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Twenty-five Years of the British Journal of Psychiatry

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The year 1963 was a time of innovation and excitement in British psychiatry, thanks largely to the National Health Service (NHS), which in 1948 had taken the mental hospitals from the control of the local authorities and made them part of a national service, which meant more money and far more medical staff. Rehabilitation of chronically ill patients resulted in a proliferation of out-patient clinics, home assessments, day hospitals, and even halfway houses; doors were unlocked, and informality became the order of the day. Hospitals with enough nurses demonstrated that the whole adult psychiatric service of an area could be successfully provided without a single locked door and almost without a compulsory order in a year. Medical superintendents disappeared and therapeutic communities developed. Suicide ceased to be a crime and became a new subject of research. And, of course, it was the era of successful chemotherapy, chlorpromazine in 1954 and imipramine in 1957 being the first of many drugs used.

The old *Journal of Mental Science*, a centenarian, was published six times a year in drab brown covers. From the late 1930s it was edited by Fleming, superintendent of a private mental hospital in Gloucester and an enthusiast for research, and it reflected largely the slow-moving hierarchical life of the British mental-hospital world before 1949. Fleming fell chronically ill, and the *Journal* became irregular. The end came in 1961 when members of the Journal Committee broke into his study to rescue piles of unpublished manuscripts. It was due time for reorganisation, and Eliot Slater was chosen as the man to effect it. He was an outstanding clinician and scientist at both the (neurological) National Hospital at Queen Square and the Institute of Psychiatry and Maudsley Hospital at Camberwell, a man who commanded international respect in the field of psychiatric genetics. He established a central office with a paid assistant and a publicly declared group of expert referees whom he guided, and began a new creative policy. Some editors see their role simply as shepherding to the printer a selection of the spontaneously offered articles; Slater went out and sought authors and proposed papers on subjects he thought should be discussed. He had the vision of a journal which would be international rather than regional, would include any science with a bearing on psychiatry, rather than be introvertedly clinical, and would be more than a contemporary record. He wanted it to lead the way to new ideas, new practices, new discoveries, and to be open and flexible in its limits. At the same time, he wanted the reborn journal to set high standards of clarity, precision, and harmony in the use of the English language, and he was frequently prepared personally to rewrite papers poorly expressed, but worthy of publication because of their content.

So 25 years ago, in January 1963, the first issue of the *British Journal of Psychiatry* appeared, reshaped in a striking yellow cover, and the *Journal* became a monthly. A glance at that first issue, 13 papers in 168 pages, illustrates the scope of the new policies. It opened with an editorial by the neurologist Lord Brain on "The languages of psychiatry", and contained a review by Eysenck on the then youthful behaviour therapy (supported by a paper from Meyer & Gelder on the treatment of five cases of agoraphobia). Later issues that year had similar reviews on "Rehabilitation of chronic schizophrenics" (Wing) and "Administrative therapy 1942–1962" (Clark). On the phenomenological side, there was a review of 100 cases of childhood psychosis by Mildred Creak from Great Ormond Street, and three now classical papers by Slater and his colleagues on "The schizophrenia-like psychoses of epilepsy". In chemotherapy, the first major British report on lithium, "Treatment of manic illnesses with lithium carbonate" (Maggs) was published, supported in following issues by Hartigan's pioneering work and Schou's suggestion that lithium might be a mood-normaliser. There was research from Edinburgh (Oswald) on sleep in melancholia and the effects of barbiturates, while Pitt & Markowe contributed "A new pattern in day hospital development". In later issues that year, there were about 20 reports of drug trials carried out in mental hospitals, an indication both of the psychopharmacological revolution and the extent to which non-academic psychiatrists then took part in research. That they do less so today may be partly because such trials have become more complex, and university departments of psychiatry have multiplied, but also because the focus of work has shifted so much to the psychiatric unit in the (district) general hospital.

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The rich diet of 1963, provided partly by the leading psychiatrists of the day, ensured that every reader was offered a continuing updated education, much of which affected his daily practice, and plenty of mental stimulation. As the Journal further developed, correspondence columns, arranged discussions, essay reviews, and other devices were introduced to attract interest and promote argument and clarification. Symposia might focus on psychiatric education, on sexual problems, or the practice of psychiatry in countries of the Middle East and Africa. Supplements appeared, e.g. *Current Problems in Neuropsychiatry*, and a new separate monthly, the *Bulletin*, was established to publish College news and aspects of the professional life of psychiatrists. All this expansion meant extra work, the recruitment of an enlarging band of volunteer assistant editors, and eventually too, the appointment of a bigger office staff. This became all the more necessary after the contract with H. K. Lewis, the commercial publisher, ended, and the College found itself doing everything except the actual printing on its own. It fell to Slater's successor, Hare, to examine all the costs of paper, binding, printing, mailing out, all continually changing in a period of inflation, and to make sure that advertisers yielded revenue rather than formed an extra expense of production. A business affairs committee of College officers began to meet frequently to take commercial decisions, and as the international circulation of the Journal strengthened, it began to yield a considerable sum annually to the College's funds. The enlarged organisation could now also publish books, eventually under the label *Gaskell*. What will happen in the next 25 years – perhaps increased speed of publishing, or direct transmission rather than printing as electronic publishing takes over, and more publications?

In 1963,before the days of 'antipsychiatry', the psychiatrist believed he practised in a community governed by a rational scientific outlook. He thought that as he shared in a growing body of specialised knowledge, incomplete though it might be, and had his occasional therapeutic triumph, that he would be accepted as an honest seeker after truth and the possessor of some expertise which entitled his advice to be heard and his leadership in some matters accepted. Today, all this is challenged by vocal minority groups. For them, science has a bad name because of radioactivity and the nuclear bomb, chemistry means artificial foods and pollution, drugs mean heroin, and doctors are a self-seeking political power group allied to the exploiting bosses. Our critics see psychiatrists as avid for status and money, enjoying the power to keep the workers deprived of their liberty, and sadistic in treatment; these critics may be advocates of acupuncture, or natural food, or psychoanalysis, or some other alternative to conventional practice, and display an extraordinary kind of tunnel vision. For them, medicine as a body of knowledge built up internationally by generations of experience and experiment simply does not exist, and nor do the thousands of patients who willingly consult doctors and are pleased with their ministrations, nor the fact that the critic's panacea, whatever it may be, and however valuable in a few cases, cannot possibly be the answer to the world's health problems. Of course, the critics are emotional, not rational, but if they are not answered, they are liable, because they are so vocal, to mislead the unemotional but poorly informed. The psychiatrist of 1988 is obliged to think about such matters for the defence of his patients and his subject.

Linked with this, there is another change of importance to psychistrists. Back in 1963 there was a residue of paternalism. It was the officer's duty to think for and care for his men; it was a part of the administrator's or manager's job to think about the work of those under him and try to facilitate it and make it happier. It was the responsible medical officer's duty to lead the team. On both sides, this has gone. The governor is no longer concerned about the underlings, the team no longer believes in the chief's respect for them. Informal consultations dwindle, and people take note only of what is spoken loudly and repeated, particularly by an individual who speaks for a group, a shop steward, college spokesman, or public-relations officer.

Social implications loom largest in chronic conditions. The medical or surgical consultant concerned with acute illness can concentrate on his patient and forget the family. The psychiatrist in the early NHS years took the same line, and forgot he had a duty to the family of the patient, and also to the whole community. The psychiatrist is the servant of the community, but this does not mean a blind and passive obedience in the social hierarchy. His role involves speaking out, recommending from specialised experience the best ways to achieve the social goals that are mostly shared by community and specialist.

We are servants of the community in part because the community pays us. At the formation of the NHS, it was not realised that our system would alter the doctor–patient relationship. But we are paid a fixed sum per month, irrespective of the individuals we see and how we treat them. Inevitably, our paymaster wants value for money and a 'tidy' administrative scheme; so he thinks the psychiatrist the patient attends should be determined simply by the patient's home address, and that free choice of doctor is as unimportant to a psychotherapeutic

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relationship as it is in lancing a boil. The patient's lack of choice, and the fact that neither the doctor's attentiveness nor the patient's satisfaction or otherwise alter the impersonal reward at the end of the month, has weakened the respect between doctor and patient. The doctor used to be the servant only of those who consulted him. Our paymaster wants us to serve everyone, a population, whether they consult or not; to plan and provide an area mental-health service.

In 1963, we did not realise we would have to learn to explain and justify ourselves in public, nor that we would need a College not just for teaching and maintaining standards or for giving government advice when asked, but as a spokesman who, having established what we really wanted in our work, would then speak out for us in advance of Government proposals. Take, for example, two questions of the moment. Community care was originally set up by hospital psychiatrists, but handed to local authorities for political reasons; it has worked badly. Should not the College issue a serious study offering another plan of working, basing it on district general hospitals? Privatisation and competition in the NHS are now under debate; should not the College have a working party seeing how this might change psychiatric practice, and proposing its own changes? But if the College is going to do such things, then the *Journal* may have to begin them, encouraging readers to think about and express their views on these and a whole host of other matters. We ought to be in a strong united position, expressed publicly, on such questions as the role of compulsion in treating the suicidal, the mad, the senile, the mentally handicapped. We ought frequently to be carrying out medical audits of our work, and publishing the good as well as the bad. We should be talking the truth as we see it about positive mental health, about the good as well as the bad features of institutions, about the equivalence or otherwise of male and female psychiatrists, about the existence of illnesses in psychiatric patients, and the intertwined relationship of what we commonly call mental and physical. Twenty-five years after 1963, we look back and perceive vast social changes we were less aware of at the time. These changes continue, and the *Journal*, if Slater's vision is upheld, will continue to change and adapt itself to the world we have to live in. Where will it be in another 25 years?

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