

obituaries

Peter Sainsbury

Formerly Consultant Psychiatrist and Director, MRC Clinical Psychiatry Unit, Graylingwell Hospital, Chichester

Peter Sainsbury, who died on 9 December 2003, was born in Horsham, Sussex on 23 December 1916 to a well-off, middle-class family. His parents were, as he put it, 'bright young things, always going to cocktail parties and treasure hunts in motor cars', while he and his brother and sister were brought up by a nurse whom he adored and kept in touch with until his early seventies. He was sent as a boarder to a preparatory school at the age of 5 and later to Stowe, where he learned to appreciate the English language and discovered a natural inclination for science and biology.

Having decided to study medicine, he went up to Trinity College, Cambridge, where he was fascinated by the physiology of fear and emotions and, like many of his contemporaries, he took an active part in the student movement against the current of totalitarianism sweeping across Europe during the middle and late 1930s.

Soon after qualifying in 1941, he married Ruth, a German refugee with whom he was to have a son and a daughter, he began his post-graduate training at Middlesex Hospital, had a glimpse of the newly-introduced ECT and got interested in psychosomatics. During the war years, he joined the RAMC, attended a course in tropical medicine and spent time in India, Burma and Sierra Leone. After the war, although he hoped to be a physician and devote himself to psychosomatic medicine, he finally opted for a post at Bexley Hospital, passed his DPM and moved to St Francis Hospital in Dulwich. It was there where he first met Sir Aubrey Lewis, who was a visiting consultant. From there on, it seems that Lewis became his mentor; not only had he introduced him to the crucial literature on suicide, but also helped him to get a research post at the Maudsley and, eventually, to embark upon his first major research work leading to the now classic Maudsley Monograph *Suicide in London*. By that time, his genuine interest and talent for research was so obvious to everyone that, in 1957, he was given the opportunity to head a research unit at Graylingwell Hospital, following after Professor Erwin Stengel and Sir Martin Roth. It was typical of Peter's modesty that every time when he told the story of

how he got the job, he would always stress the help of Sir Aubrey in getting him through the selection interview!

Under Peter's directorship, the new MRC Clinical Psychiatry Unit became a formidable research centre, making Graylingwell known throughout the world. Over the years, the Unit's staff included a number of now familiar names in psychiatric literature and subjects ranged from EEG and classical conditioning (John Shaw and Archie Levey), psychiatric diagnosis and marital pathology (Norman Kreitman), substance abuse (Richard de Alarcon and Phillip Bean), familial factors in mental illness and relationships (John Birtchnell) to studies of the psychiatric services (Jaqueline Grad) and of suicide (Brian Barraclough). Of these projects, it was in the last two that Peter's own contribution was by far the most significant.

The first, in the early sixties, was a pioneering comparison of a traditional (hospital-based) psychiatric service (in Salisbury) with a community-based one (in Chichester), which demonstrated the feasibility, as well as the advantages, of treating mental illness at home – a novel approach at that time.

The second, completed in the early seventies, was a detailed investigation of the lives and mental states of one hundred suicides, concluding that a better recognition and treatment of depressive illness could save lives. Although some saw the study's pragmatic focus on depression as somewhat one-sided, or even as an attempt to oversell a medical model of suicide prevention, this was certainly not what he intended. Peter always aimed for his approach, as well as for his data, to be as comprehensive as possible and, indeed, that study did include crucial information on life events – data which we also used, later on, to construct predictive scales for identifying those suicide attempters who are most at risk for killing themselves. In this context, Peter's own and very clear views on investigating and understanding suicide are as relevant today as they were 30 years ago, when he wrote:

The principal objectives of research into suicide are: 1. to identify the clinical and personal characteristics that indicate a high risk to suicide; 2. on the basis of this information to introduce therapies and services to protect the suicidal and abate their proclivity to suicide; and 3. to unravel the interaction of biological, psychological and social factors that predispose to or cause suicide, and so construct a solid theoretical foundation on which to develop primary prevention; that is, to discover in what ways the individual's psychological and social development must be fostered in order

to preclude his need to resort to suicide when faced by 'the slings and arrows of outrageous fortune' (Sainsbury, 1975).

By the time I joined the Unit, in 1971, Peter was Britain's foremost 'suicidologist'. As the Unit director, he was exceptionally good at enlisting the cooperation of the hospital's staff in a number of clinical studies and in setting up case-registers and using their data in projects of applied research; he was also able to continue with his early interest in new and more accurate measures of gestural and psychomotor behaviour and exploring their potential applications as, for example, in assessing agitation among the elderly mentally ill. He wrote extensively and gave lectures in this country and abroad. Despite his many commitments, he would find the time to see patients, many of whom still recall him as a caring eclectic psychiatrist, who even practised his own brand of psychotherapy.

He was an adviser to the World Health Organization, a member of the Neurosciences Board of the Medical Research Council and a secretary of its Clinical Trials Sub-Committee. He was also an adviser to the Mental Health Research Fund and, with Kreitman, he edited *Methods of Psychiatric Research*, in 1963. He was an examiner for the DPM, a secretary, and later chairman, of the Research and Clinical Section of the Royal Medico-Psychological Association (1963–1971) and a president of the psychiatry section of the Royal Society of Medicine (1972–1973). He chaired the Royal College of Psychiatrists' committee, which produced the 'Memorandum on ECT' in 1977, and he led the College in its first Special Committee on the Political Abuse of Psychiatry (1978–1987). He was Vice-President of the College from 1975 to 1977 and was elected an Honorary Fellow in 1983.

He continued working well after the Unit's closure in 1982, mainly on a study commissioned by the WHO, reviewing the trends of suicide in Europe and the extent to which they were affected by demographic and social factors. After his retirement, he continued to pursue his many interests, especially literature, theatre and architecture and tending to his beautiful garden. His last few years were marked by ill health and it was most distressing for him, during a period after a stroke, to have to cope with a reduced ability to communicate in his habitually engaging and eloquent fashion. However, he remained remarkably stoical then as he did, some years earlier, after the loss of his young daughter Deidrie.

Peter's most striking quality was that he was a man without a hint of pomposity, always friendly and approachable,



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humorous and perpetually optimistic. Even in his last few years, he hardly ever complained, though, at times he would discreetly dissent by switching off his hearing aid. Despite his love of companionship, he was a sensitive and private man. He leaves three children, Julian, Emma and James, and five grandchildren.

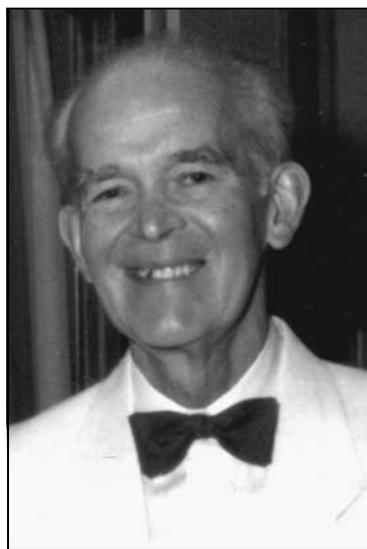
SAINSBURY, P. (1975) Suicide and attempted suicide. In *Psychiatrie der Gegenwart*, pp. 559–603, Springer-Verlag.

D. J. Pallis

David Kennedy

Formerly Consultant Psychiatrist, Crichton Royal, Dumfries

David Kennedy was born on 27 July 1931 in Teheran, Iran, the son of a Scottish banker. He returned to Scotland aged 6 and attended Hutchesons' Grammar School, Glasgow, where he excelled in Classics. He was dux in 1949 and joint editor of the *Hutchesonian*. Having won a bursary, he proceeded to Glasgow University in 1949, graduating in medicine in 1955. His best friend, who also proceeded from Hutchesons' to Glasgow University, described him as 'the brightest of the bright', and in his first year at Medical School he gained four distinctions out of four, a stellar performance for



someone who had previously been steeped in Latin and Greek. He continued to gain distinctions throughout his undergraduate years.

After house jobs, David did National Service for 3 years, mostly in Cyprus. Thereafter, he returned to Scotland and for 1 year was Assistant Medical Officer for Health in Ayr, where he obtained the DPH, taking the McKinley Prize (Anderson College, Glasgow University). By then he had decided to specialise in psychiatry, first as a Registrar at Hartwood Hospital and then at the Crichton Royal, Dumfries. Then, after obtaining the DPM, he took up a post of lecturer at the Royal Cornhill

Hospital, Aberdeen, where he was involved in the Aberdeen Psychiatric Case Registers. He returned to the Crichton Royal as consultant in 1970, effectively running a large unit, although later specialising in the treatment of alcohol and drug addiction and interpreting electroencephalograms (EEGs). He was made a Foundation Member of the Royal College of Psychiatrists in 1971.

He will be remembered for his quiet, gentle manner and his patience and the respect from both colleagues and patients. He retired in 1988 to enjoy his hobbies of walking, music, painting, wine making and cooking, but continued sessions in the EEG Department, Crichton Royal, both interpreting and teaching, and later likewise at the Garlands Hospital, Carlisle.

Later much of his time was spent travelling with his wife, frequently to Europe, but also further afield to India, China, America and Russia, and he had just returned from a trip exploring the Yukatan Peninsula of Mexico 3 days before he died.

He also enjoyed the theatre, opera, concerts, art galleries, antiques, and especially, good restaurants and good wine. He was able to indulge these cultural activities by having a flat in Edinburgh for many years as well as his home in the Lake District.

He is survived by a son and two daughters and his second wife, Joan, herself a consultant child psychiatrist.

Joan Kennedy, Allan C. Tait

forthcoming events

Developing Consultancy Skills: Using a Systems-Psychodynamics Framework is an 8-day course run in four 2-day blocks from November 2004–February 2005 at the Cassel Hospital (West London Mental Health Trust) in Richmond, Surrey. It is likely to be of particular interest to child psychiatry consultants and specialist registrars, and

to consultant psychotherapists who are often asked to provide input to clinical teams and outside agencies. Most of the course takes place in small workshops designed to develop participants' skills in analysing presenting requests, negotiating contracts, designing interventions, balancing attention to group dynamics and structural issues and learning to use

emotional responses as data about the client system. For further information, please visit the website at www.thecasselhospital.org or contact Dr Vega Roberts, Director of the Management and Leadership in Mental Health Services Programme (tel: 020 8237 2947; e-mail: Jennifer.Lomath@wlmht.nhs.uk).