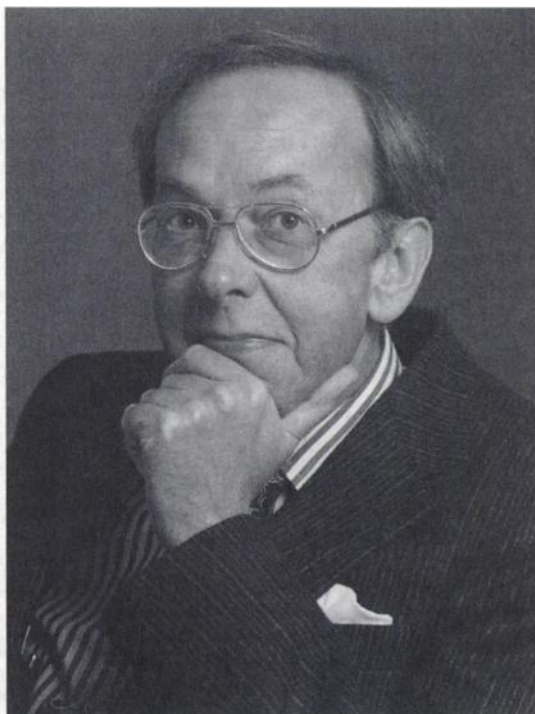


College of Psychiatrists and conferences organised by the World Psychiatric Association and were probably one of the most well-travelled couples in any group.

Geoffrey retained considerable interest in clinical research and had publications on alcohol-related disorders, stress as a predictor in schizophrenia, comparative assessment of depot neuroleptics and the study of Capgras Syndrome. He was a sound clinician and his opinion was always based upon careful observation and clinical evidence. He was not given to emotional excesses and his manner towards everybody, including his patients, was immaculate. It is rightly said that he never retired from his work; just two days before he was admitted to hospital he had travelled a long distance to examine a patient at Rampton Hospital. After he retired from the NHS he continued to work privately and also in locum capacity in a number of psychiatric units in Yorkshire. Work was his life and he was never tired of psychiatry or psychiatric patients.

Geoffrey endured the pain and discomfort of his terminal illness with serene dignity. He died, aged 81, on 5 August 1999 and is survived by his wife, Molly, and their two children, Andrew and Tricia.

SASI MAHAPATRA



**Robert Hugh Cawley**, formerly Professor of Psychiatry, The Maudsley, London

Professor Robert (Bob) Cawley was one of the College's founding fathers who led members of the Royal College of Psychiatrists to believe that to 'let wisdom guide' is a most appropriate precept for our professional body.

He made an extremely distinguished contribution to the College's work: he was Chief Examiner from 1981 to 1988 and chaired a working party to review the examination. In both roles he recommended many of the principles which still govern the structure and conduct of the MRCPsych. He believed in the examination, seeing its format as appropriate for the subject of psychiatry in today's climate: as a scientist, he ensured that it had validity as well as reliability. He saw multiple choice papers as tests of certain kinds of factual knowledge and introduced the Clinical Examination into the Part I, believing in the importance of testing clinical skills at an early stage in the trainee's career. Further, he introduced the examination of clinical management into Part II as a substitute for a second clinical examination and instituted the training of examiners and the monitoring of results. A measure of his success is that there are far fewer complaints about the examinations from trainees in the Royal College of Psychiatrists than in other medical Royal Colleges.

Bob gained particular satisfaction from the involvement of psychiatric trainees in the deliberations of the working party, a development that has been embodied in how the College addresses psychiatric training ('ask the consumer'). This has played a major part in the healthy and constructive collaboration between senior and junior members, which takes place on matters of mutual interest.

Professor Cawley's contributions to medicine and psychiatry extended far beyond those to this College. He held senior positions at the Department of Psychiatry in Birmingham, the Bethlem and Maudsley Hospitals, King's College Hospital, the University of London, the Medical Research Council and many of its boards and committees, chairing the Neurosciences Board, as well as the Royal Air Force. Latterly, he was consultant at the Charter Nightingale Clinic, as well as consultant adviser to the Department of Health and Social Security (1984–1989).

Bob spent his early life in Birmingham, where he was born (in 1924), and was educated at Solihull School, going from there to read Zoology at the University of Birmingham. He then took a PhD in Lancelot Hogben's Department of Medical Statistics. Illness had interrupted his schooldays which threatened his reading medicine, but with Hogben's support he persevered. His medical studies were combined with part-time research posts in medical statistics and social medicine, which influenced his unusual breadth of outlook throughout his professional lifetime. This was

particularly exemplified in the range of subjects which he taught. This ranged from genetics and human biology to behavioural sciences and the social and emotional aspects of medical and surgical conditions and their management. He taught medical students, doctors, and then trainee and qualified psychiatric social workers.

Soon after registration, Bob became convinced that clinical psychiatry was the career for him and many patients, trainees and colleagues have good reason to be grateful for that decision. His rare combination of scientific rigour, compassion and understanding, was inspiring, and meant that his reputation frequently went before him.

He led by example and had a gift of being able to put himself in the position of those without power and influence. It is not clear what impact his personal experiences as a patient had on his medical practice, but undoubtedly his own courage in the face of adversity inspired many. He was unfailingly courteous to patients, trainees and colleagues alike. He was erudite and cultured, fair-minded and firm, and above all, fun.

As Bob became more senior and influential so he was increasingly asked to undertake very difficult jobs. He never said 'no'. He would help colleagues who had got into most complex, difficult and even inappropriate situations which he did with total discretion and enormous care. He was indeed the psychiatrist's psychiatrist.

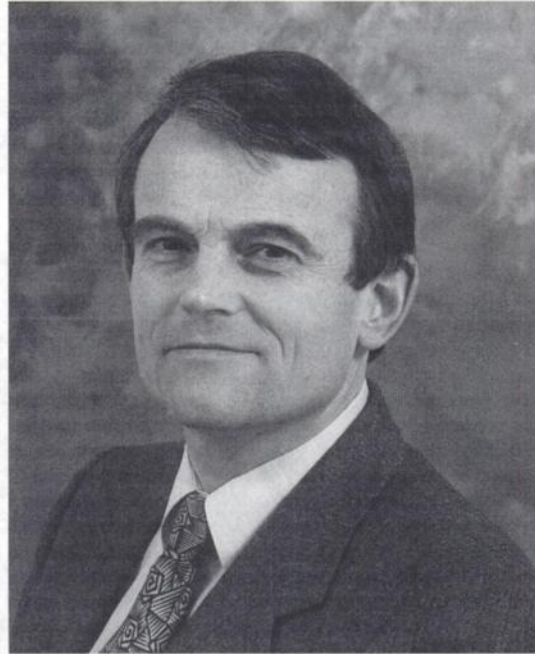
He was always open-minded and stood against dogma wherever it showed itself as, for instance in the polarisation between neuroscience and psychoanalysis, or inter-professional rigidity within the multi-disciplinary team.

The concept of the 'unsung hero' comes to mind. So often Bob chose to make his contribution, whatever its nature, behind the scenes, seeking neither acclaim nor recognition. He could not, however, hide his many qualities from those who knew him.

Closest of all was his wife Anne, with whom he shared so much joy and devotion.

FIONA CALDICOTT

Bruce Ricketts, who died at the end of February 1999, is remembered by many as a lively, astute psychiatrist and physician also as a man with diverse interests and talents. He bore his last cruel five-year illness with characteristic vigour. Those of us who knew him had a feeling of helplessness, but also marvel as we saw the determination, strength and love he and his family massed to set about dealing with the situation. At his memorial service, his long-standing friend, the Reverend Canon John Sharpe, spoke of the frustration and anger we felt, expressing it in William Blake's words "a robin redbreast in a cage puts all Heaven in a rage".



*Bruce Ricketts, formerly Consultant Psychiatrist, Department of Psychiatry, Royal South Hants Hospital, Southampton*

His formative years were spent in the Malvern Hills, Worcestershire, an area which always held a deep affection for him and played a part in his musical development. Another strong influence on him was the Quaker school he attended there. Anyone who knew Bruce can vouch for his strong sense of right and wrong and the importance of each individual. His work for organisations, such as St Dismas in Southampton and the Samaritans was invaluable. A man respected by so many, could do much for such worthy, charitable organisations who work with those often just on the edge of psychiatric services.

This sense of community was very evident within his day hospital work in Southampton at the Royal South Hants Hospital. There he led a multi-disciplinary team, steering that precipitous path with energy, skill and humour. In the 1970s he had moved from The Maudsley and St Mary's, Paddington, having obtained his MRCP and MRCPsych. Bruce was the first consultant I met in the Department of Psychiatry. I was a senior registrar new to the area. At our first encounter he lightly pointed out the advantages and shortcomings of the new hospital building – originally designed as wards for medical patients. He impishly moved his bookcase to show me where oxygen could still be piped in