

## President's letter

My last letter was included, in case readers had not noticed, as part of our Annual Report for 1988. The Brighton Meeting was a very successful one with an excellent scientific programme and a most welcome number of visitors from abroad. The Old Empire was, as always, well represented, with one session devoted to interesting presentations from Australia. Equally gratifying was the presence of so many old and new friends from Europe – just across the Channel from Brighton, but sometimes seeming further away than New South Wales or California. I look forward to the College's making more links with our many European colleagues and societies, and in particular to a possible move of "harmonisation" of training programmes. There is nothing like skiffle dancing, on a glorious evening beneath the Downs, for starting off harmonisation.

Making his usual sharp contributions to both the scientific sessions and the Business Meeting was Professor Max Hamilton. It came as a great shock to hear that, shortly afterwards, he had died in his sleep. His last conversation with me was typical: I was gently reprimanded for not providing cheaper accommodation at the University Halls of Residence, to encourage more trainees to come to the meeting. Fortunately, I was able to tell him that we had negotiated very good rates at the Metropole – cheaper than that offered to us by Robinson College in the Spring.

At the Annual General Meeting, we passed, by a very large majority, a resolution setting out the College's conditions for the Soviet Society's return to the World Psychiatric Association. Consequent upon this, I found myself, with Professor Robin Priest and others, in Moscow in mid-September, meeting some Moscow-based psychiatrists and also the Minister of Health, Professor Eugeny Chazov. Psychiatry was only one of his problems. *Glasnost* had released a flood of criticism of the state of the Soviet Health Services and *perestroika* meant that he was responsible for doing something about it. With respect to psychiatry, there seemed to be the beginning of a change in the legal and political setting in which psychiatry functioned. Of changes in psychiatry itself, on the evidence from those whom we met, there was but little sign and we made it clear that our July resolution would go to Athens in Autumn 1989. Subsequently, we have heard that the Soviet Society of Psychiatrists has split off from the Society of Neurologists and Neuropathologists (or vice versa) and

Professor George Morozov, the head of the Serbsky Institute has been replaced by Professor Nikolai Zharikov as President of the Society. Informal exchanges between United Kingdom psychiatrists and the next generation of Soviet psychiatrists are to be strongly encouraged.

Meanwhile, back at Belgrave Square, the conversion of the building has been completed. The working conditions for our staff have been much improved. The move of the *Journal* to the top floor of the building came, as members will be aware from the silver stripe on its cover, at the time of the 25th Anniversary of *The British Journal of Psychiatry*. This was celebrated by a festive gathering of contributors, assessors, fellow Editors and other luminaries at the beginning of October.

Shortly afterwards we said goodbye to Jane Boyce who had done so much first class work for the College during the 16 years she was here. She has gone to be Secretary of the British Thoracic Society. We have also said farewell to two other long-serving stalwarts, Terry King, the House Manager, and Mary Brown in the Finance Department.

For the Autumn Quarterly Meeting, we took the plunge of a press conference to launch our briefing papers on 'Caring for a Community'. Renee Short was kind enough to contribute a preface and the papers were well received and have had a wide circulation to MPs, Peers and others. One of the by-products of all this was the sudden public prominence of the Prader Willi syndrome – normally occupying an obscure corner of an MCQ paper. Ann Gath gave a vivid account of a sufferer being allowed the freedom to eat himself to death.

I very much welcome the regular contributions in the *Psychiatric Bulletin* concerning 'Achieving a Balance'. The College has been very active in putting the point of view of psychiatry across to those who are bringing 'Achieving a Balance' into action. With respect to senior registrars, I am pleased to say that JPAC (Joint Planning Advisory Committee) has agreed to an increase of up to 120 senior registrars in all specialties over the next five years. We have also put our point of view concerning the "safety net" for psychiatry and the importance of having to cover emergencies. At present we are negotiating on the total number of registrars which will be less drastically reduced than was at first anticipated. Nevertheless, there will be opportunities now for providing paid posts for promising overseas doctors and I hope

that the College's 'Overseas Doctors Training Scheme' will be helpful in this respect.

Effective action on 'Achieving a Balance' depends very much on good communication between the College and all its members. In particular we have done our best to brief Regional Advisers and Psychiatric Tutors and they in their turn, together with our College Assessors, have told us about the state of

consultant appointments and the adequacy or inadequacy of the supply of applicants for consultant posts. Up to date and accurate information on these matters will be essential for planning future developments.

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President

*Psychiatric Bulletin* (1989), 13, 114–119

## In conversation with Felix Post: Part II

This is the second part of Brian Barraclough's interview with Dr Felix Post. Part I appeared in the February *Psychiatric Bulletin*.

**BB** Now, I would like to turn to the development of your psychogeriatric interests. You described how Lewis suggested you take up psychogeriatrics and gave you some beds at the Bethlem for that purpose.

**FP** One ward at first. He had a tremendous stand-up fight with the Matron, Miss Robinson, who was against the beautiful recently private Bethlem Hospital being occupied by these nasty old people. But Lewis won. The Matron later became a most fervent admirer of the Unit, and delighted in it.

At first I had just a few beds in a general ward. But it developed and by about 1950–51 the whole place was more or less devoted to people over 60. I was fortunate that one of my first registrars was so interested in working with the aged. That was David Kay. He stayed a year, instead of six months.

**BB** He went on to Graylingwell Hospital?

**FP** Yes. He was passed from me to Roth, and never looked back. David co-operated in a study of our observation ward patients where we tried to predict the outcome from the diagnosis. There was a serious disadvantage with this kind of work at the Bethlem Unit which applied to the Maudsley as well. Both were hospitals for patients likely to recover. Anybody who had a chronic mental illness had to

go to one of the area mental hospitals. They couldn't stay at the Bethlem or the Maudsley. There was no exact time limit but there were questions asked if the patient stayed too long.

That, of course, in psychogeriatrics limits you entirely to the affective and neurotic illnesses. If you have dementias you have to offer long-term care. Each time we did have patients with organic mental syndromes we hoped they would improve or that other arrangements would be made by the relatives. But again they would occupy a bed for months and months before the local hospital would graciously accept them. Therefore we were restricted in the study of the most important psycho-geriatric condition, dementia. This problem was only more or less cured in the late 1960s and early 1970s when beds nominally under the jurisdiction of the joint hospital in the area hospital became available to long-stay patients from the catchment area of the unit. It is a great improvement which has helped my successor to develop more interest in the dementias than I could.

**BB** What were your aims when you began?

**FP** All one knew about mental illness in the aged in 1947 was that their depressions tended to be more severe, more chronic, and recur often. Paranoid illnesses? We were not sure what they were all about. I soon realised that I couldn't say anything useful about these conditions without following them up in sufficient