

The College

Joint Meeting between the Royal College of Psychiatrists and l'Association des Psychiatres Français in Bordeaux, 14–17 May 1987

GEOFFREY WALLIS, Consultant Psychiatrist, Fulford Grange Hospital, Rawdon, Leeds

Une occasion historique et mémorable—like the French Revolution and Pinel's permissiveness—was this Reunion Franco-Britannique de Psychiatrie. It was the first international College meeting and the first to be held outside the British Isles. The principal organisers were Professor Marc Bourgeois of the Centre Hospitalo and Universitaire de Bordeaux and Dr Stuart Montgomery, the Chairman of our Programmes and Meetings Committee. Some 140 College members and many spouses attended and there seemed to be about an equal number of French. Well appointed 'amphithéâtres' in the science department of the University accommodated the main academic sessions.

The first one was on AIDS, which comes out as SIDA in French. The British contributors, who were our President (Dr T. H. Bewley), our Programmes and Meetings Secretary (Dr Chris Thompson) and a neurologist (Dr B. Toone) were male and their discourses were mainly clinical whereas the French trio was Parisian, female and, reflecting the influence of the Pasteur Institute, whence came Dr R. Vazeux, spoke very fluently and mostly about virology and cellular pathology. One of them, however, Dr M. A. Merckx, discussed the psychiatric problems and needs of AIDS patients and pitied the psychiatrist, who she said, was "the recipient of the guilt of one and all". The impression left was that multiplying and diversifying strains of HIV, with, in Dr Christine Rouzioux's words, 'tropisme' for the central nervous system, are attacking the brain, breaking up the neuronal nuclei into lobules so that they look like those of polymorphs and causing lymphomata and other focal lesions, meningitis, encephelitis, cerebral haemorrhage, retinopathy and neuropathy; the psychiatric consequences being anxiety, depression, behaviour disorders, delirium and dementia of far greater malice than ever wreaked by the pallid spirochaete. Dr Bewley distributed a paper which would comprehensively inform anybody wanting to be updated on psychiatric disorders associated with AIDS to accompany his talk.

This session was marred by the recent murder by a patient of Dr Seux, who should have spoken on 'Psychopathology and AIDS', and his secretary. Also Professeur Pierre Pichot, a sage if not the actual doyen of French psychiatry, could not come. However, we had the privilege of seeing and hearing Professeur Pierre Deniker, who, with Jean Delay led the introduction of chlorpromazine into clinical psychiatry. He was currently in his eighties but clear and lively in his address and in discussion. He said a reminder of deeds

"connus de tous" mattered less than a recall of the concepts in the discovery of the chemotherapies. These concepts were associated with the diencephalic-extrapyramidal syndromes common to chlorpromazine, reserpine and encapheletis lethargica and were instrumental in the development of other compounds and of the dopaminergic theory of schizophrenia. Professor Deniker thought that the USA's classification of neuroleptics "entr'eux" according to their CPZ equivalence, as opposed to the European classification by therapeutic and side effects, perhaps explained the apparent excess of tardive dyskinesias "en Amérique".

In the same session Professeur C. E. Pull of Luxembourg detailed the inclusive and exclusive criteria for schizophrenia in the DSM III, in the ICD 10 about to be released to an expectant Europe, and in French-speaking countries. The differences between the three did not seem enormous but the French apparently intended to go on paddling their own canoe. They may have had some justification for doing so and one appreciates their non-conformity but is any other branch of medicine internationally so divided over its concepts, although united as a fraternity, as psychiatry? Dr Tim Crow of the Clinical Research Centre at Northwick Park Hospital spoke of the evidence from three very careful studies that in schizophrenics there were developmental abnormalities in and around the temporal horn and the occipital area on the left side, these findings being compatible with an anomaly of the genetics, which were perhaps specifically human, of brain asymmetry. Other papers, French and English, emphasised the importance of depression, notably its contribution to readmission to hospital, in schizophrenia. The last speaker in this session, Dr Y. Lecrubier, of Paris, set the cat among the English semantic pigeons by talking of activating drugs in schizophrenia. Seemingly the French use the word 'inhibition' more or less synonymously with depression, so that a disinhibiting or activating drug is for them what we would call an antidepressant.

Similar problems arose in a session on 'The Difficult Patient' when Professor Delahousse, from Amiens, in discussing problems in halfway houses referred to a system of care guided by the maxim "tantôt écraser le délire, tantôt désinhiber le sujet", which perhaps for us would equate to the 19th century belief that removing the delusions effects a cure, although "désinhiber" here did not seem to have the same meaning as for Dr Lecrubier. Professor Delahousse's

approach to the chronic psychotics of whom he spoke seemed to be remarkably psychoanalytic. This session mercifully avoided the dreadful problems of finding appropriate beds for difficult-to-place patients and concentrated on clinical matters. Professor Gethin Morgan warned of a disparity between suicide statistics on the one hand and suicide risk and prevention in the individual on the other.

As an aid to communication, which was particularly valuable in a lecture theatre where the excellent simultaneous translation was not available, many of the speakers had prepared summaries or longer versions of their talks in both French and English and some showed slides simultaneously in the two languages, a seemingly novel aid. Professor Donald Eccleston, in a talk on resistant depression, signalled like a semaphorist or tic-tac man to the projectionist who, although performing wonderfully, caused the images of some slides to appear upside down and others rapidly to repeat themselves, while for Dr Fiona Judd, from Australia, the image of one of her pairs of slides rotated rapidly while she gave a paper on acute spinal cord injury and depression.

In a session on psychotherapy Professor Isaac Marks talked on efficient use of therapeutic time. The subject of another session was treatment for the aged and Dr Isabel Moyes observed that the likelihood that they would tolerate tricyclics poorly had proved less than expected, while Dr E. H. Bennie, having investigated fluoxetine, took the refreshing step of reporting a negative result in a placebo controlled drug trial.

There was also a forensic session. Professor Robert Buglass and Dr Angus Campbell respectively described differences in criteria for criminal responsibility in the European countries and forensic psychiatric services in Great Britain and Dr John Hamilton delineated our controversies about treating psychopaths in hospital. No such difficulties beset Professeur Michel Bénézech who, pale faced, longish of dark lateral hair, gilt clasped and bootlaced around the neck, paced the deck as he spoke without hesitation or visual aids, turning occasionally to our startled President in the chair to emphasise and dramatise a point on French units for dangerous mentally abnormal offenders. Article 64, dating from 1810 and still applying, of the French penal code read simply "There is no crime or offence when the accused was in a state of dementia at the time of the act", "dementia" in this legal sense subsuming serious mental disorders which deprive the patient of his free will, sane and enlightened judgement and free choice in full consciousness between good and evil. There were four psychiatric units for particularly dangerous patients but their total capacity was only 520 beds in the whole of France. A decree of 1986 brought the safeguarding of these patients' rights much into line with ours.

The French have the same movement into the community as we do but their psychiatrists differ from us in that there are three associations instead of our one College and more psychiatrists are engaged in full-time private practice than those who work in the public sector.

In 1152 Eleanor, Duchess of Aquitaine, of which Bordeaux is the capital, married the man who two years later became our King Henry II. As a result of this match England acquired Aquitaine and kept it for some 300 years, the arrangement being ended by the conclusion of the 100 years war. Eleanor introduced into England the conditions, set out in the 'Customs of Oléron', under which sailors were entitled to medical treatment and thus, you could say, started our National Health Service.

The originally marshy soil around Bordeaux has provided an ideal grape growing medium since Roman times and Bordeaux's situation on the Garonne enabled Aquitaine to become in Eleanor's day the greatest maritime power in Europe. When we were greeted in l'hôtel de Ville, gorgeously decorated and scented with lilies and white roses and gladioli, the Deputy Mayor remarked that Bordeaux had been too occupied with business affairs to indulge in revolutions.

We saw more of Bordeaux at a dinner in a restaurant with great character near l'hôtel de Ville, during a river trip with dinner and on a morning tour by bus and on foot. Part of the city was thriving when the English were there and, helped by clever construction to admit light while preserving the original style, a few of the old buildings have been converted into modern accommodation. Some of us, in the Grand Théâtre's 'gods', called 'paradis', where the proximity to the painted ceiling seemed actually to improve the acoustics, heard the London Virtuosi with the trumpeter Bernard Soustrot and in Bordeaux's art gallery we saw some lovely Titians.

There were outings to vineyards and splendid wine producing Saint Emilion, Sauterne and Médoc châteaux. How the grapes grow in sand and stones, having had no added nourishment except manure at time of planting, which could be 40 years previously, and some potassium and a little water, is mysterious. Chris Thompson remarked that wine making, dependent on uncertainties and needing intuitive judgement of timing, was like psychiatry. The simile became even more apt when one of our wine teachers said that if one drank le vin rouge too young it tasted "angry, aggressive and resentful".

At the exit to the main 'amphithéâtres' our hosts provided aperitifs for those who delayed going to lunch and liqueurs for the hungry others. The wine and food were sumptuously beyond compare throughout the meeting, especially at the conference dinner at the Château Roquetaillade, a magnificent mediaeval castle, in a picturesque rural setting, renovated flamboyantly by Viollet le Duc in the nineteenth century and ornamented by bright pre-Picasso painting. The evening was not one for long speeches but more for camaraderie, to promote which our Registrar let down a drawbridge and presented a memento.

The organisers, among whom Deborah Hart, with her perfect French, and Rukhsana Rao, both of the College secretariat, did so much, merit many thanks and congratulations for a highly educational, eye-opening and enjoyable event.