

Perspective

An occasional series in which contributors reflect on their careers and interests in psychiatry

An Hour of Breath

DAVID STAFFORD-CLARK

When and why did I finally decide to specialise in psychiatry? In retrospect the answer emerges with surprising clarity from the enchanting mists of a youth increasingly overshadowed but never spoiled by the approaching threat of the Second World War. Those distant memories insist on brief inclusion because they were in one sense so contradictory, in another so seemingly inevitable, given my particular kind of enquiring mind and naive thirst for adventure.



I had decided I wanted to be a doctor soon after reaching the age of seven. There was no precedent in the family so my father approached the family doctor, whose advice was categorical, succinct, and decisive. "Guy's," he proclaimed, "is the best hospital, and the University of London offers the best degree." My later dreams of Oxford had to be postponed: I entered Guy's at 17 and qualified five and a half years later in January 1939. But on the way I discovered that I had been awarded the Gate Prize for poetry, (awarded annually to 'the best poem published in a school magazine' and, in 1933, the first time *The Felstedian* had been accorded this distinction).

During my undergraduate years at Guy's I shared the Pembrey Prize in Physiology with a fellow student, and won the Gillespie Prize in Psychological Medicine, the latter largely because the combination of clinical histories and underlying compassion had made 'Henderson and Gillespie' my favourite textbook; but at heart, I saw myself as a surgeon.

Nevertheless I gratefully accepted Dr Gillespie's offer of six months at Oxford in a paid job at Littlemore Hospital under Dr R. W. Armstrong, who in addition to being Medical Superintendent was forging links with the University: he later (1957) became President of the RMPA. We hit it off well, he gave me unlimited clinical responsibility as well as time for revision for my own University qualifying examinations due in June: my January qualifications had been the

Conjoint. My younger brother John was currently up at Merton, reading Law, and those shared six months in an idyllic clinical and academic setting are a permanently precious memory. One lasting outcome of them was that I resumed writing poetry. Blackwell's of Oxford later published two collections of my poems, in 1941 and 1943: the first in memory of my brother, the second a tribute to all those other unforgettable young men like him, whose dedication to wartime flying cost them their lives.

I returned to a House Surgeon's job at Guy's in July, having acquired my MB BS, and on the outbreak of war my brother and I both volunteered for active service. By Christmas we were both in uniform; John in the Fleet Air Arm and I in the RAF. We shared one leave together in London during September 1940 when he had just qualified as a pilot. He was killed in February 1941, a few weeks before his 21st birthday. My wartime concern for aircrew, already a dedicated vocation, became a deeply personal as well as a professional crusade.

It had begun with my service in the Advanced Air Striking Force in France during and after the German breakthrough, where I was Medical Officer to 73 (Fighter) Squadron who remained operational on French soil after Dunkirk, until the final surrender by Marshal Petain on 17 June 1940.

Following a hazardous return to the UK, I spent the early months of the blitz in the balloon barrage in East London before returning to flying experience for the next four and a half years in Bomber Command. The outcome was my first teaching job after VE day—to newly joined junior colleagues entering the RAF Medical Service in preparation for the final reckoning with Japan: the key to that task was relating morale to flying experience in operational aircrew. I had by this time acquired some 270 hours personal flying time with selected crews out of the four thousand among whom I had worked, lived and learned.

I had also joined a bizarre task force of seasoned RAF doctors organised by the late Wing Commander Roland Winfield, AFC MB ChB, to parachute down with medical teams to crashed aircraft on the Assam/Burma/Malaya sorties planned for Bomber Command and US 8th Bombardment Group as their contribution to the recapture

of the Far East by air. We had completed parachute training but our retrieval techniques were still in the experimental stage when the war with Japan ended—luckily for us. I have since explored that terrain, both from the air and on the ground. Although imaginatively heroic in concept at that time, now, with the wisdom of hindsight, it goes without saying that the exercise couldn't possibly have worked.

From all this I had learned one remarkable fact. The Air Ministry, in their wisdom (or simplicity), assumed that a qualified doctor must have some basic knowledge of morale under stress, and what to do about it. They were essentially wrong; learning came only on the job, but the real point is that they ought to have been right. I came out of the service in very early 1946 personally resolved to teach doctors the essentials of psychiatry as they were correctly presumed to need to know them. But first I had to learn them myself. I sought an appointment with Dr R. D. Gillespie (lately Air Commodore) as soon as he should return to Guy's. My own demobilisation was due by the end of 1945; but Gillespie's health and vitality had been cruelly destroyed by the war, and before he could see me he was dead. Sir Charles Symonds, who knew my work, advised me to try The Maudsley. I did forthwith, resolving to go for broke by applying for a Nuffield Fellowship, to provide three years paid training, at the same time. (Professor Aubrey Lewis, Clinical Director at The Maudsley, was also one of the Nuffield Foundation Selection Committee.)

I first crossed the threshold of The Maudsley Hospital in January 1946 to meet the Professor (later to become Sir Aubrey Lewis) so that he could devote some of his enormously valuable time to the assessment of my suitability for postgraduate training in the speciality of psychiatry. His reception of me was characteristically courteous, urbane, and somehow strangely detached without being in the least unfriendly. He enquired, and I told him, about my medical qualifications and experience, in doing my just completed five years service in the war, and my reading during that time of a good deal of Freud; (in translation—a momentary pang passed across that enormously erudite face) as well as my diligent study of the one general textbook of psychiatry which I had found most rewarding: Henderson and Gillespie's treatise on psychiatry. I mentioned my secret report on morale and flying experience to the Chiefs of Bomber Command, but I completely forgot to mention the Gillespie Prize. So much had happened since then. When I had finished my account, which took a curiously short space of time and was delivered with a brave determination which could very easily have become lame had I faltered under that penetrating scrutiny, he said, "I see. So you know about as much psychiatry as the average parson or barrister". It was unanswerable at the time because I was dumbfounded: later, it remained unanswerable because I knew in retrospect that he had been right. Such was the instant perspicacity, clinical intelligence, and gently penetrating wit of this basically humane and almost unimaginably scholarly man.

But he was as kind as he was wise. After having irrefutably disposed of my immediate aspiration for a Nuffield Fellow-

ship, he told me that nevertheless he was looking for doctors with my determined ambition, once they had proved themselves to be capable of achieving outstanding academic background in general medicine. In my case that would be a University Doctorate and the MRCP. "Go back to Guy's and get them", he said. (Did I imagine a twinkle in his eyes?)—"And when you have got them, come back and we'll see what we can do about all this".

I did exactly that. I took and passed the MRCP in July 1946, thanks to the indefatigable coaching of two of Guy's most brilliant Medical Registrars at the time, Neville Southwell and Paul Forgacs, and then offered my thesis to the University of London: *Morale and Flying Experience. Results of a Wartime Study*. It was returned unread with a brief letter pointing out that this would have to be considered as a thesis for an MD in psychiatry, and since I had written it without any psychiatric qualifications or experience other than my wartime service, it did not qualify for consideration. So I took the exam for the MD in General Medicine and passed with Commendation for the unseen essay title, in December 1946. (Essay set as an unseen in the MD Examination in General Medicine at the University of London, had as its title 'Propaganda in Medicine'. Although commended this was never returned to me and has been lost somewhere in the archives of the University or shredded or disappeared).

I had begun my Nuffield Fellowship at The Maudsley in September of that year on the strength of my MRCP and the hope of the MD, now achieved, and I had the supreme good fortune to have Erich Guttman and Eliot Slater as my immediate teachers, with Martin Roth as my Senior Registrar. I spent the first 18 months of my Fellowship at The Maudsley with Registrar status, and during this fruitful apprenticeship, on the advice of Dr Slater, I rewrote my wartime theses in a form suited to a contribution to *The Journal of Mental Science*, where it was eventually published under the original title in 1949; to be immediately picked up by Chapman Pincher for headline treatment in *The Daily Express*. He gave a remarkably faithful distillation of the basic theme, with some added cartoons.

By this time I was due for six months (January to June 1949) as a Registrar at the National Hospital for Nervous Diseases, Queen Square, to be followed by my final year in America, first as a Resident in Psychiatry at the Massachusetts General Hospital and then, thanks to Professor Stanley Cobb, as a Clinical Teaching Fellow at Harvard Medical School.

I returned to England in July 1950 to become Chief Assistant to Professor Lewis.

This was a crowning culmination to three golden years of very hard but immensely illuminating work and learning as a Nuffield Fellow. My job for Professor Lewis was to organise his University post-graduate teaching at The Maudsley, arrange the rounds and case conferences, ensure that the registrars on the Professorial Unit (who included Drs J. J. Fleminger and G. F. Vaughan) were ready for their fortnightly review of the recent literature on a current topic (called with misleading levity 'The Journal Club'), and run

the Deep Insulin Unit at The Villa. We usually had up to 20 patients going into deep coma twice a week for an average of ten weeks; incipient 'irreversible' comas were a constant danger but intense vigilance and immediate readiness to terminate coma by intravenous injection, followed if necessary by perfusion with glucose saline drip, prevented any fatalities.

Interestingly enough, although we never lost a patient, my period in this office saw the final abandonment of this heroic therapeutic backwater at The Maudsley. Concurrent research instituted by (among others) the late Dr Brian Ackner conclusively demonstrated by double blind trial that deep insulin treatment was no more effective than intravenous pentothal, given with the same dedicated TLC. Both techniques were of course destined to be overtaken by chlorpromazine and its derivatives in the treatment of schizophrenia.

Before I had gone to America, I had told Professor Lewis that my eventual goal was to join the consultant staff at Guy's. After I came back, and during my tenure as his Chief Assistant, he invited me to consider an alternative opportunity: immediate appointment as whole time Reader in Forensic Psychiatry to The Institute of the University, leading to a Chair in the near future. But I knew that my immediate commitment was to undergraduate teaching first and foremost, with postgraduate training and research a close but definite second. A vacancy had just been created at Guy's, and if I could secure it I could achieve both my goals: I explained to him, and he smiled wanly.

"I've always doubted whether anyone can succeed in teaching undergraduates psychiatry", he said.

But for me the die was cast. I applied for the Guy's job and was appointed to the Consultant Staff with effect from 1 December 1950. My senior colleague there was Dr T. A. Munro, successor to Dr Gillespie and sharing the same academic background, and we were confronted with a gigantic challenge. My colleagues at Guy's in other specialties still considered a 44 bedded Psychiatric Unit an unnecessary extravagance in a traditional undergraduate teaching hospital, and would have readily taken over the York Clinic for obstetrics or neurology (to take just two examples).

We placated Sir Charles Symonds, one of the world's greatest neurologists now returned to Guy's with a weekly case conference in his honour, and set about making our department the mecca for undergraduate and postgraduate students in a teaching hospital setting. In this we had the full backing of the York Clinic Trust, set up by the anonymous donor, an independent committee of public figures able and prepared if necessary to stand up to The Governors. We aimed from the start for the highest possible standards of eclectic clinical psychiatry for all our patients, under all circumstances. Under the terms of the Clinic's foundation, we were able to allocate 24 beds entirely to NHS patients, and the remaining 20 as a pool for private or emergency admissions on a never empty bed system; whereby patients due for discharge left their rooms or cubicles between 10.00 a.m. and noon and new patients were admitted the same day between 2 and 4 p.m.

Our bed occupancy rate rapidly became the highest in the hospital: with an average stay of four to six weeks, intensive follow-up indicated a 30% complete recovery rate with significant improvement in 80% of the remaining in patients treated, and a re-admission rate of around 20% over the ensuing years. We were among the pioneers of general anaesthesia and muscle relaxation for ECT, we experimented carefully with electro-narcosis, publishing our results, and we trained junior staff in general psychiatry, psychotherapy, both supportive and intensive, and the judicious use of psychopharmacology. Although we no longer used deep insulin coma, we retained modified insulin as an adjuvant in the treatment of acute and chronic anxiety, and anorexia nervosa in selected cases, for some time.

We established a three month clinical appointment for 2nd/3rd year clinical students, during which we sought to teach them basic clinical psychiatry and its place in general medicine and surgery, involve them in an awareness of responsibility for our patients, and encourage them to express and examine their own ideas and possible prejudices. We did this in three ways; allocating old and new in-patients to each student, with updating reviews of treatment and progress on a weekly ward round; ensuring that the first encounter between new out-patients and a member of the firm would be with a junior colleague (synonym for student) who would present the patient to me after I had reviewed old cases for follow up with the rest of the firm; and by a weekly open seminar on Friday afternoons between 2.15 and 4.30 p.m., open to all current undergraduate members of the firm, including student nurses, where the choice of topic was theirs and the subsequent discussion entirely free and spontaneous.

These seminars were not only refreshing and great fun: they also encouraged creative as well as critical thinking, and an invigorating sense of participation in the shared adventure of ideas. An additional spin off of the pace and rhythm of The Clinic was the attraction of outstanding junior staff both from within Guy's and also from all over the Commonwealth and eventually the United States of America.

In 1954 Tam (Dr Munro) left for the quieter life of his beloved Edinburgh, and Dr J. J. Fleminger filled the vacancy while I became Director of the York Clinic and Physician in charge of the Department. We shared the beds and the four out-patient teaching clinics at Guy's equally. Just before Tam left we had been offered and taken an entire issue of the Guy's Hospital Reports to publish our work, philosophy, and results, in celebration of the tenth anniversary of the opening of the York Clinic. A second special number of *The Reports* devoted to psychiatry, about twice the size of the first, was published on the Clinic's 21st anniversary in 1965. By this time I had begun to recognise the vital role of public education in psychiatry and the immense opportunities for it in writing, radio and ultimately television.

My first major venture had come through Sir Allen Lane of Penguin Books commissioning a book for the intelligent

layman from me on the recommendation of Sir Aubrey Lewis: they chose the inspired title 'Psychiatry Today' and I did the rest, first gathering material during the latter part of my Nuffield Fellowship in America and then writing the book during my first year as a Guy's Consultant under the keenly critical eye of Professor Lewis and the obsessively meticulous editorial discipline of Mr A. S. B. Glover, Editor of the Pelican Special Series. The book was published in 1952 and immediately received an astonishing acclamation in the *Times Literary Supplement*. Within weeks Allen and Unwin had asked me to write their first ever textbook of *Psychiatry for Students*, and I had been offered a part-time lectureship (one half day a week) in the Faculty of Letters, Department of Psychology, by Professor Carolus Oldfield at Reading University, which I accepted at once; but in a moment of realistic clairvoyance I asked Allen and Unwin for 12 years grace in which to learn more from my students about teaching, and from my patients about caring for them, before daring to attempt this second tour de force. *Psychiatry for Students* was published in 1964: *What Freud Really Said*, commissioned by Macdonalds as the first of their 'What They Really Said' series, a year later.

There had been other important changes between 1954 and 1965: Professor Oldfield had moved from Reading to Magdalen College, Oxford, and I had left Reading to take up two sessions a week at The Maudsley to found a special outpatient clinic for cases labelled as hopeless either from Guy's or The Maudsley itself. It was helped by a succession of Senior Registrars each working with me for ten months: we published our report on the first 15 year results in the Guy's Hospital Reports in 1972, a year after I had been elected a Foundation Fellow of The Royal College of Psychiatrists.

Over this same period 1954–1960 we had consolidated our status as a centre of excellence, not only in Guy's but in the world. One of several indications of this was an invited contribution about the Department and the York Clinic as an example of the integration of psychiatric services in a general hospital in the publication of *Frontiers in General Hospital Psychiatry*, edited by Dr Louis Linn of New York, and published to celebrate World Mental Health Year 1960 dedicated to the World Federation for Mental Health. Ours was the opening chapter, and the records and achievements of the York Clinic were central to it.

We had also embarked upon and begun to publish several major research projects: the first the outcome of a correlation of clinical neurological and psychiatric profiles with the EEG records of prisoners charged with murder; later expanded to controlled studies along identical lines on the psychopath in prison. Denis Hill was responsible for the EEG work, Dr Frank Taylor of the Prison Medical Service and myself for the clinical work. This involved steering a tactful path through the vagaries of the Official Secrets Act, as interpreted by HM Prison Commissioners. But eventually the work was cleared for publication. It was later most ably confirmed and carried further by my old friend Trevor Gibbens who had succeeded to the Forensic Chair at the Institute of Psychiatry, and Desmond Pond who took over the EEG studies.

Then at the York Clinic we became very interested in the nature of Pain, Time, and Consciousness; working in collaboration with William Goody of the National Hospital, Queen's Square, and in the Clinic with Bernard Mallett and Douglas Brough. We published our findings in *The Guy's Reports*, and *The Proceedings of The Royal Institution*. Much as we learned and taught, final comprehension of the psychophysiology of schizophrenia continued to elude us. On a less spectacular level we had not forgotten the essential humanities properly inherent in medicine. Guy's had instituted a tutorial system for its students in the true University tradition; but some of the tutors, among them excellent academic teachers of preclinical subjects, were less at home with the private woes and personal problems of their undergraduate charges. We came to the rescue with an unobtrusive but highly effective tutorial back up for bewildered tutors. My wife had joined us in imaginatively upgrading the home from home ambience of the York Clinic in collaboration with our Deputy Matron, now the late and deservedly beloved Anne Moss, together with a keen and enthusiastically cooperative administrator, Douglas Haigh—and I had become (apprehensively) a television personality; albeit officially anonymous.

This had come about gradually by the most innocent of byways; a lecture in the early 1950s to a group of hospital chaplains among whom was a formal Naval chaplain and member of the BBC's religious broadcasting department. He had invited me to test for a 15 minute broadcast as 'The Doctor' on 'The Silver Lining', a series devised by Stuart Hibberd, a former newscaster in retirement, for those listeners, lonely, old, handicapped, or housebound, for whom the radio was literally a lifeline to a wider contact with those who cared. I took my turns on this weekly series (Tuesday afternoons 4.15 to 4.30) for several years, when the advent of television discovered me as an established voice. The late Sir Huw Wheldon sought me out for an experimental TV programme series, which led to an open invitation to present my own series: 'Lifeline'.

I agonised over this invitation (as it turned out unnecessarily) for some weeks, largely because I feared that so adventurous a step might cost me the FRCP if senior colleagues in the College misinterpreted my role as self-seeking publicity. But I knew by then exactly what I wanted to do with the opportunity if I took it on; and in the end I decided the value of the objective outweighed any craven doubts about whether it could be achieved. The objective was to convey two fundamental truths to the public including all and any fellow doctors who might watch: one, that the practice of medicine of any kind must include an appreciation of how it feels to be the patient; the other that the essence of all teaching and learning in medicine—or any other art or science—must be to experience and inspire an imaginative interest fired by a quest for truth and humility at the wonder of existence. If I was right in believing this to be achievable through television, then it would be inexcusable not to attempt it.

I was given a brilliant young producer, Hugh Burnett,

and together we fashioned some 50 half hour programmes over six years between 1957 and 1963. They were shown fortnightly for three months at a time, rested for a month or two and then resumed for another three months. They involved 47 other doctors, GPs and consultants of every kind from general medicine to psychotherapy to plastic and neurosurgery, as well as numbers of patients and ex-patients and periodic examination of the claims and phenomena of healers, hypnotists, and mediums. All were done live. Two starred my wife as the anonymously impartial subject of a well-known medium. A reviewer heralded her as the Greer Garson of television.

In 1964 (having eventually discovered in 1958 when I was awarded the FRCP that the College approved of my television activities) I undertook a special series of eight weekly programmes called 'Brain and Behaviour'; involving live presentation of animal as well as human behaviour, from the instinctual territorial antics of sticklebacks in aquarium tanks to the stabilising effect of sustained mental concentration on the EEGS of patients who had produced temporary instability by voluntary overbreathing. While this was recovering they were asked to do simple arithmetical calculations while their EEG was monitored, and while they were doing them their EEG went back to normal; reverting to the recovering abnormality when they ceased. In all this I owed a considerable debt to the researches of Professors J. Z. Young and Nikolaas Tinbergen, among others. An ambitious sequel in 1965, 'Mind and Motive' was almost too successful. A searing examination of the Psychology of Prejudice and Persecution (subject of the 7th Robert Waley Cohen Lecture at the University of London in 1960) caused so much excitement on the BBC switchboard that two final and equally potentially charged programmes 'Power and Politics' and 'Poverty and Responsibility' were cancelled by the Corporation, ending the series at six.

However the nature of television was changing rapidly with the increasing techniques of electronics and journalism. Live television was virtually confined to game shows and sports; while any kind of 'serious' subject was extensively prerecorded on film or video, and subsequently edited to the overall length, balance, and proportions envisaged by the producer, but not necessarily approved or controlled by the presenter. 'Voice-over' enabled pictures to appear in programmes which the speaker had never seen. Control of content and impact required involvement in all these off camera activities; and my own experience in making three award-winning teaching documentaries for medical students had taught me how time-consuming this could be. Yet time was what I needed most.

I needed it above all for my clinical work and teaching at Guy's and The Maudsley; this occupied 40 to 50 hours a week. When I could spare time for travelling I undertook tours eastward to universities, hospitals and medical schools from Beirut through Pakistan and India; westward to Canada and America.

I concluded my television career with arts programmes: a study of Rodin's 'The Kiss' for the BBC First Eleven Series, and a contribution to Thames Television's Treasures of the

British Museum on Ethnography and the Arrow of Time. But by this time I was undoubtedly overworking.

In the Department at Guy's we had developed an extensive liaison psychiatry service; and I had been travelling widely as guest lecturer and later visiting Professor at universities and hospitals all over the world: in the UK, as well as London they included Oxford, Cambridge, Edinburgh, Aberdeen, St. Andrews, Birmingham, Sheffield, Lancaster, Durham, and Newcastle in the days of Henry Miller. Overseas in Europe I had lectured as far apart as Lisbon and Budapest. We had forged links between the York Clinic and key clinics in the USA. I had been visiting Professor at The Phipps Clinic of the Johns Hopkins, the Massachusetts General, and the Departments of Psychiatry, Neurosurgery, and Neurology at UCLA. I had acted as Medical Consultant to John Huston's film 'Freud'.

In addition to these activities I had to record the most significant fruits of The York Clinic experience in publications with colleagues; over one hundred original papers published between qualification and retirement: and to carry onward the torch of public education by extramural lecturers as well as routine clinical teaching. Out of over 300 extra mural invited lectures between 1950 and 1978, (The Sarah Stolz Lecturer at Guy's 250th Anniversary Celebrations and the ten Gifford Lectures at St Andrews came after my retirement), those given to the Royal College of Arts (What Really is Psychiatry?), The Royal Society of Arts (The Contribution of Psychiatry to Modern Medicine), The Royal Institution (Time and Consciousness), All Souls College at Oxford (The Implications of Psychopathic Personality), The Psychological Society, Cambridge (Man as a Mirror of his World), and the 7th Robert Waley Cohen Lecture at London University already mentioned (The Psychology of Prejudice and Persecution), remain for me some of the most memorable. But stimulating and exciting as these things are, they do take it out of you: something had to give; and characteristically my Achilles heel went back to the war.

In 1940/41 Churchill was prepared to go to any lengths to repel a German invasion. Two of his schemes involved setting the sea on fire (RAF and Navy), and spraying harassing gases on invasion beaches as the invaders approached (RAF Bomber Command). The second scheme required Blenheim Bombers of 2 Group to fly at 50 feet over the target spraying from top secret cannisters. I shared the aircrews' training, which involved not only flying with the spraying aircraft using aniseed, and being sprayed by them while wearing protective clothing; but also breathing the actual harassing gases at Porton Chemical Warfare Centre on Salisbury Plain. Champagne was provided for recuperation.

Six weeks after the course was over I discovered I had become allergic not only to champagne and toxic gases, but also to any kind of secondarily fermented wine. The allergy took the form of bronchospasm and the generalisation of stimulus effect spread to live yeast in all its forms. I took the advice of Air Vice Marshal Sir John Conybeare on whose firm I had been, and decided to treat myself

symptomatically, thereby avoiding invaliding. It worked, not only for the rest of the war but for many years afterwards until the evening of 26 August 1971 when I suddenly developed acute and total bronchospasm while having dinner. I rapidly became completely unable to breathe and only my wife's presence of mind and the invaluable help of John and Ruth Fleminger in getting me on to oxygen and into an ambulance and thence to Kings College Hospital Casualty within minutes of my ceasing to breathe spontaneously, and seconds before I should have undergone cardiac arrest, saved my life.

Kings looked after me wonderfully, but inevitably Dr Hugh Jones told me that I would have to take early retirement and live, at least for a time, in a benevolent sub tropical climate preferably among mountains. Yet so excellent were the results of his and his colleagues' treatment that I managed to wind up my contribution to Guy's over another three years, finally retiring to live in Cyprus on the day after my 58th birthday on 18 March 1974. Two years later, in 1976, the College was to bestow upon me its crowning honour: Honorary Fellowship. My wife and I survived the Cyprus War and, after emerging temporarily from retirement to serve as Consultant to HM Forces and UNFICYP (United National Forces in Cyprus) in the Middle East, and experiencing the satisfaction of seeing both my invited contribution to the 15th edition of the *Encyclopaedia Britannica*, and my first novel in print, we eventually returned to England in 1982. My health, subject to regular medication, remains pretty good.

Now, in my 72nd year, have I achieved perspective? I think so. Was it all worth it? Most certainly it was. And yet, so close to the end of this reasonably concise resumé, I've almost forgotten to mention some of the glorious fun things: but as usual my wife's memory is not only better, but more balanced than my own. For my last three years at Guy's I

was paid the supreme tribute of being elected President of the Rugby Club; thus completing a happy Tripos among my students: President of the Theatre Club and of the Debating Society being the other two. During that three years Guy's won the Hospitals Cup, plus the Junior Cup twice, and as invited participants reached the quarter finals of the Middlesex Sevens, beating (among others) London Scottish, the previous years winners, by some 30 points. After the opening game of the season with Cambridge University which they won by just two points, I was made an honorary member of the CURUFC. Their engraved tankard stands on my desk as I write. During the final season, my wife and I went to every match, home and away, travelling all over the country.

Much later, travelling at leisure with my wife all over the world in my retirement, learning what my erstwhile junior colleagues, many now eminent doctors, are doing, from Newfoundland to New Zealand, leaves me in no doubt. I tried: they are succeeding.

My wife has long treasured eight lines of verse whose origin she had forgotten and couldn't find. I have periodically searched for them in vain, but finally I found them. They seem to me to convey with exquisite precision the essence of that exploration of the human predicament which must underly the whole of medicine and is at the very heart of good psychiatry. They were written by John Masefield in 1914.

*'Man with his burning soul
Has but an hour of breath
To build a ship of truth
In which his soul may sail—
Sail on the sea of death,
For death takes toll
Of beauty, courage, youth,
Of all but truth . . .'*

Correction

Due to printers' error a photograph of Dr David Stafford-Clark appeared instead of one of Dr Jim Birley on page 210 of the June issue of the *Bulletin*. We apologise to Dr Birley and Dr Stafford-Clark and reproduce the correct picture opposite.



Dr Jim Birley