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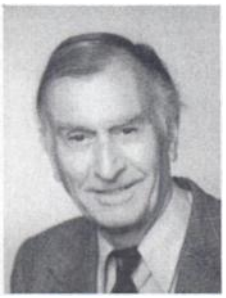
Perspective

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

W. ALAN HEATON-WARD



I always knew I wanted to become a doctor, but I have no idea why. Both my parents were school teachers and none of my blood relations was in medicine, apart from my paternal grandmother, who was in nursing charge of a St John Ambulance Brigade hospital in World War I. Her father, Ralph Heaton, was a coin designer at the family's Heaton Mint in Birmingham – the one and only time any of my family has literally made money! – indicated by an 'H' alongside the date on some old pennies at the turn of this century.

Sadly, my own father, Ralph Heaton-Ward, who taught history at the Johnston Grammar School in Durham, was wounded in Belgium and died when I was only 18 months old, and my mother returned to teaching. I was lucky enough to win a scholarship as a day boy at Queen Elizabeth's Hospital, Bristol, but, in 1936 when I left there, there were no university grants and only one or two scholarships to medical school. Although the tuition fees were only £80 a year, there was also the considerable expense of being kept throughout one's training, which was beyond my mother's means, so, at the age of 16, I had to find a job.

In those days, the height of ambition of every Bristol school-leaver, who did not go to university, was to work in either the Wills Tobacco Company or at Fry's Chocolate Company. At either, it was felt one would have a job for life – no-one was sacked or left voluntarily. However, to be appointed at Wills, one had to have passed school certificate at matriculation standard and have also a personal recommendation from someone connected with the firm.

Having satisfied both appointment criteria, I started work in the general office at No. 1 factory in Bristol at a salary of £80 a year – for all the skill required I might as well have worked in the factory itself! At first, I spent the whole day "splitting" despatch notes and invoices, throwing the carbon paper into waste-paper baskets and stapling labels on to despatch notes, keeping the stamp-book, which had to balance at the end of the week, and doing the inevitable filing at the end of each day!

Eventually, I was "promoted" to "pulling" addressograph plates from a vast chest of drawers and, finally, to working the addressograph machine itself, which was the only part of the work I *almost* enjoyed! I watched the clock go round all the time I was there. I have done only one more boring job in my life, sorting letters by hand in the post office at Christmas. However, in retrospect, I am grateful for the experience of sharing the routine that had to be endured day after day by intelligent people who did not have my good fortune to escape. In 1938, my grandmother died, and my small annual income from her estate was enough to pay university fees and a contribution towards my keep at home. I obtained a place at Bristol University Medical School, with all the excitement of a start in October – and then came the Munich crisis, with the possibility of war and the far less happy prospect of military service. Fortunately, Neville Chamberlain came to my rescue and, at last, I started on the road to my long awaited ambition.

With the outbreak of war in 1939, came call-up papers in the Wiltshire Infantry, set aside on appeal, and replaced before long by the khaki and black arm band of the LDV (Local Defence Volunteers for the information of the baby boomers!) before that force was honoured with the title of the Home Guard. Dad's Army really had nothing on us! We were an ill-assorted lot, all shapes and sizes and all ages from the young and rebellious to the near geriatric first-world-war veterans, all united by a determination to defend our country from all invaders, come what may – how or with what, we had neither weapons nor ideas! We spent hours filling sandbags, digging trenches and filling them in again! Later, we cleaned grease from Canadian rifles, which were immediately whipped away from us for use by units nearer the action in Kent. In the light of subsequent events, when our own rifles arrived, this was probably a wise move – we other-ranks used to muster on the ground floor of the pavilion at the University sports ground, immediately below the officers' quarters. Three times, after "easing springs", someone managed to leave a round "up the spout" and to despatch it through the ceiling

and table around which the officers were sitting. We obviously presented a greater threat to our own side than to the enemy! Incidentally, my section-leader was the late Dr W. Grey Walter of Burdon Neurological Institute fame, with whom I shared guard duty on the night we believed Hitler intended to invade us.

Obviously, I could not afford to fail and I was a conscientious student. However, I managed to find time to take a full part in sporting and social activities (for which I allowed 7/6d a week pocket money!) including the offices of Secretary of Entertainment and Chairman of Club at the University Union. I represented the University in athletics in the high jump, and in the rugby team. I captained United Bristol Hospital Cricket Team and, in the annual match against Bristol Grammar School, had my heart broken regularly when bowling fast outswingers to Tom Graveney, who never seemed to have an edge to his bat!

When I started training, I was full of *The Citadel* type of idealism, with thoughts of general practice, which later passed into a religious and mystical phase, during which I was attracted to psychiatry by its psychoanalytical image, as portrayed in literature, the theatre and the cinema. In finals I failed the only subject I felt completely confident in passing – mids and gynae – in the final viva, due to a communication problem with the external examiner (I still think he misunderstood my answer!) and was referred for six months. However, this gave a wonderful opportunity to make my first real contact with psychiatric patients, during a three month period on the wards at Bristol County Mental Hospital (now Glenside Hospital), where Dr Robert Hemphill was Medical Superintendent. There I had the great good fortune to meet Dr Donal Early who, on only a month's acquaintance, emptied his current banking account completely to loan me £90 with no security, to buy an engagement ring!

In December 1944, I qualified and was appointed House Physician at Bristol Royal Infirmary, at a salary of £100 a year – the same as I was receiving when I left Wills six years earlier! My chiefs were Drs Birrell, Orr-Ewing and Todd – the latter was the author of *The Treatment of Chronic and Incurable Diseases*. Dr Todd was a controversial and rather idiosyncratic character and discouraged the use of the stethoscope and made all his diagnoses, even of pneumonia, by palpating painful pressure-points. He was opposed to the use of morphia and drove long distances at night to inject radioactive selenide into the veins of cancer patients.

After my house job, I went to the Oxford County Mental Hospital at Littlemore, as a temporary Assistant Medical Officer, at a salary of £275 a year (seeming riches at the time), plus accommodation. On my first day on duty, I presented myself in the Medical Officers' room promptly at 9 a.m. At about 9.30 a.m., the Deputy Medical Superintendent, Dr Stewart, arrived and said we would have coffee and do the crossword before we went to the admission ward to see any new admissions and "sign the books". This we did, and at about 10.30 a.m. he announced that that was it and I was off for the rest of the day! After the hurly-burly of a busy teaching hospital this was a bit of a shock to the system, from which I managed to recover sufficiently to study for Part I DPM, for which, even in Oxford, there appeared to be no courses of formal instruction available.

Part of Littlemore was still a military hospital at the time, where Dr Robert Armstrong, the Medical Superintendent, held the rank of Colonel. He had quite a lot to put up with during my service there – apart from his horror at my diagnosing Weil's disease in a patient, with the implication that *his* hospital was rat-infested. By then, my wife and I had acquired one baby daughter, a dog, a cat and five kittens! However, as Robert Armstrong commented philosophically in reply to my wife's apology on our departure – "Oh well, the next chap might keep cobras!".

On qualifying, I had volunteered for the Royal Navy and, in 1946 I was called up as a Probationary Temporary Surgeon Lieutenant at HMS Victory, Portsmouth. After a month's divisional course there, during which time regular officers and NCOs were hard put to making us into officers and gentlemen, I was posted to HMS Pembroke at Chatham to relieve the Neuropsychiatrist to the Nore Command, who was absent on sick leave, and I served in that capacity through the remainder of my naval service. Needless to say, I was barely qualified for the job. However, it presented a great challenge and invaluable experience and confirmed my enduring belief that so much of one's success in life depends just as much on being in the right place at the right time as on one's own ability, and that circumstances, both constitutional and environmental, govern people much more than they govern their own circumstances.

I enjoyed my naval service, albeit totally shore-bound, apart from one trip to midstream to take off the skipper of a ship in the Merchant Navy, who had been keeping 24 hour continuous watch on Russian convoys and, as a result, was then unable to sleep. Massive doses of barbiturates in Royal Naval Hospital, Gillingham, induced, not sleep but a confusional psychosis in which he believed he was commanding a ship in Nelson's times and described vividly his crew in straw hats and pigtails. In contrast, a rating, for whom I had prescribed Medinal 10 grains on a Friday, woke up the following Monday in the same hospital saying he had had the best night's sleep he had had for months – the sick berth chief petty officer having given him Luminal 10 grains as he could not find any Medinal! Sadly, the standard of

medicine in the regular navy pre-war was not of the highest and bore no resemblance to that achieved since by a succession of Medical Director Generals, including the late Surgeon Vice-Admiral Roger Lambert, who had previously commanded the Institute of Naval Medicine at Alverstoke, Hampshire. During my service, I was able each week to attend the neurological demonstrations at the National Hospital, Queen's Square, which were invaluable in my preparation for the DPM.

On leaving the Navy, I obtained the post of senior registrar at St James' Hospital, Portsmouth where, in the absence of a consultant in post, I was in charge of the female side of the hospital (no mixed wards in those days!). This again was a most fortunate appointment for me. I really had no idea when I applied of the high standing of the hospital or of the Medical Superintendent, Dr Thomas Beaton, who had created in Portsmouth one of the earliest comprehensive mental health services, in which the care of the mentally ill and mentally handicapped, both adult and children, whether in hospital or the community, was integrated in a single service.

At St James' I was introduced to the use of "intensive ECT" – usually three treatments in succession in the morning and another three in the afternoon – all given without anaesthetics and unmodified to neurotic patients in order to "wipe the slate clean", prior to rebuilding the personality along lines acceptable to the particular psychiatrists treating them! The result was often complete regression to an infantile level, with, in retrospect, the loss of goodness knows how many cortical neurones and permanent amnesia except for the previous neurosis!

There was, of course, no MRCPsych in those days, and Dr Beaton made it clear he would expect any future consultant at St James to have an MRCP as well as a DPM, but my duties there left little time for the necessary study and I had to look elsewhere. However, fate stepped in one again and Dr John Lyons, Medical Superintendent of the Hortham–Brentry Hospital Group, heard through a mutual friend of my predicament and invited me to apply for the post of Deputy Medical Superintendent at Brentry Hospital in Bristol which, at the time, had 440 beds. I had never previously considered entering the field of mental deficiency (as it then was), but it seemed to offer the prospect of plenty of time for studying in my own university town with all its teaching hospital facilities. But Dr Lyons, who became very much a father-figure to me, treating me as a member of his extended family, had other ideas! He decided that "we" should write a small booklet for student nurses – in practice "we" was myself, and I would arrive at his office in the morning with a new batch of manuscript, which he would set upon with scissors and paste, rearranging the order of paragraphs and inserting others, according to the latest wisdom he had received overnight, so that we ended up with pages varying in length from a few inches to very nearly two feet! This was the gestation of the first edition of *Notes on Mental Deficiency*, eventually delivered in December 1952 to nurses in the Hortham–Brentry Group and, in March 1953, put on public sale at 2/6d! Over the next 30 years it evolved, through four editions of *Mental Subnormality* into the present fifth edition renamed *Mental Handicap*, with Dr Yvonne Wiley as my co-author.

With encouragement from Dr Lyons, I started the only admittedly mentally handicapped rugger team in Bristol, if not in the country! As Brentry Hospital had a long soccer tradition, we had to overcome a certain amount of opposition and it was made very clear that we were not to poach players from the soccer team. This meant we ended up with a team consisting of about five members of staff and ten members of the "special party". These were patients with borderline handicap, who were habitual absconders, subjected to close supervision in a locked ward, and who regarded themselves in many ways as outlawed from the rest of the hospital. However, once they became members of the hospital rugger team, they felt less outcast and a pride in representing the hospital. It did not stop them absconding, but they never let the team down by doing so when playing in away matches, neither did it stop them delighting in tackling with considerable ferocity members of staff, particularly the Deputy Medical Superintendent, during preseason trial games!

Back in the early 1950s, the care of the mentally handicapped was largely custodial and unashamedly paternalistic. All patients were detained under a magistrate's order and went out of the hospital in day time "on parole" or, for longer periods, on licence. Their discharge rested with the Board of Control. Efforts were made to train all suitable patients for outside employment, with a view to transfer to a hostel or ultimate discharge to private accommodation.

One of these patients was "Percy", who worked as a houseboy before going out to a residential post in a hotel outside Bristol. Percy always regarded himself as superior to other patients as he worked for "the Super". Shortly after he arrived at the hotel, he was approached by a salesman from Encyclopaedia Britannica. Although Percy could neither read nor write, he reasoned that, if he owned the encyclopaedia, it would prove his superiority to other patients, so he paid his first instalment on a £200 purchase. The news obviously got around and, soon after, Percy was approached by a salesman from Chambers' Encyclopaedia, and he quickly convinced himself, that if he possessed two such prestigious publications, there could be no doubt whatsoever of his superiority, and he made a down payment towards

yet another £200 purchase! Fortunately, at this stage, the manager of the hotel became aware of the situation and, much to Percy's chagrin, had both agreements cancelled and Percy re-imbursed.

In those days in Bristol, as elsewhere, there was an excellent Corporation Mental Health Department run by a Supervising Officer, who had a register of all mentally handicapped people living in the community who were under "statutory supervision" and who were regularly visited by members of his staff. At any time in answer to a telephone call, they could tell you the whereabouts of any patient under supervision and give an up to date report on them.

Much as I enjoyed my four years at Brentry, and the great pleasure of working with Dr Lyons, I did not find the work clinically satisfying – those were the days before the discovery by Lejeune and Gautier of trisomy-21, and the explosion of knowledge, which occurred in the genetic and biochemical fields, to illuminate our understanding of the aetiology of many forms of mental handicap. At those times, too, psychiatry of mental handicap formed a very small part of practice in that field, and I still had a desire to return to the field of general psychiatry and applied for a consultant post at Craig Dunain Hospital in Inverness, where Dr Martin Whittet was Physician Superintendent. The post seemed ideal – it was advertised as non-resident, so it would mean that, initially, I could live at my wife's home in Nairn and travel to and from the hospital each day. I applied and was short-listed. The interview was held in the church hall, with the Appointment Committee and the candidate on the stage and the body of the hall occupied by local councillors and other interested parties. After the formal questioning by the Committee, the interview was thrown open to questions from the floor, rather in the manner of a political meeting! However, I must have given the right answers for I was offered the appointment, only to have to decline it subsequently owing to its being changed from a non-resident to a resident post.

In 1954, I was urged by Dr Lyons to apply for the post of Medical Superintendent of the Stoke Park Hospital Group, from which Dr R. M. Norman, of world-wide neuropathology fame, was about to retire. I felt considerable ambivalence in doing so and, in fact, at my interview, when asked what my real interests were, freely admitted that they were in general psychiatry! However, the Committee was obviously desperate and offered me the post, which I accepted. Thus, I made my commitment to the fascinating field of mental handicap – a choice I have never since regretted.

I arrived at Stoke Park on 17 March 1954 to find a welcoming sprig of shamrock on my desk from the Irish matron. I found myself responsible, as the only consultant, for 1,800 beds in the four hospitals in the Group, with a shortage of junior medical staff, which meant that I had to take my place in the duty rota, sleeping in hospital to deal with general medical emergencies.

At that time, Dr Fraser-Roberts was in charge of the Department of Psychology and, in the grounds of the hospital, was the Burdon Neurological Institute, which shared a common ancestry with Stoke Park, with my Dad's Army Section Leader, Dr W. Grey Walter, as Research Director.

In those days, the Medical Superintendent was still the Principal Officer of the hospital, with a statutory responsibility for all departments, including the kitchens, laundry and farms, and, in theory, the right to hire and fire any member of staff. However, that new breed, the Group Secretary, had been born and was not slow in spreading his wings and assuming control of all non-therapeutic departments of the hospital. I was happy that this should be so as long as I was kept informed of any changes which affected the lives of the patients for whom I was responsible. I regarded myself as the Chief Officer for the therapeutic sphere, with a responsibility, apart from my own clinical responsibility as an RMO for individual patients, for co-ordinating all the departments, such as the dental, psychology, occupational therapy (including the farm training scheme), physiotherapy and speech therapy departments. This worked well until the 1959 Act abolished the post of Medical Superintendent largely, I believe, because of pressure from senior members of the RMPA, who had had unfortunate experiences with authoritarian medical superintendents, who had allegedly interfered with the treatment prescribed by other consultants in "their" hospitals.

Perhaps inevitably, the Group Secretary assumed the role of Chief Officer of the hospital and extended his activities into the therapeutic sphere. This led to an unhappy period of conflict between the medical, nursing and professions supplementary to medicine, on the one hand, and the Group Secretary on the other, and culminated in my own resignation in 1961 from the post of Medical Superintendent, when I felt I could no longer accept functioning only by courtesy of the Group Secretary. After a two year period of cold war and an internal hospital inquiry, I was appointed Consultant Psychiatrist in Charge, with administrative responsibility for the whole of the therapeutic sphere, apart from those matters which were the clinical responsibility of other consultants, and I continued in this capacity until this post, too, was abolished in the 1974 reorganisation.

Thirty years ago, in 1958, in spite of medical staff shortage, we were able to start regular assessment clinics at Bristol's Children's Hospital and the Central Health Clinic. By 1961, Dr José Jancar, who had joined Stoke Park in 1956 as a JHMO and progressed to the rank of SHMO, was appointed to a consultant post shared between Stoke Park Hospital and

Hortham Hospital. This enabled us to open an assessment unit at our Hanham Hall branch in October of that year, and a further out-patient assessment clinic at Gloucestershire Royal Hospital in 1962. At that time, there were long waiting-lists and immense pressures upon us to admit to our already grossly overcrowded and unsuitable accommodation. The purpose of all our assessment facilities was to prevent unnecessary long-term hospital admissions wherever possible, while providing as much support as we could for families bearing an often immense burden 24 hours a day. We recognised early on that we had an important family psychiatry role and that we could often do more for such families than for their handicapped members themselves.

All this time, the Hospital Management Committee was operating on a financial shoestring. When Stoke Park Colony, as it was then called, was opened in 1919 by the Reverend Harold Burden, the weekly all-in costs for each inmate was 10/8¾d (approximately 54p)! By 1964, it had risen to £8.7/8d (approximately £8.38p), including £1 per week for food, still totally inadequate to provide the sort of hospital care we all wanted for our patients.

The 1960s could, I think, quite justifiably be called "the decade of the attack on the mental handicap hospital", often by just those voluntary organisations whose members now appear to be very concerned at the present policy of closing those hospitals. At the same time, the medical role in the care of the mentally handicapped was being challenged and members of the Mental Deficiency Section suffered a considerable identity crisis before their present specific concern with the psychiatry of mental handicap was defined.

In 1964 we went over to the offensive and decided to use the media to try to overcome the apparent chronic constipation, if not overt intestinal obstruction, in official channels in our attempt to improve conditions in our hospitals in which we still had 1,700 patients. This led to a visit in 1965 by Mr Kenneth Robinson, the then Minister of Health and, shortly afterwards, to an increase in our consultant establishment, resulting in Dr José Jancar's full-time employment in the Stoke Park group. During the same year, I became Secretary of the Mental Deficiency Section and began my service on Council of the RMPA and Royal College, including the Chairmanships of the South Western Division and Mental Deficiency Section, which was to continue in one capacity or another for 21 years, apart from a one year break between elections, until 1986.

A particularly happy period was from 1976 to 1978, during which time I had the very great pleasure of serving as Vice-President to Professor Linford Rees. Apart from the personal honour, I felt this represented a great tribute to the Mental Deficiency Section, to which Linford gave his unwavering support during a very difficult time in the Section's history.

In 1969 we had a visit by Mr Richard Crossman, then Secretary of State for Health, who told us at the end of his visit that *overcrowding was our own fault and we should refuse all admissions, even though we knew families were breaking down under the strain.* When we tried to implement this policy, we were informed by the Regional Hospital Board that we had no right to do so and must continue to admit urgent cases to our very overcrowded and unsatisfactory wards. Richard Crossman's visit took place, by happy coincidence, on the same day as a letter was published in *The Times*, in which I pointed out that the South Western Region had the lowest ratio of consultants in mental handicap to in-patients in the country and that the Stoke Park group had the lowest ratio in the region. This led to the immediate approval of an extra consultant post in the group only a month after I had been informed by the Regional Medical Officer that there was no prospect of such an increase for ten years! About this time, it seemed obvious to a number of us that it would be helpful if hospital and community services for the mentally handicapped could be completely integrated in a National Service for the Mentally Handicapped, similar to that which had been operated in Denmark for some time. Dr Alec Shapiro and I campaigned for this in the medical and national press and, in 1972, such a service was proposed by Lord Davidson in a debate in the House of Lords. Unfortunately, this proposal was finally rejected in 1975 by Mrs Barbara Castle, when she was Secretary of State, on the grounds that "it would produce many more problems than it would solve" – could there really have been more than we are now witnessing in the present divided field?

During 1971, the justifiably critical confidential Report of the Hospital Advisory Service upon the Stoke Park Group was leaked to the press (I believe by medical student volunteers at the hospital). One day, a reporter and a photographer from *The People* arrived at Stoke Park and asked to see me about the report. I think they were somewhat surprised when I agreed, and were even more taken aback when I told them parts of the hospital were even worse than stated in the report and that I felt some wards should be blown up! Experience over the years had taught me that, if you went on the defensive with the press, you were on a loser but if you were frank with them you could enlist their help and achieve a great deal. For several Sundays following the visit, the sales of *The People* rose locally, with members of staff waiting eagerly for the report, but it never appeared. However, shortly afterwards a reporter and a photographer from the *Sunday Times* arrived and said that they had been given the report by *The People* "as it wasn't their type of story" – that is to say that, on their visit, they had not found a cover-up and, therefore, they were not interested. On this occasion,

again, I took the reporter and photographer around and repeated my previous statements which were reported shortly afterwards in the *Sunday Times*. This led to a visit from Marjorie Wallace and a 17 minute report on BBC's Twenty-Four Hours and an illustrated article in *The Listener* written by myself.

Not everyone concerned with Stoke Park approved of all the publicity, which did not make me exactly popular with the Regional Hospital Board! However, after this things began to happen at a great pace and the Regional Board quickly approved a programme of development, rebuilding and modernisation in the group, enthusiastically undertaken by a Hospital Management Committee who knew many members of the staff and most of the long-stay patients.

Sadly, in 1974, as a result of Keith Joseph's 'Reorganisation of the Health Service Act, 1970' the Stoke Park Management Committee, along with all the others in the National Health Service, was abolished – the first event, I believe, leading to the subsequent deterioration in services and fall in morale, particularly in the mental health field, which we are witnessing today. The hospital management committee's responsibility passed to the District Management Team. In the event, because of the hospital management committee's pressures before it was abolished, the Stoke Park Group was well treated by the District Management Team, to the envy of some of the other hospitals in the district. As the conditions for the patients in hospital improved, the consultant psychiatric establishment was increased from two to four who, with community psychiatric nurses and other members of the hospital team, became more and more involved in providing services for the mentally handicapped and their families outside of hospital.

In 1978, I was invited to apply for the post of Lord Chancellor's Medical Visitor in succession to Dr Ben Monro, and took up my appointment on 1 October of that year. Since leaving Stoke Park, I have watched with very great pleasure the establishment there of the University Department of Mental Handicap, through the tireless efforts of José Jancar, and the appointment of Yvonne Wiley as Senior Lecturer. However, I have watched, with no pleasure at all, the decline in morale of hospital staff, due to the activities of the Griffiths 'hatchet men', committed to achieving government targets for cost-cutting and closing hospitals within prescribed periods. I still find it hard to understand how any government can hope to improve patient care against the background of falling morale, with staff looking over their shoulders all the time as they see the service to which they are devoted being slowly destroyed before any satisfactory alternative provision is made for the patients for whom they care very much.

My visits with the Court of Protection have, at various times, covered everywhere in England west of Carlisle to Southampton, parts of London, the whole of Wales and the Isle of Man and have given me the opportunity of seeing the great variations in standards of community care (or lack of it) for the mentally ill and mentally handicapped over a wide area – an opportunity denied to a consultant working in a single health district. What I have seen has reinforced my long expressed regret at the loss of the asylum function in the best sense of the sheltered environment provided by psychiatric hospitals in the past, and my regret that so many of my colleagues have contributed to the present situation by their wish to appear "with it" and "progressive" in their support for the closure of hospitals before adequate trials of alternative forms of community care and the finance to implement them were successful. I regret that I was unsuccessful in persuading them not to do so.