

Election and Introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

Dame Fiona Caldicott (introduced by Professor Robert Cawley)

I am honoured to introduce Dame Fiona Caldicott, Principal of Somerville College, Oxford, and Immediate Past President of the Royal College of Psychiatrists. That she is a truly remarkable person will, I think, become apparent even in the little time available to a not wholly competent orator. A Londoner, Fiona was educated at the City of London School for Girls and the Universities of Oxford (St Hilda's College), London (Westminster Medical School) and Birmingham. She married while still a medical student, so that her academic focus wandered from London to Birmingham, thus giving her a reputation as an Aristotelian peripatetic.

After qualifying in medicine at Oxford, and a pre-registration year at Coventry, she completed her general practice training, and had a daughter and a son. She switched to psychiatry as soon as the regulations (HM 69(6)) were introduced to allow part-time training in hospital-based specialities. She deeply impressed those responsible for her tutelage in the Birmingham training scheme and duly became a member of the Royal College of Psychiatrists by examination and entered her senior registrar training, specialising in psychotherapy.

At the time of her appointment as a consultant, she had completed a long professional education while establishing a successful marriage and family, and thus gathered first-hand experience of how it is to be a modern woman. Her substantive appointment (which she still holds in an honorary capacity) was that of Consultant and Senior Clinical Lecturer in Psychotherapy at the Uffculme Clinic, Birmingham, later subsumed by the South Birmingham Mental Health Trust. This gave her responsibility for clinical practice, teaching undergraduates and postgraduates and other team members and the organisation of teaching programmes. A heavy schedule for anyone, but being a highly competent and organised person Fiona was also drawn into management and, as the years passed, became successively Unit General Manager for the Mental Health Unit, Clinical Director of Adult

Psychiatry and Psychotherapy and finally, Medical Director of the South Birmingham Mental Health NHS Trust. The least that can be said about this progression is that it could have been achieved only by a remarkably efficient and tireless worker who had earned the complete trust and respect of colleagues. A pretty impressive career; and I have yet to speak of her impact on the Royal College of Psychiatrists.

Whilst still a senior registrar, she joined the College Manpower Committee and, within three years, had been its Secretary and become its Chairman. These were the days when consultant numbers were becoming a crucial issue nationally. There was general panic about inappropriate distribution of medical manpower between specialities and between regions. The formidable JPAC (Joint Planning Advisory Committee) was introduced, responsible for determining how many senior registrars (and hence future consultants) there should be in each speciality. Competition for manpower approval was intense. To confuse everybody, the Department of Health statistics were inaccurate. Fiona took lead responsibility for the College's submissions to JPAC, saw to it that accurate statistics were obtained (this was no easy task) and presented the case so compellingly that the College's bid (for manpower approval for more than 300 extra senior registrar posts) was successful. A triumph had been pulled out of a crisis. A crisis unlikely to recur because nowadays the Secretary of State has a Standing Committee on Medical Workforce and one on the related theme of Postgraduate Medical Education, and Fiona is a member of both.

A little later, as Sub-Dean, Fiona became a key figure in developing the College's interest in overseas doctors working in the UK. Uniform standards of training were developed, an initiative for which she deserves much of the credit. Now of course, much larger numbers of overseas postgraduates are attracted by the standards set by the College. Her interest in the international dimension continued after she was elected Dean of the College. That year she led a College delegation to South Africa. While Dean she became the College's representative in Europe and worked with colleagues across the continent on the harmonisation of training programmes. In the course of this work she became Secretary of the Psychiatric Section of

the Union of European Medical Specialists, and subsequently, President for a four-year term, a post which she still holds.

Meantime, in 1993 the Members and Fellows of the College followed the injunction of the College motto 'Let Wisdom Guide' and elected her President. What can be said about Fiona's Presidency? It was a time of change, particularly for postgraduate medical education and for aspects of psychiatric practice concerning the care of severely ill people outside hospital. In regard to these and other crucial issues, Fiona displayed superb qualities of leadership and kept her team of officers and staff working together in an imaginative and cool-headed way. In her role as chief ambassador and representative of psychiatry, she was hugely successful, especially in her negotiations with Government Ministers and civil servants. In the Conference of the Presidents of all the Medical Royal Colleges, later the Academy of Medical Royal Colleges, she was elected Chairman. Within the College she continued her particular interests in education, nationally and across Europe, and never lost sight of the needs of trainees unable to work full-time because of domestic commitments.

I must refer to two things closer to home: one was that she carried a lot of the responsibility for the task of removing the masculine pronoun, the he's, him's and his's, from the Bye-Laws of the College. This was no mere symbolic ritual, but a very necessary process of etymological hygiene, and her leadership showed in a more ceremonial context. At College dinners it is now the practice for the main course to be followed by cheese, leaving the pudding until later. As you may imagine, this puts the College ahead of other Colleges, clubs, pubs and eating houses – it is a move towards internationalism and civilised living. No longer does the discerning diner have to fret about his or her palate as the pudding is wheeled in.

I could continue, but time runs fast. It must be clear that our new Honorary Fellow is a human dynamo and a most remarkable person. Highly organised, sound in judgement with a superb grasp of complex issues, a tremendous appetite for hard work, and unfailing warmth and generosity, she is a perfectionist in the best sense of the word. Further to these virtues, she has immense charm and grace; a person of style and sophistication, not without mystery, yet free of affectation, she has a sense of fun as well as a sense of humour. You may have gathered that she is something of an epicure. Some years ago she went through the elaborate ritual of becoming a Chevalier du Tastevin. This accolade I imagine is not given lightly.

In her career, Fiona has received the utmost understanding and unstinting support from her husband, Robert Caldicott. Clearly he relishes

the experience of having a person of distinction for a wife, but he is not one to stay at home and do the Hoovering. He is himself a busy person, the Managing Director of his family business. Theirs is a highly successful partnership. On a sad note, I should mention that together they experienced the bitterness of irredeemable loss when seven years ago their son, Richard, was tragically killed in a road accident.

Returning to the present, we can see that wisdom certainly guided Somerville College when they appointed Fiona as their Principal. It is good to think that the students of Somerville, young men and women, have such an excellent role model. Still in the full bloom of her working life we can be confident that yet more distinguished public service awaits her. Meantime, Mr President, we are here today to acknowledge her magnificent services to psychiatry and to the Royal College of Psychiatrists. I am proud to introduce, for the Honorary Fellowship of the College, Dame Fiona Caldicott.

Dr Ismond Rosen (introduced by Professor Issy Kolvin)

Dr Ismond Rosen was a polymath – he excelled in diverse areas of learning and skills that included psychiatry and psychoanalysis, art and portrait sculpture, and scholarly work on sexual deviations. He was also a brilliant communicator in a variety of media.

Ismond Rosen was born in Johannesburg in 1924. He studied medicine at Witwatersrand University where he soon came under the influence of Professor Raymond Dart, a distinguished physical anthropologist. From an early age Rosen had modelled figures, and at medical school the opportunity arose to model the soft tissue reconstruction of *Australopithecus prometheus*, which in due course appeared in Dart's book *Adventures with the Missing Link*. At that stage Rosen had intended to become a plastic surgeon, but he disqualified himself because of a partial red-green colour blindness. Later, he switched to psychiatry.

After a basic training in psychiatry in Johannesburg he moved to Europe where he devoted himself to developing his knowledge and skills in the three broad areas of psychiatry, psychoanalysis and sculpture. Prior to the Maudsley he studied at the Académie Julien in Paris and also undertook stone carving at the Ecole des Beaux Arts. Thereafter he spent six years at the Maudsley. In London he found mentors in Professor Aubrey Lewis (benefiting from his Socratic form of teaching), with Dr Denis Hill and also with Professor Erwin Stengel. He eventually moved to the Portman Clinic in order to expand his knowledge and develop his skills in

the treatment of sexual deviation. In 1960 he organised a national congress at the Royal Society of Medicine on Sexual Deviation, which led to him editing a book on Sexual Deviation. This has now run to three editions, the last of which was published in 1996, and is tantamount to a *magnum opus*. During all these years, in addition to continuing his training as an artist and a sculptor, he undertook the arduous training in psychoanalysis.

His appetite for sculpture peaked in the 1970s – an epoch of prodigious productivity and creativity. His output included stainless steel sculpture, paintings, lithographs and etchings, with displays in many exhibitions including those at the Camden Arts Centre and the Royal Academy Summer Exhibition. Many sculptured heads of distinguished medical colleagues are to be found in UK hospitals and colleges. Eventually, his work as a sculptor was recognised by his admission to Fellowship of the Society of Portrait Sculptors. His pieces include a head of Henry Maudsley, which was finally lodged in the Institute of Psychiatry, and a sculpture of Professor E. Stengle, which was presented to the Royal College of Psychiatrists for its 150th Anniversary, and a bust of Professor Dorothy Stuart-Russell on her retirement from the Chair of Morbid Anatomy at London Hospital Medical College (who incidentally was the first woman consultant to be appointed to that hospital). Other notable sculptures included that entitled *Civilisation* which resides in South Africa's National Botanical Garden.

However, by far the most widely known of his works outside the medical sphere are his bronze Holocaust sculptures, which were displayed in London's St Paul's Cathedral in 1992 and are now lodged permanently in the Church of the Holy Cross in Berlin, the city where the Holocaust was conceived. The three figures depict the experience of Christ in the Holocaust. The first figure (*Revelation*) depicts Christ's insight into his true identity; the second is *Atrocity*, a neologism of 'cross' and 'atrocious' pointing to the debased values of the Nazi era; the third is *Echo*, which symbolises survival. Canon Paul Oestreich of Coventry Cathedral has said "In the three haunting survivors of the Final Solution, Ismond Rosen has managed to express pain transcended, death defied and life affirmed". Oestreich goes on to state "This vision of risen life, struggling to be free, takes the Jewish-Christian dialogue far beyond itself into the ultimate human mystery of hope against hope".

For Rosen, psychiatry, psychotherapy and communication were intertwined. A quotation from his interview with Professor Hugh Freeman in 1992 epitomises this intertwining: "A good portrait is not merely a likeness produced by looking at the person; something mysterious

happens when your hands create an image in a different medium. A whole communicative process occurs, ranging from the perception of the person to the final aesthetic proportion and expression. The meaningful portrait is the resultant image of the relationship that is set up between the sitter and the artist". He has applied these communication skills to reduce the stigma associated with psychiatry, on radio and television and through his art. These skills were recognised when, as a psychiatric registrar, he was invited to attend the inauguration of a Mental Health Society in South Africa and accepted the invitation without appreciating that he was expected to be the main speaker.

Ismond Rosen distinguished himself in psychiatry, psychoanalysis and forensic psychotherapy as well as in portrait sculpture and other forms of art. His humanity and creativity were widely recognised and the quality of his communication skills was acknowledged in the public domain. The College considered it appropriate to recognise his inspired contributions to publicising psychiatry and psychoanalysis in so many different ways by the award of a posthumous Honorary Fellowship.

Professor Sir Michael Rutter (introduced by Professor Peter Hill)

Professor Sir Michael Rutter is Professor of Child Psychiatry at the Institute of Psychiatry, Honorary Director of the Medical Research Council Unit in Child Psychiatry and of the Social, Genetic and Development Psychiatry Research Centre there, and Honorary Consultant Psychiatrist at the joint Bethlem and Maudsley Hospitals.

I made an error in readily agreeing to present him to you today. I should first have asked "How much time have I got?" The list of reasons for the College to award an Honorary Fellowship to Michael Rutter is so long that I could fill a whole AGM merely by identifying them. I can only be selective.

A personal memory first. In the late 1960s, when I was casting around London in search of paediatric posts, Maurice Lipsedge, then an SHO at Barts, advised me to go down to the Maudsley where, he said, they had this rather good senior lecturer (he should have said reader) called Rutter who was well worth listening to. Within a few days I had heard Peter Tizard, Linford Rees and Tony Dawson say the same thing. If you want to do child and adolescent psychiatry they said, there is only one man.

It is the case that there has only been one man. There is the conspiracy theory that there is actually a cloned gang of a dozen Michael Rutters since no single individual could have written so

many seminal papers, chapters, books and attracted so many honours from his medical and scientific peers. The weakness of such a theory, that it would be necessary for each individual clone to keep geographically apart, would present no problem. The President remembers telephoning Mike Rutter's home in the early 1970s. "Just a minute" said a member of his family, "he's in his study". Then, some several minutes later, "No, I'm sorry, he's in San Francisco".

His recognition is genuinely worldwide. He holds eight honorary doctorates alone, in England, Scotland, The Netherlands, Belgium, France, America and Finland. It is particularly noteworthy that he has received so many senior academic awards and honours in the United States, a country so often accused of academic parochialism. I count thirteen distinguished scientist awards, eponymous awards and honorary foreign memberships from the peaks of American academia: and then I'm into lists again. Member of twenty-nine journal editorial boards? Forty-seven eponymous or memorial lectures or endowed professorships?

None of this should imply dilution or repetition. It used to be said at the *Journal of Child Psychology and Psychiatry* that a paper had been 'Ruttered' when two or three closely typed pages of detailed commentary and advice returned from Mike. This would reveal the consequences of intense thought specifically for the paper concerned, expressed in unambiguous language, coupled with positive suggestions for its improvement. Such a combination has meant that many individuals over time have recognised Mike's hand in the commentary on their grant applications. When addressing the Child Psychiatry Research Society a couple of years ago on ways to referee a grant application, he made the point that in doing so one should not show off and one should strive to find the positive aspects of a poor project. It is, I suggest, that combination of focused thought and forthright expression without arrogance and an eye to how the good elements of a paper or application might be emphasised which has benefited developmental and clinical science.

There are, in my personal view, three areas in which Mike has done something which no one else could have done. First, there is the establishment of epidemiology as an essential tool for understanding the roots of psychiatric disorder in the young. Second, is the absolute insistence upon scientific objectivity in understanding psychopathology and development, something which was necessary to overcome the sentimentality and speculation which was so rife thirty years ago within child and adolescent psychiatry. Third, unification of the fields of psychological development and clinical psychopathology

which has already proved so fruitful. It is particularly fitting that he is this year, President-Elect for the Society for Research in Child Development.

Quite apart from leadership in such areas is the fact that in so many areas of child and adolescent psychiatry it is appropriate to advise a candidate for the MCRPsych who is invited to supply a reference for an assertion to simply cite 'Rutter' in any essay or viva. They will probably be right, even if their examiner hasn't caught up with Michael Rutter's extraordinary written output.

One achievement which I have not yet seen him put into print is the ability to ask questions. There have been so many occasions when at a meeting he will say, in response to a point, "Yes, but I wouldn't have asked the question like that . . . if you put it like this . . .". That capacity to rotate a concept in order to manage its exploration is extraordinary in one who decries his own capacity for visuo-spatial thought. It is, of course, the cornerstone of scientifically organised curiosity.

It is, you will gather, an easy task simply to commend him to you, even if marshalling all the reasons for so doing would exhaust my allocated time. As it is, we had better get on with it. The College is a little late in the field. Fifteen other colleges, institutions and societies have already awarded him Fellowships and Honorary Fellowships. The jewel in the crown must surely be the Fellowship of the Royal Society. When Mike was made FRS in 1987 the whole of psychiatry congratulated itself. We all felt we were part of it. We felt it again when he was created Knight Baronet five years later. We weren't part of it, of course, but it is a pleasure to recognise that he has become part of us since we have all learned and benefited from what he has brought to psychiatry, in style and substance. From the early studies on temperament and risk, the conceptual exercises on classification, through the Isle of Wight and Inner-London Borough studies, the important work on the characteristics, treatment and aetiology of autism, the influential studies on the influences of secondary schooling, examiners for the MCRPsych have drawn upon his findings and the candidates have memorised them.

Taking things further, his thirty-six books (of which the best known on maternal deprivation, child and adolescent psychiatry and human development have a wider readership than psychiatry) have filled minds and library shelves everywhere. I have seen them in medical libraries in five continents. There are countless clinicians and academics who have benefited from his clarity of thought in teaching, research appraisal and conceptual synthesis. It would be impossible to think of contemporary British psychiatry,

international child and adolescent psychiatry or the empirical study of child development without his contribution.

The conditions for the College's highest honour, an Honorary Fellowship, include the phrase "eminent in psychiatry . . . or has rendered distinguished service to humanity in relation to the study, prevention or treatment of mental illness". Sir Michael fulfils both these criteria with exceptional ease and it is with great pleasure that I present him to you.

Dr Robert van Voren (introduced by Dr Jim Birley)

Mr President, I have a problem in presenting Dr Robert van Voren, a problem of identity which can be stated very simply. He is not a doctor, nor is his name Robert van Voren. He describes his doctorate as a sort of "Dutch Treat" of a degree, shared equally between a masters and a doctorate. To be even half a real doctor is more than can be said for many of us here, myself included: bachelor medical folk, flying a dubious flag of academic reassurance. The alias is certainly more of a problem, although he is following a very distinguished tradition of great French actors, such as Raimu, Fernandel, and Arletty.

Fortunately, there is a solution to all this. A radical one. Look to the roots. In Latin, 'doctor' means a 'teacher' and 'actor', a 'doer' or 'accomplisher'. Ovid uses it to describe a shepherd, 'one who drives his flock' or sets 'in motion'. Robert has done all this. 'Alias' means 'somewhere else', either in space or time. Robert sees very far, even round corners. Indeed, he is even now, I suspect, contemplating some post-millennium projects.

As a teenage Dutchman, he shared his father's interest in the writings of Alexander Solzhenitsyn. *The Gulag Archipelago* fired him off on his life's trajectory as a human rights campaigner. He was soon actively involved with many leading people in this field, both inside and outside the former Soviet Union. In 1980, when Robert was 21, the International Association against the Political Use of Psychiatry (IAPUP) was formed in Paris. In that year too, Andrei Sakharov was sent into exile and Robert, armed with a number of languages and two names, began making frequent hazardous trips to Moscow, meeting people in safe and not so safe places and bringing news, cash and support from the West. He was only arrested once, "for being drunk in public", but was released "because he only spoke English". Many frustrated travellers would like to know how he managed to escape from Moscow Airport, boarding the plane at the last moment.

Five years later, as a very mature student, he had been awarded his Degree in Modern Theoretical History, specialising in the Russian lan-

guage, had published three books and was editing the *IAPUP Journal* – essential reading for campaigners, among them our previous President, Kenneth Rawnsley, who played such a leading part in forcing the resignation of the Soviet Psychiatric Society from the World Psychiatric Association (WPA).

In 1989, at the Athens Congress of the WPA, the Society was readmitted, but under tough conditions, one of them being that they should be visited by a WPA team within the next two years. It was in Athens that Robert and I met Dr Symeon Gluzman, a heroic psychiatrist/dissident and a member of our College, who was now back at Kiev and planning some significant changes. We saw these with our own eyes during the visit in June 1991: a new independent psychiatric association with the declared aim of developing professional and ethical psychiatry. In August of that year, the visiting team's report was presented to the WPA. Soviet Communism collapsed and IAPUP began to change its aims from protest to education. It also changed its name to the 'Geneva Initiative', almost another alias, as it remains firmly rooted in Holland.

Kiev was naturally the first place to get attention. Robert organised truckloads and trainloads of hospital equipment, books and journals for a new library. Many colleagues began regular visits. At the same time, a network of 'reformers' began to emerge and the first Congress was held in Bratislava in 1993.

Forty people came, from East and West Europe and the USA. The emphasis throughout was not on technical advance, but on changing attitudes, on human rights, legislation, working with and listening to patients and their carers, mutual trust, training nurses, voluntary help – and philosophy. All heady new stuff. Slava Gluzman, a philosopher himself, chose another philosopher, Bill Fulford, to give the first talk. His script was difficult. He did not follow it. The baffled interpreters groaned and mumbled. The overhead projector was inscrutable. The lecture was a wild success. Here was somebody talking about sharing ideas, not cramming with facts – not Gradgrind, but glad mind. The reform had begun.

I hope this audience will stay to hear the sequence to all this from Robert himself in his Special Lecture later this morning. At present, the network membership is over 200, involving twenty-nine psychiatric associations from all over the world and sixty projects running last year. The Geneva Initiative works closely with the World Health Organization, whose documents we translate and publish from our printing press in Kiev. In 1994 Robert was given the Human Rights Award of the American Psychiatric Association.

There is still a great deal to be done and I'm pleased to report that many members of our

College, including our Secretary, are actively involved in this. But the planning, the funding and the impeccable organisation are all due to one man and his excellent small team in Hilversum, including his wife, Angelique, and two small children.

Robert is indeed an actor, in Latin an 'accomplisher', in English a 'player'. He is great fun to work with, and all the world is his stage, and I have great pleasure in presenting him as an Honorary Fellow.

Marjorie Wallace, MBE (introduced by Dr W. Alan Heaton-Ward)

In the 1960s, mental subnormality hospitals were under fully justified criticism of the standards of care which they were providing. During that time, I quickly learnt the benefit of enlisting the support of the media in achieving the improvements which we all wanted, after all attempts to do so through the so-called 'proper channels' had failed. As a result, early in 1972 I found myself quoted, quite correctly, in the *Sunday Times* as saying that one of our worst wards at Stoke Park Hospital should be blown up!

The *Sunday Times* report was followed shortly afterwards by the arrival at Stoke Park of Marjorie, then a film director at the BBC, with her team, to film a piece for the *Twenty-Four Hours* programme. At the time, Marjorie was pregnant with her first child, Sacha, and cannot have found it exactly reassuring to learn that the condition of many of the profoundly physically and mentally handicapped children in our nursery ward was the result of antenatal mishaps.

The *Twenty-Four Hours* programme was transmitted on 2 May 1972 and led quickly to the start of a major programme of new building and refurbishment at Stoke Park Hospital, with increasing interest and involvement of the local community in activities there.

Marjorie moved on from the BBC to join the Insight team at the *Sunday Times* and later, in 1972, she won her first 'Campaigning Journalist of the Year' award – for her "gift in combining great compassion with objectivity, urging the Health Service to take action about the treatment of disadvantaged people".

Marjorie's objectivity was well illustrated when she later took one of her sons over to the Doman-Delcato Institute for Human Potential in Philadelphia to test its extravagant claims to be able to increase the intelligence of both 'normal' and severely brain-damaged children, at great expense to parents clutching at any straw, who were made to feel guilty and personally responsible if the expected improvement did not occur. I don't think Marjorie felt either impressed or guilty on leaving, with the status quo unchanged for them both!

In 1976 Marjorie first came to be interested in mental illness and the burdens borne by families caring for their schizophrenic children at home with little community support. At that time, she became concerned too at the pain inflicted on parents of schizophrenic children by those professionals who sought to blame them for their condition.

Marjorie experienced mental illness at first hand when she had to remain in hospital for three months, suffering from depression, following the birth of her second son, Stefan.

Marjorie became increasingly aware of the inadequacies of community care and treatment for people with serious mental disorders when psychiatric hospitals were being bulldozed and their function as 'asylums' in the best sense, lost. This resulted in a series of articles in *The Times*, for which she received her second 'Campaigning Journalist of the Year' award in 1985 and which led, ultimately, to the foundation of SANE (Schizophrenia: A National Emergency) in 1986. While still a Guardian Research Fellow at Nuffield College, Oxford, Marjorie was appointed Chief Executive of SANE, taking over the post full-time in 1991.

Since taking office, largely through her own campaigning efforts, Marjorie has transformed a deficit of £70 into reserves of £6 m, dedicated to the establishment of POWIC (Prince of Wales International Centre) in Oxford, for research into the causes of severe mental illnesses and to supporting the national phone helpline, SANE-LINE, with satellites in Macclesfield and Bristol.

In 1994, Marjorie was awarded a very well-deserved MBE.

Marjorie has achieved all this against the background of her own serious illness.

I believe that Marjorie is one of that rare breed of journalists in the psychiatric field who do not allow their genuine concern for those about whom they write to blind them to the realities of the situation, or to the difficulties of those struggling to provide the best care for patients within the statutory services. Equally, Marjorie does not hesitate to criticise those outside the statutory services who raise false hopes in desperate relatives by their offers of expensive treatment, of as yet unproven efficacy.

Indeed, I wish that more of my contemporaries and their successors had adopted Marjorie's pragmatic and realistic approach to the total care of those with mental disorder, rather than rushing to adopt, uncritically, the currently popular ideological policies so as to appear 'progressive' and 'with it'!

I feel very honoured to be invited today to deliver this citation on Marjorie's election to the Honorary Fellowship of the College, which I regard as long overdue.