

volumes he had set out his ideas on the general theme of *Attachment and Loss*.

John Bowlby's work had influenced the researches of many people in different disciplines. He had received many honours, both nationally and internationally, and was universally regarded as one of the foremost research psychiatrists of our time.

Dr Gavin Shaw: Dr Gerald Timbury introduced Dr Gavin Brown Shaw, PRCP, FRCP Lon., FRCP Edin., Hon FRCP Ireland. Dr Shaw was Senior Consultant Physician and Cardiologist in the Southern General Hospital, Glasgow. He had done a great deal to develop his hospital as a centre of excellence, and his particular interest in cardiology and rehabilitation had been reflected by the service which he had developed, and by his involvement in the creation of the Glasgow School of Occupational Therapy. Dr Shaw's particular contribution to College affairs had been his period as Honorary Secretary of the Royal College of Physicians and Surgeons of Glasgow and more recently his Presidency of that College. Dr Shaw had unique abilities as a medical administrator, and under his guidance the Glasgow College was now making a signal contribution to the medical affairs of Scotland. The Glasgow College had always been generous to psychiatrists and had housed meetings of the Scottish Division of the Royal College of Psychiatrists and the MRCPsych Examination. Dr Shaw had family connections with psychiatry, being married to the daughter of the late Sir David Henderson, a former President of the RMPA, and in his career Dr Shaw reflected many of the qualities of Sir David as a clinician, a teacher, an administrator and a President.

Dr Derek Richter: Dr Peter Sainsbury outlined Dr Richter's career, beginning with his Cambridge days when he was one of the constellation of stars that illuminated Gowland Hopkins' laboratory. As far back as that time he had written a seminal paper on enzymes, including the now familiar monoamine-oxidase. After a period at Whitchurch, Cardiff (the first neuro-psychiatric research laboratory in this country), he had, on the MRC's invitation, established the Research Unit at Carshalton in the Surrey mental hospital area. His experience in psychiatry had enabled him to place all his biochemical work in appropriate clinical perspectives. Some examples of that work were the demonstrations of biochemical changes in the brain under different physiological conditions and of the turnover of protein in the brain, and the investigation of the metabolism of methionine, which pointed to a rational treatment of homocystinuria.

Outside the laboratory, one of Derek Richter's remarkable achievements had been to launch single-handed the Mental Health Research Fund (now Foundation), on whose governing body he had now served for 30 years. He had started the *Journal of Neurochemistry* and had been the midwife of other scientific journals. While the catalogue of

scientific achievements placed him among the pathfinders in psychiatry, all his work had been rooted in his fervent concern for the mentally ill—a concern which had led him and his wife to found and for many years to be the mainstay of a home for the mentally disabled.

Professor Oliver Zangwill: In introducing Professor Oliver Zangwill, Sir Martin Roth recalled how Professor Zangwill's interest in neurology and psychiatry had first been stimulated during the year he had worked in Edinburgh with Norman Dott and David Henderson, and had later been maintained by his lengthy association with Queen Square as visiting psychologist. He had straddled these fields and his own with the greatest skill and distinction.

His understanding of psychopathology was shown by the fact that he was one of the rare professional psychologists who had recognized the importance of Freud and paid tribute to him. He could be regarded as the founding father of the new science of neuropsychology. He had never lost his clinical interest and it was largely through his help that the Chair of Psychiatry, which he, Sir Martin, occupied, had been founded at Cambridge.

Professor Zangwill, in his reply, paid tribute to three eminent psychiatrists with whom he had been associated—the late Sir David Henderson, the late W. Mayer-Gross and Dr Eliot Slater.

The remainder of the morning was given over to a paper by the President, giving an account of his recent travels in the Far East with reflections arising from what he saw. This is printed below.

A Visit to the Far East

My recent trip around several countries in the Far East provides me with an opportunity to discuss various matters which may be of general interest to members of the College.

After an overnight stop in Singapore (and breakfast with Dr Ngui, the President of the local Mental Health Association), I gave some lectures in the two medical schools in Kuala Lumpur, Malaysia. The University of Malaya has had a medical school for some years, with teaching in English, but there is now a second school being built up in which the teaching is in the Malay language. Malaysia's own natural resources are already considerable, but as a developing Islamic state it has benefited from generous support from the oil-rich countries. The new medical school, *Kebangsaan*, shares in this bounty, though the psychiatric facilities are still relatively seriously underdeveloped.

We then went to the Philippines, firstly to a small conference organized by the Australian and New Zealand College in the town of Iloilo, well off the beaten tourist track. We saw

there the problems of a fairly poor, predominantly agricultural country struggling with overpopulation. The Philippines are charming and flamboyant in everything, including their Catholicism and their politics, inherited respectively from their old Spanish and more recent American occupations.

Our next move was to the Second Pacific Psychiatric Congress in Manila which contained representatives from most of the Pacific countries. This was a fairly typical medium-sized international meeting with short papers on a variety of topics. I felt there could have been closer attention paid to the specific problems of psychiatry in emerging countries, but, as with all such international meetings, one at least had the opportunity of meeting new colleagues and sharing ideas and experiences. I had to leave before the end to fly to Hong Kong to open their Mental Health Week—they have a lively lay organization which makes various good contributions to the welfare of the mentally ill. Following this, I attended a World Psychiatric Association Far Eastern Section meeting in Hong Kong, and finally we spent ten days in China with a small group of WPA members from various European countries, Canada, Australasia and the USA. I am not, of course, the first College officer to visit most of these countries. Professor Linford Rees was (and still is) an indefatigable traveller, and recently our Dean, Thomas Bewley, has discussed matters of common interest with colleagues in America and Australasia.

The China trip was something new and special, but China had never left the WHO and the psychiatric section of that organization has had regular contacts with psychiatrists there for a number of years. This visit was the most interesting part of the trip because of its novelty, but some of the matters I want to discuss were equally evident in the other countries. China, at the moment, seems anxious to cultivate better relations with the West and the medical profession is sharing this new look. Medicine in China begins in the community with the so-called 'Barefoot Doctor', actually a sort of district nurse, a person chosen usually from the community which he will serve after a short period of training in basic public health. There is about one such person to every 750 of the population. Some take many subsequent courses and become quite highly skilled, even occasionally completing the full medical curriculum.

Their knowledge of psychiatry is limited but we gathered that an epidemic of benzodiazepines has already reached some places! Referral to the psychiatric service can be through them or directly from the family or leader of the local brigade (part of the commune). The commonest diagnosis in hospital is schizophrenia, followed by epilepsy. Affective disorders seem rare, which may in part account for the infrequent use of ECT. Why this is so is unclear, and may represent not an absolute low incidence but simply a failure of recognition of the symptoms of depression, so that such persons are just kept at home by the family. Suicide, and alcohol and drug abuse are also very rare.

As far as one can tell from a very brief visit, the psychiatric service is even more understaffed and underprovided than the rest of medicine, but within their limits the service is kindly and understanding, and the quality of care is high. Our Chinese colleagues were inclined to blame most shortcomings on the disruptions of the Gang of Four period which did indeed seriously undermine all higher education, producing a gap in trained personnel that will take a long time to fill. The standard drugs for the major psychoses are used much as we use them, but insulin coma therapy is still occasionally used, while electro-acupuncture seems more popular than ECT. By this is meant that the needles are placed in the traditional positions, but a regular pulsating current (around 7 per second) is fed through the needles, strong enough to produce visible local muscular reactions. Electro-acupuncture out-patient clinics are held much as ECT clinics are held, but in the extensive use of this technique in psychiatry may be a little bit behind the rest of Chinese medicine. I gather that enthusiasm for acupuncture, for example for anaesthesia, is waning a good deal in medicine and surgery. The traditional remedies of various herbal drugs are still very popular, and we found that in at least one medical school more time is given to the teaching of traditional medicine than to general psychiatry. Work being part of the Chinese ethic, much attention seems to be devoted to rehabilitation and occupational therapy, though some of the work is very repetitive. Nurses and patients are in uniform, but so is everyone else outside. Psychotherapy in the dynamic Western sense scarcely exists, and the word is more or less synonymous with education and re-education. Psychiatry is also unfortunately rather divorced from general medicine. A few out-patient clinics may be held in the large general hospitals, but all the beds are in separate institutions, often some way from the main hospital and there seems to be little professional contact between psychiatrists and other physicians.

I should now like to turn to some of the more general issues that arose out of the whole trip. The overriding problem is one scarcely openly discussed anywhere, and that is how to secure a more equitable distribution of doctors, especially between rich and poor countries. The discrepancies are, of course, worldwide, and in my view more serious and intractable than, for example, the inequalities of treatment between white and black in some countries—this latter division is largely economic, anyway. I was very glad to see that the matter has been discussed in a recent WHO paper which points out that some developing countries are producing more doctors than they can afford. There is a distinct danger that doctors will price themselves out of the market and countries will increasingly turn to other forms of health personnel and health care—perhaps not an unmitigated disaster in psychiatry. Some countries, of course, have no such problem, simply because doctors cannot emigrate and there is forced direction inside the country. One means of making movement difficult is to

create a locally acceptable specialist qualification by examination which has no international standing as has, for example, the Membership of this College and other medical Royal Colleges. External examiners from abroad are used to help equalize training standards. However, we all rightly feel that medicine should be an international self-regulating community with common standards of professional knowledge and ethics. This is hard to maintain so long as there are gross discrepancies in personal income and in facilities with which to work. The problem, of course, affects the whole of medicine, but in psychiatry we may have our own special difficulties in that our sphere and method of work is so closely linked to particular traditions, cultures and religions.

This last point is one of the things that struck me most forcibly. Psychiatry is fairly international in so far as it concerns psychopharmacology and physical methods generally, and these methods of treatment usually pose no particular threat to different cultures and religions as they can exist side by side with traditional medicine, spiritual healing, exorcism, etc., much as, in the West, doctor and parson used to meet on friendly terms but did not think that there was much common ground between them. This situation has been radically altered by the rising interest in pastoral counselling and psychotherapy. The psychodynamic contribution thus disturbs the equilibrium between medicine and religion. At first it seemed in the West that it was only religion that had to alter as a result, but a real challenge to the aims and methods of Western psychiatry is now coming from Islam, Buddhism, etc.

As well as Freud himself, other psychoanalysts were interested in anthropological studies from very early days, and vice-versa, but much of this work was concerned with social structures as a whole rather than the origins and treatment of psychiatric disorder. The debate is now turning to more practical subjects, and psychiatrists at several of the meetings attended insisted that one could not practise without first acquiring a thorough understanding of the country's religion and culture. Buddhist meditation forms part of the psychiatric trainee's programme in Thailand, and the influence of Islam on medical practice is being increasingly felt. I was not able to explore this aspect fully in China which, in any case, has always had curiously impersonal philosophies, and no religions which had political roles. Family ties were more effective in providing social cohesion than any State churches.

Our trip, unfortunately, could not include Japan, but it is apparent that their very conservative, organically-oriented psychiatry is under attack by a strong anti-psychiatry movement extending right into some medical schools. Their professional contribution outside their own country is negligible, though perhaps we should draw some conclusions from the obvious advantages of tight social cohesion! The Japanese, of course, dominate the electronic and mechanical

industries, but no attempt is made to follow this up by any sort of ideological influence. This may be partly due to a language barrier, though whether this is a cause or an effect of their isolation is a matter for debate. They were the only group who needed an interpreter at the Conferences which were, of course, English-speaking.

I should like to conclude by considering briefly what might be the role of our College in postgraduate education round the world. In the first place, I think that, just as receiving countries like ours are less anxious to have so many overseas trainees, so the sending countries are increasing reluctant to allow their medical graduates to go abroad for training, since so many of them do not come back. An increasing number of countries, anyway, can themselves provide basic postgraduate specialist training up to MRCPsych standard. Trainees may therefore tend to come here more at senior registrar level for shorter periods of time in order to obtain special experience in the sub-specialties. Our contributions to general postgraduate training may therefore come more by being asked to send out teams of lecturers (and perhaps examiners) for short concentrated courses held in different countries by rotation, which graduates from a number of countries could attend.

As regards the content of what is to be taught, psychopharmacology is clearly very important. The drug firms, of course, are active throughout the world in providing their own particular sort of postgraduate education. Most of the meetings that I attended were generously supported by one or more drug firms. This, I think, underlines the importance of an independent academic contribution on the use of drugs and physical methods. The second main area of teaching concerns community psychiatry. This is a peculiarly British contribution, as the existence of our Health Service has long conditioned us to think in terms of providing as far as possible a service for all, not just for those who can afford it. With the economic exigencies to which I have already referred, some of the contributions that we can make are the techniques of community care, the extended use of community psychiatric nurses, and the importance of some elementary training in mental illness for all District Nurses. More controversy concerns the place of the psychodynamic contribution, including the study of the doctor-patient relation, group dynamics etc., as well as psychotherapy in the narrower sense. I, personally, think that this influence will best come about by a dialogue between equals rather than by our going out expecting to teach but not learn. In all these endeavours we must work in close association with the local medical and psychiatric organizations with whom initiative now lies. As far as the Far East is concerned, the Australian and New Zealand College already makes considerable contributions to training and examining in countries outside their own, and I strongly welcome their lead.

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