

In Conversation with Sir William Trethowan: Part 1

Brian Barraclough interviewed Sir William Trethowan at his home on 23 August 1983.

BMB Did you come from a medical family?

WHT Yes, a very medical family indeed. My father was an orthopaedic surgeon; my great grandfather on my mother's side was also a surgeon at Guy's, like my father; my younger brother became an ENT surgeon. There were others also. My mother actually qualified in medicine on the same day I did. When a child she went to one of those schools where they taught deportment and dancing but precious little else. So she first had to matriculate and then went to the Royal Free and did Conjoint.

BMB What about your children?

WHT My son is lecturer in occupational medicine at Birmingham.

BMB Has there been a psychiatric interest in the family or were you the first to take it up?

WHT No, I was the first and only.

BMB You went to Clare College, Cambridge. Was there a psychological influence there when you were an undergraduate?

WHT I don't think so. I was a dilatory student and spent most of my time making music. Blowing my own trumpet, actually!

BMB And after Cambridge?

WHT I went to Guy's—during the war—and qualified at the end of 1943, did a year's house jobs and went into the RAMC. I started as a general duty medical officer and ended as a medical specialist having gone through training as a graded physician; I then went to India where I was made a medical specialist and came out intending to be a physician. I went back to Guy's and did some postgraduate work and then got more and more interested in psychiatry. The reason for the interest? All supernumerary registrars in those days were given their share of chronic medical out-patients and I found myself seeing people with curious conditions about which nobody had taught me. I came to the conclusion that they were suffering from psychiatric disorders, so I bought a couple of books on the subject. One was Yellowlees' book, I can't remember its title.¹

BMB That's the father of the last CMO?

WHT That's right, a rather colourful character. He wrote a highly entertaining book. And then I think that Stafford Clark had already brought out the first edition of his *Psychiatry Today*,² the Pelican edition, I read that and got interested in psychiatry, and decided to take it up.

BMB Was Stafford Clark at Guy's then?

WHT No, this was in the early war years and psychiatry

had not returned to Guy's.

BMB Where had it gone to?

WHT At the beginning of the war Guy's, like other teaching hospitals evacuated, in this case to Kent—Orpington, Farnborough and Pembury. For some time psychiatry was in the hands of the late Felix Brown. I had a job as house physician at the County Hospital, Farnborough, which included working with Felix Brown who undoubtedly influenced me. When I decided to take up psychiatry I rang him up. He said that I must go to the Maudsley. I told him I had been offered a job by Dr L. C. Cook at Bexley. I was going to take that but both Felix and Bird Partridge, whom I also consulted, said, 'No, you must go to the Maudsley'. An appointment was arranged for me by Felix because Bird was apparently *persona non grata* at the Maudsley at the time. I went to see Aubrey Lewis. On the strength of having had experience as a physician and having the MRCP (on which Aubrey was very keen at the time), he took me on as a registrar. That was in 1948. I did about two years at the Maudsley and then went to the Massachusetts General for six months.

BMB What are your recollections of the Maudsley?

WHT It was very stimulating. There were some very considerable people working there—Clifford Scott who later went to America, Emmanuel Miller, the father of Jonathan Miller, Eliot Slater, Aubrey Lewis, some of the greats of psychiatry of that period. However, the influence was very strongly Meyerian, which I never took to; I regarded it as a milk and water synthesis between psychoanalysis and phenomenology. I don't think it came off.

BMB Where did it come from?

WHT Well, it came from Lewis and several others who had gone to Baltimore and studied under Meyer at Johns Hopkins. Psychobiology was the order of the day, the great protagonists being Clifford Scott and Lewis himself.

BMB Who did you work for?

WHT I worked for Edward Anderson first of all, whom I later worked with in Manchester. Then I went to the children's department where Kenneth Cameron and W. H. Gillespie were, and Wilfred Warren, of course. I was also in charge of the observation ward at St Francis for a short time as a locum. I learned a lot from that.

BMB People are interested in what the Maudsley was like in the period you were there.

WHT One went there with no clear idea of what was in store. There was a training scheme which included the possibility of gaining experience in child psychiatry and psychotherapy, but one never knew

what was coming next. D. L. Davies, who was the Dean, and for whom I later grew to have the greatest respect was, at that time, regarded by the registrars with considerable suspicion. He was seen very much as the servant of the master in that he was Aubrey's hit man and kept us in a state of constant suspense—you never knew where you were going next. Aubrey Lewis used to come round and hold seminars with the registrars. He would suddenly appear. This was anxiety-making because the first thing he did was to take the case-notes and thumb them through while you found yourself presenting a patient to him quite unprepared. This was because you never knew when you would be called upon. He was highly critical and extremely searching. I remember an occasion when I presented two weeks running, this was because the registrars in our group said they hadn't got an interesting patient and I had. When Aubrey Lewis arrived, he was annoyed at finding me presenting once again. He said, 'Why are you presenting this case? You presented last week.' I replied, 'I'm the only one who has an interesting case'. He said to me, 'What sort of case is it?' I said, 'It's a case of depersonalization.' So he said, 'What's interesting about that?' I said, 'It may not be interesting to you, but I have never seen one before so it is interesting to me.' That shut him up and I presented the patient. I have seen him reduce house officers and registrars to tears because he could be so critical. Apart from this he had one of the finest minds I have ever met. Very impressive. I remember once seeing him interviewing a patient who mentioned an obscure author. Immediately Aubrey entered into a dissertation on the works this author had written. The patient was an expert, but so, clearly, was Aubrey. It was difficult to find anything that he hadn't read.

BMB What do you think about his influence then?

WHT It was considerable. We went in awe of him. He was an intellectual giant. With Aubrey you could never get away with a loose statement. He would pick you up at once and ask what you meant. You had to justify it. If not you might be severely castigated. He did have a sense of humour, however, and could be a very great friend when needed.

BMB After the war you went to Boston. How did you come to go there?

WHT This was again due to Aubrey. The Maudsley had an arrangement with Stanley Cobb at the Massachusetts General under which selected registrars were sent out to do a six-month period. My immediate predecessor was Stafford Clark and I was followed by Bruce Sloane, now Professor in Los Angeles. About two weeks before Christmas I received a summons from Miss Marshall, who was Aubrey's secretary. The Professor wished to see me at 4 o'clock that

afternoon. He said 'I want you to go to America on 1 January'. I was quite unprepared for this event; not that it mattered to Aubrey. I also had a wife and two children to consider. He said, 'I can get you a Fulbright Scholarship'—which he did. I went out there to the Massachusetts General as assistant resident at the princely salary of \$39.00 a month. My financial embarrassment was further compounded by currency control regulations at the time preventing me from taking money out of the country.

BMB What was the point of the link?

WHT The Mass. General was a kind of finishing school. You learned there that they didn't know much more about psychiatry than we did, which was comforting. These were the great days of psychosomatic medicine and Stanley Cobb, Eric Wittkower and Franz Alexander. It was believed then that every psychosomatic disorder had a specific personality profile. But forty years have passed and shown this doctrine to be untrue. But it was interesting at the time. So was working at the MGH. They had a 17-bed psychiatric unit. We weren't allowed to use any drugs and no ECT, only psychotherapy, a salutary experience when you have all-comers to treat: alcoholics, depressives, some psychotic as well as neurotic patients and only with psychotherapy. I don't think we were all that successful, mark you!

BMB What do you think Massachusetts General did for you?

WHT Gave me a little bit of polish. It was challenging. You might be asked by very senior and eminent people, quite suddenly on a ward round and without warning, what your opinion was. Not a thing that happened much in England. In America they were more inquisitive of their juniors although always kind, polite and interested.

BMB What about research?

WHT I wrote my first paper³ in America on Cushing's syndrome. I saw five or six cases personally and Fuller Albright, the eminent American endocrinologist, made all his other cases available to me. I was then able to publish a description of the psychiatric aspects of 25 cases. If I am remembered for any research I hope it will be that paper because it was the first major description of the psychiatric aspects of Cushing's syndrome.

BMB What did you find?

WHT I found what had been reported in a small way before, that about two out of five cases of Cushing's syndrome were psychotic. The psychoses were affective, schizophrenic or paranoid but there were also some who had understandable neurotic reactions to the disfigurement of Cushing's. I have realized since then that psychiatric disorders in endocrine conditions have something to do with the rate of their

- onset. Where the rate of onset is rapid, there is more likely to be a psychiatric illness. This applies not only to Cushing's syndrome but to other endocrine conditions such as thyrotoxicosis.
- BMB** How did you come upon the original observation?
- WHT** Patients with Cushing's syndrome suffering from severe mental illness were admitted to the psychiatric unit at the Massachusetts General.
- BMB** I suppose if you hadn't had a medical preparation for psychiatry you wouldn't have been so alert?
- WHT** I am sure it helped.
- BMB** This has been an influence for most of your life, I suppose.
- WHT** My attitude towards psychiatry has always had a strong medical bias. I have tended to favour the medical model although I have embraced others from time to time.
- BMB** What happened when you came back?
- WHT** I went to Manchester where I was lecturer and senior lecturer with E. W. Anderson. How I came to be there is interesting. Just before I went to America I thought it was time I took the DPM, the only post-graduate exam for psychiatrists in those days—the London University DPM—so I took both parts at once and I got through before I went. I did the clinical at Atkinson Morley Hospital. The examiners were Edward Anderson and Bill Nichol (of Horton Hospital). After presenting my case, a depressed Irish woman, extensively leucotomized and suffering from leucotomized depression, I was leaving the building when the registrar in charge of the exam came after me and said that the examiners wanted to see me again. Anderson then offered me a job in Manchester. I explained that I was going to America and asked if it would be all right if I didn't start until August when I came back. I took up the job in September 1951 and I was there for five years until I went to Sydney.
- BMB** Anderson is thought by many to be a neglected figure in British psychiatry.
- WHT** I agree. Anderson was an important figure in British psychiatry—he had something which many others hadn't. As he was trained in Germany as a phenomenologist with Jaspers and Kleist, he brought to British psychiatry a solid basis of phenomenology. I sat at his feet at the Maudsley and again in Manchester. He has had a lasting influence on British psychiatry which shows today.
- BMB** Why do you think phenomenology so important?
- WHT** Psychiatry lacks objectivity. Most psychiatric work is subjective. Nevertheless, it is vital to use the tool of subjectivity in such a way as to make it as objective as possible. Anderson was a skilled interviewer. He knew how to disentangle what patients said and make their descriptions of their symptoms as objective as possible so that they could be compared with statements made by other patients. This kind of examination of minutiae has no substitute at present. A patient describes his symptoms and you evaluate them by asking yourself, 'How would I feel if I was this patient describing these symptoms?' Doing so allows you to go some way towards objectifying subjective data.
- BMB** What use, though, do you think phenomenology has?
- WHT** It makes diagnosis more accurate. I am orthodox. In medicine, and psychiatry, diagnosis comes first, before treatment and prognosis.
- BMB** You spent five years in Manchester. What did you do?
- WHT** I virtually ran the department. Teddy Anderson was not a particularly active man. His working day was rather short. He left a great deal of the running of the department to me. I was the only senior lecturer. We had a lecturer later on and a secretary. I was sought after considerably elsewhere in the hospital to give psychiatric opinions on other cases. In fact, although I hesitate to say this, one of the things my five years with Edward Anderson taught me was how not to run a department. Although not a good administrator, he was extremely kind to me. On the whole he was somewhat an absent Professor, partly due to illness, not serious illness, but . . .
- BMB** He must have been in good health because he has only recently died.
- WHT** Yes. He died tragically of Alzheimer's disease. I wrote several of his obituaries in which I said he was the founder of the Manchester school of psychiatry. He trained a lot of people despite the fact that his was a small department, and to my mind, never properly established. Anderson was not a man who pushed himself forward. He wasn't a good lecturer either, and muttered into his notes. His presence was never fully felt and yet much of the material he produced was of great value.
- BMB** He was the first Professor in Manchester? When was he appointed?
- WHT** About 1948, from the Maudsley. He never liked Manchester and always longed to return south. When he retired two years early, he reached for his hat, became a Lord Chancellor's Visitor and went to live in Sussex.
- BMB** What kind of undergraduate teaching was there in Manchester then?
- WHT** Very little. Students got twenty lectures from me and a fortnight, half-time, of clinical experience.
- BMB** How many students were there?
- WHT** 120—we had them in fortnightly lumps.
- BMB** In the general hospital or the mental hospital?
- WHT** In both. I used to demonstrate psychotic and florid cases at Crumpsall Hospital.

BMB Did you find time for research?
WHT Not much. I was interested, after my initial work on Cushing's syndrome, in psychoses due to cortisone and ACTH. I wrote a paper on that. Not much else. I didn't really have time nor much in the way of material. It was such a small department.
BMB Then you went to Sydney. That must have surprised many people.
WHT When I left London for Manchester my friends thought I was mad; when I went from Manchester to Sydney, that confirmed it.
BMB How did you come to go there?
WHT The job was advertised and I applied. I had applied, unsuccessfully, to go to Guy's. After three years at Manchester, Monro, who was at Guy's, went north hankering for his native Scotland and Stafford Clark moved up to the senior position. His job was advertised and I put in for it. I thought I couldn't fail. I had the Guy's tradition and the right sort of background. I was interviewed together with Fleminger. I interviewed appallingly. I didn't get the job which put my nose considerably out of joint. But I was fortunate, because what happened subsequently would never have been possible if I had gone to Guy's then. The Sydney job came up and I was appointed—without interview. They didn't interview people in Sydney in those days, but they took considerable references. I went out there in April 1956.
BMB Do you remember your competitors?
WHT I never learned who they were.
BMB Was that the first Chair at Sydney?
WHT The Chair had previously been held from 1927 to 1951 by W. S. Dawson, who may be remembered to older British psychiatrists as the man who wrote *Aids to Psychiatry*, a popular book among medical students and the book on which Anderson's *Psychiatry*, which I later took over, was founded. The first Professor of Psychiatry at Sydney University was Sir John Macpherson, who was appointed at the age of 61 and occupied the Chair from 1922–26. Dawson was the second Professor of Psychiatry, and when he and the University fell out in 1951, he retired. For five years before I was appointed, the Chair remained empty. During that time, psychiatry in Australia got itself into a pretty appalling state. About 1953, the Federal Government asked Alan Stoller, a well known Victorian psychiatrist, and a psychologist, Arscott, to survey the psychiatric services in Australia. They produced what came to be known as the *Stoller Report*,⁴ in which they said scathing things about Australian psychiatry, and in particular, about psychiatry in New South Wales. They didn't pull their punches.
BMB Was it about the services or academic psychiatry?
WHT Services—there was no academic psychiatry.

Dawson was the only Professor in Australia except for John Bostock in Brisbane. He was Professor of Experimental Psychology, a psychiatrist, but without clinical facilities. When I went out there I was the only Professor of Psychiatry in the whole of Australia. Things are very different now.

As a result of the *Stoller Report*, the Chairman, the late Mr Wallace Wurth of the New South Wales Public Service Board (an institution which then stood between the Treasury and the Ministries and which controlled the money and was therefore the most powerful body in State politics) got together with the Vice-Chancellor of the University of Sydney, Stephen Roberts, and re-advertised the Chair because they felt an academic presence might improve what was then an appalling situation.

BMB Appalling is a strong word.

WHT I can justify it. In Callan Park Hospital, the main mental hospital in the city of Sydney, there were 2,000 patients. Every door was locked. The male patients, and the female for that matter, were kept in airing courts, places with large high wire fences, like you see in a zoo. The male patients had no belts or braces because a man can't fight if he has got to hold his trousers up, and no boot-laces. You can't run fast in bare feet or if your boots haven't any laces. The first time I went round the hospital there were eleven patients in straitjackets (they called them 'camisoles'). I had never seen them used before. There were four doctors: the Medical Superintendent, suffering from a chronic illness and unfit for work most of the time; two Medical Officers, one of whom had never been taught any psychiatry and another who couldn't speak English; and the Deputy Medical Superintendent, Steve Sands, who was really running the hospital, looking after those 2,000 patients. The nurses were 'bolshie', threatening to strike at any promised innovation. I felt I was looking at a mental hospital as it might have been in England about the time the County Asylums Act was passed early in the nineteenth century. So I can justify it. There were others no better.

My appointment to Sydney University was a particularly interesting one. The Chairman of the Public Service Board, Wurth, and Roberts, the Vice-Chancellor of the University, got together and advertised the Chair of Psychiatry in conjunction with an appointment as Adviser on Mental Health to the New South Wales Government. I was paid another £1,000 a year for that.

BMB You mean an adviser about the clinical services provided by the State Government as well as an academic appointment? A powerful position.

WHT That's right. I was in an especially powerful position because Wurth and Roberts were sensible enough to

- ensure that my entire salary was paid through the University. The extra salary for being Adviser on Mental Health was not, therefore, paid directly to me by the State Government. So I was not a civil servant, and not bound by civil service regulations. This was important because it gave me freedom of speech. I had to use it. About the same time an active New South Wales Association of Mental Health was formed because people had such strong feelings about the appalling conditions under which the mentally ill were kept. It was a mixed body, with social workers, some doctors and citizens of conscience. I was made its first President. It was a very active pressure group. At one stage it even threatened to unseat the New South Wales Government on a mental health platform. Those were exciting days, I can tell you. Virtually single-handed I re-wrote the Mental Health Act for New South Wales. I cribbed a great deal of it from the 1959 Mental Health Act here and modified it for New South Wales conditions.
- BMB** So you started in Sydney in 1956. What did you do besides what you have described?
- WHT** I found 180 students awaiting me. They had just sat their fifth year examination. I was handed all the examination papers, four essay questions each, and one of my first tasks was to mark them, single-handed, as I had no academic staff then to assist me. It took me a fortnight. The teaching was rather limited. I used to give twenty lectures on psychiatry. We set up a unit at Broughton Hall Hospital, next to Callan Park, a very nice hospital now closed down, which had some 200 beds, the only hospital in New South Wales which took voluntary patients. I received a great deal of co-operation from the Medical Superintendent, Herbert Prior. We built up a very enthusiastic staff and ran a postgraduate teaching programme. I also used to give demonstrations to 180 undergraduates. I hope I never have to do that again. To demonstrate psychiatric cases to 180 students at one time is difficult, and both hard on the patient and the demonstrator. It wasn't even in a lecture theatre, but in the recreational hall of the hospital. I had a clinical appointment at the Royal Prince Alfred Hospital, one of the large teaching hospitals in Sydney, and also at the Royal North Shore Hospital. Periodically I visited the other mental hospitals in a very large parish, which covered all of New South Wales, where I would be invited to pronounce on difficult cases. But the main centre of teaching was the Royal Prince Alfred and Broughton Hall.
- BMB** How did you get on building up your department?
- WHT** Not very well. The department was always small; the University always impecunious. However, I had an outstanding Senior Lecturer, the late David Maddison, who died recently. He succeeded me and later became Dean and then Dean at Newcastle, New South Wales, a new University. I also had some part-time lecturers, notably Dr John Ellard for instance, who is now a senior Sydney psychiatrist, and a full-time lecturer in psychiatric social work. That was it.
- BMB** You couldn't teach very much with that.
- WHT** No. There were, of course, honorary hospital consultants and they had firms of students attached to them and did some teaching.
- BMB** What about research?
- WHT** A bit. I produced a steady stream of rather second-rate papers on various subjects, largely clinical. Nothing that I would care to be remembered by.
- BMB** What would you care to be remembered by in Australia?
- WHT** I hope I am remembered as an undergraduate teacher and I am certainly remembered in Australia as an entrepreneur. I did manage to get a good deal done in six years with, of course, the aid of a lot of other people.
- BMB** I am not clear what you mean by entrepreneur.
- WHT** Well, it's a kind of midwife, isn't it? You appraise a situation, which is pregnant, and then are responsible for delivering the baby.
- BMB** OK then, what did you deliver?
- WHT** I delivered mental health care to New South Wales which earlier simply wasn't in existence. I was critical and not afraid of speaking my mind, which was effective. I managed to effect changes in the administration of the Mental Health Department and to arouse a forward-looking atmosphere which didn't exist before. A major building programme was started. At least in Australia when they do decide to build something they build it, and up it goes before your eyes. I was responsible for getting many of these schemes under way. I was also involved in much of their design and planning.
- BMB** What about the rest of Australia?
- WHT** I learned early on that to get things done in Australia, play one State off against another. I played Victoria off against New South Wales. They were more advanced in Victoria because of Cunningham Dax.
- BMB** He was English, wasn't he?
- WHT** Yes. He was Medical Superintendent of Netherne, and went out some years before me to become Director of Mental Health Services in Victoria. He did a lot. I held him up as an example to New South Wales of what could be done. This stimulated them. Inter-State rivalry is really something in Australia. Dax is still alive, living in Tasmania. He enormously improved the mental health services in Victoria.
- BMB** Had you anything to do with South Australia and Western Australia or New Zealand?
- WHT** I was invited to go to them after I had become known

in New South Wales. I went to Perth, Brisbane and Adelaide to look at their facilities which, on the whole, weren't very good, nothing like Victoria. I well remember once visiting Toowoomba Hospital outside Brisbane. I was presented with a series of obscure inherited neurological disorders and expected to pronounce on them. None were worked up but they all had gross physical signs. It was quite interesting. But I didn't get much time to visit other places, I was so busy in Sydney.

BMB Would you like to say something about the development of psychiatry during the later part of your stay and since you have been away?

WHT This has been considerable. Apart from the improvement in the psychiatric facilities there has been a large development of academic psychiatry. When I went to Sydney I was the only Professor in Australia, a pretty daunting prospect. But now there are Chairs and Departments in Brisbane, two in Sydney, Sydney University and the University of New South Wales, Newcastle; Victoria—that was the next development after my Chair—at the University of Melbourne and Monash, in South Australia in Adelaide, and Flinders, at Perth and in Tasmania. Newcastle has appointed the first woman Professor of Psychiatry. The Australia and New Zealand College of Psychiatrists has become a very thriving organization.

BMB What do you think of their membership exam? Ours is compared adversely with theirs.

WHT This is because of misunderstanding. Private practice is much more advanced in Australia than here. Obtaining the Membership of the Royal Australian and New Zealand College of Psychiatrists shows that you are of consultant standard, it is a hallmark. Here the Membership of the Royal College of Psychiatrists

only qualifies the successful candidate for further training as a senior registrar. The Australians found this difficult to understand and complained about the relatively lower standard of our Membership without realizing that it is no more than a ticket for further training. Here, but not in Australia, there is a further test, for to become a consultant psychiatrist, you have to obtain a National Health Service appointment in competition.

BMB There are features of their examination which are good, aren't there?

WHT It is more searching, more in accord with the American Boards. I was the first Senior Censor of the Royal Australian New College of Psychiatrists, but never conducted an examination. The failure rate was high and caused discontent.

BMB Is the divide between the Royal Australasian College of Physicians and the Psychiatrists' College a big one?

WHT I don't think so. They maintain friendly relations. There are senior Australian and New Zealand psychiatrists who are Members and Fellows of both. I am a Fellow of both Colleges although I didn't take any examinations.

REFERENCES

- ¹YELLOWLEES, H. (1932) *Clinical Lectures on Psychological Medicine*. London: J. and A. Churchill.
²STAFFORD CLARK, D. (1952) *Psychiatry Today*. London: Penguin.
³TRETHOWAN, W. H. & COBB, S. (1952) Neuropsychiatric aspects of Cushing's syndrome. *A.M.A. Archives of Neurology and Psychiatry*, **67**, 283–309.
⁴STOLLER, A. & ARSCOTT, K. W. (1955) *Mental Health Facilities and Needs of Australia*. Canberra.

(To be continued next month)

Tribunal Nouveau 1983: A First Taste of the Mental Health Act

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While not claiming any record, the Tribunal held on 4 November 1983 at Springfield Hospital to hear an appeal against detention under Section 2 of the 1983 Mental Health Act must have been among the first. The case is instructive as it illustrates the difficulties which may arise in obtaining the full facts for presentation in the short time which is available under the new legislation.

The case report

A 68-year-old single woman, a retired legal secretary, was transferred to the psychiatric hospital on 20 October after

spending three weeks on a medical ward for treatment of congestive cardiac failure. She had been placed on Section 2 by the liaison psychiatric team who assessed her on the medical ward and judged her suffering from a psychotic illness and dangerous to herself and others. She demanded to go home and declined any help from medical or social services. She was informed of her rights under the Act and duly exercised them. At a preliminary hearing her appeal against detention was rejected by the District Managers.

One of the main reasons why she was considered dangerous was her method of cooking on an open fire. She