott and seconded by Professor C. P. Seager.

"That the Bye-laws of the College be amended, revoked and added to in accordance with the copy thereof containing such amendments, revocations and additions sent to the Members with the Notice of this Meeting provided that such amendments, revocations or additions shall not take effect until the same shall have been approved by the Privy Council and provided further that the Executive and Finance Committee of the Council shall have authority to approve any further amendments required thereto by the Privy Council."

The Resolution was then put to the meeting and approved.

President's Report

The President, Dr Fiona Caldicott, welcomed members to the Twenty-third Annual Meeting of the College and drew members' attention to two important pieces of work that had been undertaken since the last Annual Meeting. First, the setting up of a College Working Group on the Role of the Consultant Psychiatrist which has considered, in particular, the role of the consultant in a multidisciplinary team. The draft report would be considered at the Autumn Meeting of Council.

Secondly, the way in which the College is structured in relation to the work it undertakes is being reviewed. In order to carry out this review the views of the various Sections and Groups will be sought to ascertain whether their respective Committees are set up correctly to undertake the work required.

Registrar's Report

The College has been extremely busy in the last 12 months with an increase in the work passing through occasioned both by an increase in requests for comment and co-operation by outside organisations and by an increase in work originating and thought necessary by officers and members.

The Department of Health in England issued guidance on Supervision Registers which caused great concern to members of Council. The President wrote to the Secretary of State expressing these concerns and the correspondence was published in the *Psychiatric Bulletin*. A meeting then took place between representatives of the College and the Department of Health at which it was agreed to have further meetings to establish joint guidance for their implementation which would take the account of the College concerns, mainly in the areas of confidentiality and the size of the population to which it was applicable. If it remains impossible to obtain agreement on the key issues then the College will issue its own guidance which may be in contradiction to that of the Department.

The Supervision Register was one of the new provisions which emerged from the Department in the wake of a number of highly publicised disasters in community care, the most

significant of which was the inquiry into the care of Christopher Clunis. The Department is being reminded that this report referred to the need for a higher level of secure provision and a need for more resources for mental health particularly in London. Recent statements by Ministers appear to have neglected this, concentrating instead on the need to ensure better multidisciplinary working. The crisis in the London mental health services was also highlighted by the London group of the mental health task force which was co-chaired by a College member, Dr Peter Kennedy. Dr Kennedy was able to ensure excellent communication with the College by meetings at local level and by two meetings with London psychiatrists convened in the College at the beginning and the end of the work. The report of his group is expected shortly. The Audit Commission has also been carrying out a survey to which the College has contributed advice and its report is also expected shortly.

The College has been establishing its policy on community care in a document written largely by Dr Bhugra and Dr Bridges and representatives of other Sections. This will be presented at a major conference to coincide with Mental Health Week on 10 October at Queen Elizabeth II Conference Centre.

Council has endorsed a number of other policy statements recently including the General Hospital Management of Deliberate Self Harm and the Report of the Joint Working Party with the Royal College of Physicians on the Psychological Care of Medical Patients Recognition and Service Provision. Council received the Department of Health guidelines for clinical management of individuals with substance misuse problems detained in police custody. All new policy documents will have a currency after which they will be reviewed. The process of reviewing the large number of old policy statements has begun with the first batch coming to Council in June.

The College has also begun work on its own Clinical Guideline Development Programme and Council recently endorsed the procedures to be used to ensure that guidelines have wide approval by psychiatrists when they are released. In this process I wish to acknowledge the invaluable work of the College Research Unit which has generated large numbers of grants for research projects and which guides much work in the Department as well as in the College. Professor Wing retires this year as the Director of the Unit and we wish him well. Dr Paul Lelliott, Deputy Director of the Unit has been appointed as the next Director.

The criteria for eligibility for CCST are currently being finalised but will not differ markedly from those now used for the T Psych. There will however be two CCSTs, one for psychiatry and

one for child and adolescent psychiatry, the two European recognised specialities.

The Public Education Department continues to be very active and to generate wide positive publicity about the work of psychiatry and the illnesses we treat. Professor Brice Pitt retires from his post of Public Education Director and we thank him for his hard but very successful work on behalf of the College. His place will be taken by Professor Anthony Clare, already a Vice President, who will be ably assisted by Dr Mike Shooter, the Deputy Registrar and a one-time journalist. We anticipate that this team will continue the expansion in public education activities started by Professor Pitt.

A Special Interest Group has been proposed in perinatal psychiatry, particularly appropriate in this year of the family. Letters of support are now being received.

Members will be pleased to know that there is unanimous support for the establishment of office support for the Irish Division, to be based in Dublin and for the Scottish Division to be based in Edinburgh. This is a recognition of the heavy burden faced by Officers of these two Divisions each of which deals with the Government, and the laws and regulations of jurisdictions different from those in England and Wales. We anticipate that the appointment of an administrator and the establishment of a geographical base will considerably enhance the ability of members in these Divisions to communicate with the College in Belgrave Square.

Professor CHRIS THOMPSON, *Registrar*

Dean's Report

The Dean, Professor John Cox, reported on the developments regarding the Diploma of the College and the establishment of a working party of the Examinations Sub-Committee to progress this.

A preliminary report was also being prepared on the College's Education Strategy, chaired by Dr Michael Harris.

The Dean also reported that the College was currently considering its policy for Continuing Professional Development pending publication of its requirements for certification.

Editor's Report

The Editor, Professor Greg Wilkinson, announced the publication of *Advances in Psychiatric Treatment* under the Editorship of Professor Andrew Sims, the first issue to be published in September 1994, and he drew attention to the success of the *Psychiatric Bulletin* under the Editorship of Dr Alan Kerr. The Editor also

reported that a number of important changes of policy affecting the *British Journal of Psychiatry* had led to speedier publication and that the Book List continues to grow.

The Editor thanked Members and Fellows of the College, College Officers and staff for their contribution to the success of the Publications Department.

Election and introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

The President of the Irish Republic, Mrs Mary Robinson, MA LLB (introduced by Professor Anthony Clare)

Madam President, in honouring the President of Ireland, Mary Robinson, with the College's Honorary Fellowship, the Royal College of Psychiatrists is paying tribute to one of the truly outstanding women of our time. It is indeed fitting that this should occur when the College itself has elected its first woman President, fitting too that a College that traverses the Irish Sea and the Irish Border, which brings together in debate, discussion and decision psychiatrists from throughout our two islands, should pay its highest tribute to a woman who speaks with tolerance, compassion and understanding across the boundaries of language, nationality, politics, religion, social class and psychology.

Mary Robinson was born Marie Terese Winifred Bourke on 21 May 1944 in the West of Ireland town of Ballina. The Bourkes have been in that part of Ireland since the 13th century – the first of that family bearing the name came to Ireland with the Norman invasion and was granted lands in Connacht. They became more Irish than the Irish themselves, accepted Irish laws and customs and became Irish chieftains in their own right. Many descendants now populate that corner of Ireland which Cromwell offered the native Irish as an alternative to hell!

Medicine is in her blood. Her father trained in medicine in Edinburgh, her late mother in University College Dublin. But so too is the law. Her grandfather was a well-known Mayo solicitor, two brothers like herself read law and her uncle, Sir Paget Bourke was knighted by Queen Elizabeth II in 1957 after a distinguished career as a judge in the Colonial Service.

In her acceptance speech, delivered after she was elected Ireland's first woman president on 9 November 1990, she declared, "I was elected by men and women of all parties and none, by many with great moral courage who stepped out from the faded flags of the Civil War and voted for a new Ireland. And above all by the women of Ireland – *Mna na hEireann* - who instead of

rocking the cradle rocked the system, and who came out massively to make their mark on their ballot paper, and on a new Ireland".

Mary Robinson has been rocking the system ever since she was an undergraduate in the late 1960s at Trinity College Dublin where she read law and where she was Auditor of the Law Society, Secretary of the Students Representative Council and Editor of the student law review, *Justice*. It was there that she met Nick Robinson whom she married in 1970; and here too there is a link with Britain for the Robinsons came from England in the 17th century and one branch, with Sheffield origins, was appointed silversmiths to the Lord Lieutenant of Ireland during the reign of Queen Victoria.

Garlanded with a cluster of first-class honours degrees, Mary Robinson went to Harvard where, in addition to achieving further legal distinction, she came face to face with inequalities of sex and race. When she returned to Ireland in 1968 she publicly acknowledged her debt; the young people she met there were prepared to accept responsibility, to seek and want involvement. She promptly put herself forward for one of the three Senate seats available to the electors of Trinity College, was successful and began a 20-year career as one of the country's most active and committed politicians. That same year, 1969, she was appointed the Reid Professor of Constitutional and Criminal Law in Trinity – she was 25 years old and the first woman appointed to a chair which was founded in 1888.

In the Senate and outside it, Mary Robinson embarked upon a liberal crusade concerning the provision of contraception and divorce, the removal of the Catholic Church's special position within the Irish Constitution, the need to avoid conceptual notions of sovereignty regarding Northern Ireland and to concede the reality of a certain autonomy to the Northern community. Her liberalism, she defined quite simply, as "the voice of dissent especially when that entailed essential human rights". It has provided the spur and impulse behind her work as senator and lawyer and is reflected in her outstanding achievements in her many appearances before the European Court of Human Rights – *Norris v. Ireland* leading to the repealing of repressive and anachronistic legislation against homosexuals, *Airey v. Ireland* leading to the introduction of Civil Legal Aid and *Johnstone v. Ireland* where this country was found to be in breach of Article 8 of the Convention for its law relating to illegitimate children. Her record in helping to strike down legislation or ministerial orders detrimental to women's rights, her concern for the plight of deserted wives, her doughty struggle to stimulate and harness women's power and hopes reflect her conviction, expressed as early as the 1970s, that the political awakening of the women

of Ireland might be "the lever to break open the rigid structures of the present political parties which had no basis in unity of ideals or viewpoints". She has always been a committed European, believing that social justice can best be obtained in co-operation with partners rather than in competition with other nation states. She was one of the founders of the Irish Centre for European Law and, until 1990, its Director and Chairman of the Executive Committee.

She herself could rightly be described as the alarm bell that has woken not merely the women of Ireland but many men too, such that when she declared herself a candidate for the Presidency back in 1990 she found herself the litmus test measuring the extent that sleep and torpor of decades had been banished and that throughout the land her fellow-countrymen and countrywomen were stirring. That campaign has been described as a voyage of personal discovery which allowed her to tap into people's fears and hopes, dreams and anxieties, ambitions and concerns. By the end of that journey, while she was still very much her own woman she had also become part of all of us.

This is a College whose practitioners work daily with issues such as personal identity, autonomy, responsibility, freedom, choice and with patients who are weak, voiceless, vulnerable. President Robinson is a veritable role model. Her identity, composed as it is of professional and political, public and private, social and personal, forms a most impressive and coherent unity. She draws considerable strength and resolve from her husband, Nick, and from her three children Tessa, William and Aubrey and, while the most public individual in this gregarious, sociable land, she has impressively and with consummate dignity maintained a private personal life. All that she has done before enriches what she does today. Her concern remains the empowerment of people who lack power – women, the poor, the marginalised, the unemployed, the homeless, the travelling community, the physically disabled, the mentally ill. "The concept of quality of life" she wrote over 20 years ago, "does not just mean standard of living, it means power to influence decisions affecting the livelihood and environment of the citizen". Again and again she has stressed that the law must not be a rigid body of inflexible rulings designed to constrain, circumscribe, control but an instrument of social change.

After Mary Robinson had been presented with the Presidential Seal, she made her first address to the people of Ireland as their elected first citizen. In it she spoke of the old Irish concept of the Fifth Province. Ireland has four provinces – Leinster, Munster, Connacht and Ulster – the fifth province, the new President reminded her listeners,

"is not anywhere here or there, north or south, east or west. It is a place within each of us – that place that is open to the other, that swinging door which allows us to venture out and others to venture in. Ancient legends divided Ireland into four quarters and a 'middle' although they differed about the location of this middle or Fifth Province. While Tara was the political centre of Ireland, tradition has it that this Fifth Province acted as a second centre, a necessary balance. If I am a symbol of anything I would like to be a symbol of this reconciling and healing Fifth Province."

In honouring President Robinson this College is joining a remarkable galaxy of institutions, universities, nation states and cities throughout the world – Salamanca, Oxford, Cambridge, Montpellier, Columbia, Berkeley among others – that have formally acknowledged her as a reconciling and healing Fifth Province.

So Madam President I present to you a woman who has done so much to move her country towards her beloved poet Yeat's Land of Heart's Desire – "where beauty has no ebb, decay no flood, But joy is wisdom, Time an endless song", a woman who has been a tireless advocate for peace and reconciliation, for the oppressed and powerless, a woman whose political and professional life has been dedicated to ideals which this College and its members are proud to share. It is therefore with delight, satisfaction and pride that I ask you and all our colleagues to welcome Her Excellency, the President of Ireland, Mary Robinson as an Honorary Fellow of our College.

Professor Hanns Hippus (introduced by Professor Steven Hirsch)

Professor Hippus was born in Muhlhausen in 1925. He studied medicine and chemistry in Freiburg after the war and trained to a senior level at the Free University of Berlin. He became full Professor of Psychiatry and Director of a clinic there in 1968 and then was appointed Head of Psychiatry at the University of Munich in 1971. He married in 1956 and with his wife raised four children. He is an expert and courageous skier.

In the early 1970s Professor Hippus was President of the Deutsche Gesellschaft für Psychiatrie und Nervenheilkunde and has been honoured by election to Fellowship of the American Psychiatric Association, American College of Neuropsychopharmacology, and as Honorary Member of the European College of Neuropsychopharmacology. He has written and co-authored numerous books and proceedings. He has authored and co-authored more than 300 papers in scientific journals. He has been active on the most important Advisory Boards in German Ministries and Scientific Foundation during the last 25 years.

Professor Hippius has made a special contribution in creating an awareness of the importance of the psychiatric side effects of non-psychiatric drugs such as the depressive effects of anti-hypertensives. Of particular importance today, he led the battle to continue the manufacture and availability of clozapine when more timid folk wished to discontinue it as a result of the discovered risk in causing agranulocytosis. While realising the importance of these risks Professor Hippius noted the vital clinical importance the drug had for certain patients. He showed that by monitoring patients carefully the risks could be avoided and this led eventually to the discovery of the properties of atypical antipsychotics with clozapine as the archetype; this set off the search to discover antipsychotics with more potent effects on the refractory and negative symptoms of schizophrenia without the risk of tardive dyskinesia and extrapyramidal side effects. It is possible that without Hanns Hippius we would not have clozapine and its successor drugs today.

Of equal and more importance has been his role as a leader and model for the re-birth of a scientific biological psychiatric tradition in Germany after the second world war. More than any other German psychiatrist, Professor Hippius has trained and encouraged leaders of biological psychiatry with some current seven of his protégés currently occupying Chairs of Psychiatry as Head of Department in Germany and three more appointed but not yet in post.

For his contribution to the re-birth and development of the tradition of biological psychiatry in Germany and Europe and for his warm and courageous leadership we wish to honour Professor Hanns Hippius by election as Honorary Fellow to our College.

Professor Felice Lieh Mak (introduced by Professor Marcus G. T. Webb)

Professor Felice Lieh Mak is already a good friend of the Royal College of Psychiatrists and a Fellow.

A graduate of the University of Santo Thomas, in the Philippines, Doctor Lieh Mak spent a number of her early years in training in the UK, working in London, in Burnley, in Bournemouth and particularly in Oxford, where she studied at the Littlemore and Warneford Hospitals and in the Park Hospital for Children.

Academic psychiatry beckoned and in 1971 she began her unbroken association with the Department of Psychiatry in the University of Hong Kong. The University authorities knew what they were doing, for Dr Lieh Mak was appointed successively Lecturer, Senior Lecturer, Reader, and, in 1983, Professor of Psychiatry and Head of Department.

For those of us who have to battle within Faculties of Medicine or Health Sciences for

crumbs of curriculum time for our discipline, her achievement in increasing the length of the teaching course in psychiatry in the University five-fold perhaps speaks as loudly for her diplomatic and persuasive skills as do her many more obvious successes. Postgraduate psychiatric training in Hong Kong also owes much to her energy and vision, and here links with the College have been strengthened.

Within Hong Kong, Professor Lieh Mak's influence has been considerable: she is Consultant in Psychiatry to the Government, she is Chairman of her hospital management committee, and she established the Hong Kong College of Psychiatrists and is its current President. She has contributed much on behalf of the least fortunate in society: she has formulated policy for the rehabilitation of the mentally ill and for the care of autistic children. She has planned projects for the care of mentally handicapped adults, devised public education programmes on psychiatric illness and helped to formulate anti-discrimination legislation for the physically handicapped and the psychiatrically ill. Her work has been recognised, uniquely for a psychiatrist, by her appointment in 1992 to membership of the Executive Council, which is the Governor's Cabinet in the Hong Kong Government. In 1991 Professor Lieh Mak was awarded the OBE.

International psychiatry too has benefited from Professor Lieh Mak's apparently boundless energy and initiative. She has shared in a number of WHO collaborative studies, she has acted as adviser on psychiatric services in China, has lobbied for adequate services in other countries, and she was elected in 1993 to the Presidency of the World Psychiatric Association. Already this large and disparate organisation, with many earlier problems, is taking on a more tidy shape as Professor Lieh Mak applies her special gifts of order and organisation. I suspect that many in this audience will want to travel to Madrid for the next meeting of the World Psychiatric Association which will be held under the Professor's Presidency in 1996. Her work in the WPA to promote the UN Declaration of Rights for the Mentally Ill has continued her concern about those who cannot always help themselves.

One of my subject's earliest and, I venture to suggest, most noteworthy achievements I have left to the end. Dr Lieh Mak was made Licentiate of the Dublin Apothecaries' Hall in 1964. 'Pot's Hall' has had a colourful history since it came into being by the unusual path of an Act of the Irish Parliament in 1791. Until 1970 new Licentiates were allowed to practise medicine in these islands, and many distinguished graduates from overseas were able to take this route. Now, alas, no more; but Professor Lieh Mak has certainly lived out in exemplary fashion the aspirations of the legend of the Apothecaries' Hall: 'Et

valitudinem, et medicinam promovere – To advance Health and Medical Science'. It is a particular pleasure to welcome her back to Ireland on this happy occasion of her second award.

President, I am delighted to introduce for Honorary Fellowship Felice Lih Mak, this morning's third woman President, and one of the most distinguished of contemporary psychiatrists.

Dr John Langdale Reed, CBE (introduced by Professor Chris Thompson)

Dr John Reed is one of that select band of doctors who has given his name to an official report. The Reed report on the 'Health and Social Services for Mentally Disordered Offenders' is the first major review of this subject since the Butler report of 1975. The steering committee which produced the report was chaired by Dr Reed between 1990 and 1993 on behalf of the Department of Health and the Home Office. But how did Dr Reed come to be in a position to chair this influential committee?

John Reed qualified in medicine from Cambridge and London, gaining a number of prizes and academic distinctions on the way. He then trained in psychiatry at Bexley and the Maudsley Hospital under first Professor Aubrey Lewis and then Professor Sir Denis Hill. He became senior lecturer in psychological medicine at St Bartholomew's Hospital in 1967. Although St Bartholomew's itself is a very grand place in the city, the geographical base for the clinical work of the psychiatrists is in one of the most deprived areas of the country, in Hackney. This is quite appropriate from the point of view of public health since that is where most of the psychiatric morbidity is to be found.

John Reed threw himself into the work there, and as well as his teaching of students and his research on drug dependence, became the co-director of the community psychiatry research unit at Hackney Hospital in 1979. This development arose because of his recognition of a situation in Hackney which was eventually to become all too familiar across the country: that there were too few in-patient beds for the number of admissions. Instead of assuming the need for more beds he realised that this was partially because there were too few sheltered residential and other places for discharged patients, leading to longer ward stays than would otherwise have been necessary.

A grant from one of the College's other honorary fellows, David Sainsbury, through the Gatsby Trust, led to some early research into community mental health facilities. When the results of this research were available John did what many academics would do – he went back for more money to ask some more questions. Gatsby, however, were already convinced by his first

results of the need for more community services and would only give him the money if he used it for service development. This was a seminal experience, that research must have an application and that the best services are driven by research.

The work in the Hackney research unit then continued in parallel with developments in the community until 1986 when, out of the blue as it seemed to him, the College put forward his name to be seconded to the job of Senior Principal Medical Officer in the Mental Health and Illness Division at the Department of Health. I suspect it cannot quite have been out of the blue since he had been very active in the College's Public Policy Committee and the Court of Electors and had been a member or convenor of several working parties, including one on the provision of secure treatment facilities.

In 1989 he added the elderly and physical disability to his brief in the Department and in 1991 he became responsible for all specialist hospital health care, the most senior position ever held by a psychiatrist in the Department of Health.

John was an inspired choice to go to the DoH. From his work in Hackney and from the surveys of academic forensic psychiatrists it was already clear to him that one of the really serious problems facing the services was that of the treatment and care of mentally disordered offenders, people with a mental illness who for one reason or another became embroiled in the criminal justice system. There were difficulties in getting them treatment in prison and equal difficulties finding them a bed in a psychiatric hospital. There were concerns about the secure hospitals and there were remaining doubts after the Butler report about the status of psychopathic disorder.

It was clear to John that one of the problems in finding a way through this was the split responsibility between several government departments, mainly the Home Office (for prisons and the prison medical service) and the Department of Health. It is one of his many successes that the Reed committee were set up jointly by both departments and that the reports were welcomed by both ministers. This was truly breaking new ground! Although departments of state regularly talk to each other, getting them to agree is quite another matter. With Dr Dilys Jones he worked steadily on the paper which was to convince ministers of the need for this joint work.

The report was finally published to general acclaim in seven volumes covering all aspects of the care of mentally disordered offenders. These included service needs in the community, hospitals and prisons; finance, staffing and training; the academic and research base; services for those with special needs; issues of race, gender and equal opportunities; and services for people

with learning disabilities or autism. A report on psychopathic disorder followed.

The implications of the report for psychiatric services are far-reaching and the implementation has only recently begun. It is already clear that for many years to come the planning of general psychiatry as well as forensic services, from district to national level will need to take into account the Reed principles. These include:

That general psychiatric services should be used wherever possible but that specialist services should be available when needed.

That health commissions should have primary responsibility for meeting the health care needs of mentally disordered offenders in their population, and that the numbers of mentally disordered offenders should be adequately reflected in financial allocations so that decisions about admission and transfer can be based solely on clinical need and public safety.

That there should be a greater use of diversion from custody to health and social care after assessments carried out by qualified psychiatrists. Specialised bail hostels for the mentally ill should be developed to prevent unnecessary remand in custody.

There should be a greater use of and urgency in the transfer of the mentally ill from prison to hospital.

That there should be more therapeutic work in prisons including contracted-in specialised mental health services, and the inclusion of posts in prisons for psychiatric training.

There should be greater day to day liaison between prisons, the police, hospitals and community support such as social work and voluntary organisations to ensure easy passage between different parts of the system.

That secure forensic psychiatry provision should be protected and enhanced. That there should be increases in specialised forensic staff which in turn requires more training and education across several disciplines.

That families, carers and users should be involved in service planning. That there are serious questions about race and culture in the provision of secure services. That services must recognise people with special needs such as brain injury, deafness, learning disability or substance misuse.

These and many other detailed recommendations demonstrate that the work of the committees under Dr Reed's guidance was carried out with a thoroughness and attention to detail and practicality which is unusual in such reports. It shows what can be achieved when a first-rate academic with a sound practical knowledge of psychiatry is entrusted with such a task. He was very aware of the need throughout the

process for interaction with those who knew about the field and would have to implement the findings, from clinicians to academics, lawyers, and managers. Would it were possible more often to persuade government of the value of such advice. There is no doubt that it was largely John's personal qualities which contributed to success in bringing this work to a conclusion.

Among his many other titles and responsibilities he was from 1990–1993 honorary civil physician to the Queen.

For his work in the Department of Health, Dr John Reed was honoured with the CB in 1993. His work is a prime example of the College's motto, 'Let Wisdom Guide' and I commend him to the College as an Honorary Fellow.

Professor Andrew Charles Petter Sims (introduced by Professor Sydney Brandon)

Andrew Sims is a modest man who has little to be modest about. His diffidence can be misleading for he is in fact a man of sincere beliefs, strong commitments and great determination. The eldest son of two West Country general practitioners he was brought up 'above the shop' – surely enough to deter a lesser man from any form of medical practice. Such an experience should have directed him towards the Church or the City but he chose medical studies at Emmanuel College, Cambridge and the Westminster Hospital.

His first postgraduate diploma was the DRCOG with general practice in mind but he was more attracted to the medical specialities. After several years of medicine in Stockport he realised that psychiatry was the most intellectually challenging medical speciality and made the long journey up the A6 to Manchester. There he enjoyed the final flowering in Manchester of classical descriptive psychopathology with Hamilton, Hoenig, Mellor and the first English translation of Jaspers' *General Psychopathology*. From Kessel he absorbed the Machiavellian qualities necessary to create and sustain an academic department.

In Birmingham as senior registrar, consultant then senior lecturer he worked with Trethowan, Martin Davies, Paula Salmon, Alistair Munro and perhaps most influentially with Bob Bluglass. He established a sound reputation as researcher, teacher and academic organiser.

His work on the prognosis of neurosis led to a Cambridge MD and a series of publications. Perhaps the most important of these was an account of the 'aftermath neurosis' or what would now be called PTSD – long before such a concept was generally accepted by psychiatrists or used to support so many lawyers.

Sam Goldwyn opined that anyone who wanted to see a psychiatrist ought to have his head examined. Psychiatrists usually take that view of

any of their number who wants to be a Professor. When pondering such matters on a railway platform en route from Leeds the disembodied voice of a senior Professor commanded him to ring another Professor to tell him, although it was scarcely necessary, that he would be late. After a fleeting moment of doubt he realised that the voice emanated not from inside his head but from a passing train and thus lacked first rank significance.

Despite this omen he accepted the chair in Leeds and joined Dick Mindham. Professor Sims was based in 'Jimmies' where he was able to oversee massive developments in psychiatry. His interest in the neuroses continued in his writings and service development. He showed not only a keen sense of history and understanding of nosology but an appreciation of the suffering of the neurotic in a true Schneiderian sense.

His enthusiasm for teaching and research were reflected in the M Med Sci course and he established the famed Leeds International Psychopathology Symposia.

He has been involved in the life and work of the College since its inception, serving on many and diverse committees including the Central Approval Panel, the Research Committee, Education, Programmes and Meetings as well as on many national and charitable bodies. He initiated the Overseas Liaison Committee and the Working Group On Continuing Medical Education which laid the foundations for continuing professional development of College members. Now he chairs the Confidential Enquiry into Homicide and Suicide in Mentally Ill People.

Since 1982 he has continuously held high office first as Sub-Dean, then in 1987 as Dean and in 1990 he was elected President. His remorseless slide towards the establishment was marked by his election in 1990 to membership of the Athenaeum and more recently by his election to the General Medical Council – a terrible fate for such a young man.

In search of something scurrilous I now turn to his private life. His charming wife Ruth has, with his encouragement and after raising their family, completed medical school and psychiatric training and is now a consultant child psychiatrist. They have four sons, two in medicine, one accountant and a linguist. He is an ideal husband who not only shares the domestic chores but tills the garden without threat or inducement. He is a long-time member of the Christian Medical Fellowship and a pillar of the Church. Pressed to reveal his failings his wife did admit that he sometimes comes home later than promised.

Diligent enquiry, however, brought hints of delinquency in his student days. After clandestine dusk meetings in a Cambridge car park I can now reveal that he was suspected of climbing the spire of King's College Chapel. Here then is a

man who has tackled with energy and integrity all before him. President, it is an honour to present this Andrew Charles Petter Sims worthy gentleman and true servant of the College as a New Honorary Fellow.

Professor Sir John Wood CBE, QC (introduced by Professor Philip Seager)

John Wood has presided over very many mental health review tribunals in the Trent region. He has made decisions governing the fate of detained patients. Now we have the opportunity to hear the arguments for him remaining within the confines of this Royal College under Section V.1 of our Bye-laws, as an Honorary Fellow.

In making my enquiries, I have come to label him in my mind as a most private individual, indeed an impenetrable Wood. In one respect opinion is unanimous. I have never heard him described as other than courteous and fair to patients.

He is absolutely clear in explaining the role of the Tribunal and considerate towards the feelings of the patient and any relatives or friends who are meeting a most unusual set of circumstances. This is also true of people working with him in other spheres of activity.

The fact that he introduces his down-to-earth Yorkshire acerbity when professional workers are portentous, long-winded or unclear may be the real self or may simply be him acting the part of the dour tyke.

He is indeed from Yorkshire, born in Brighouse, an only child and a bright one, leaving to study law in Manchester and graduating with first class Honours. He was called for National Service; he spent his time packing parcels for dispatch and writing labels for railway wagons. He reached the rank of corporal and did manage to do some court martial work.

He read for the Bar at Gray's Inn, returning to work in the Manchester University Department of Law and in chambers. Then Sheffield called and he answered. He made important contributions to teaching law in Sheffield and was instrumental in building up a flourishing department.

The small department could not call very loudly and he was advised to get some work on the side to give him an adequate income. Thus it was that he became involved in a number of important arbitration activities and tribunal work. These included membership of ACAS and the first, and only, Chairman of the Central Arbitration Committee, essentially an Industrial Court, for which he was awarded his CBE.

He has always been a footballer at heart, although no one seems to know whether he has ever played the game, and is a lifelong supporter of Huddersfield Town. He has put his interest to excellent use in his work with the Football

League. He sat on the Commission on Industrial Relations, and later chaired the Professional Football Negotiating Committee, and the Transfer Tribunal. He has also crossed the barrier between round and oval, doing the same type of work for Rugby League.

But his work is not all a game. He has been involved in settling the Airline Pilots dispute and British Leyland problems. It is widely understood that he received his knighthood for saving television for the nation when he persuaded the technicians to return to work when there was a serious threat of a shut-down over Christmas – no *Sound of Music*.

His particular interest in the criminal law, the effect of mental disability on criminal liability, was an early stimulant to his current activities. He submitted evidence to the Butler Committee, which seemed to ignore his views. He joined the Mental Health Review Tribunal in about 1970 and has been its Chairman in Trent Region for 20 years. Because of the special hospital in the region, he has seen many changes which have taken place behind the walls.

He has built up a more effective communication between the various components of the tribunals with annual meetings of members, staff, Department of Health and Home Office representatives discussing ways in which the service can be speeded up. This is a particularly important issue since the increase in work arising out of the referrals of people in hospital for assessment, and those long-term patients who are now entitled to regular referral to the tribunals, whether they apply or not.

Because of his perceptive and enquiring approach to the work of psychiatric professionals he has a wealth of experience on all aspects of medical, nursing and social worker behaviour and his shrewd comments about the organisation of the hospital services merit careful attention.

He has put this to good use with two lectures to the Royal College of Psychiatrists, both published in the *Journal*. The first was the Maudsley Lecture in 1981 on 'The Impact of Legal Modes of Thought upon the Practice of Psychiatry'. The second was at the 150th anniversary meeting in Brighton where he spoke about reform of the Mental Health Act 1983. Today he will deliver the Distinguished Guest Lecture on 'The Challenge of Individual Rights.'

I put it to you that Sir John Wood with his multifarious activities including building up the Sheffield Department of Law, his participation in a wide variety of interdisciplinary activities, and in particular, his important contributions to the care of patients detained under the Mental Health Act indicate that he is a psychiatrist at heart and I ask you to welcome him as an Honorary Fellow of this College under Section V.1 of the bye-laws.

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Scottish office

Karen Addie has now taken up her post as Administrator, Scottish Office, Royal College of Psychiatrists, 9 Queen Street, Edinburgh EH2 1JQ

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