The Inaugural Banquet

The Inaugural Banquet was held on Monday, 3 July, in the historic setting of the Guildhall of the City of London. The Guest of Honour was the Rt. Hon. Sir Keith Joseph, Secretary of State for the Social Services. Other guests included Sir George Godber, Chief Medical Officer of the Department of Health and Social Security, Sir Godfrey Agnew, Clerk to the Privy Council, and the Presidents of the other Royal Colleges. The toast of The Guests was proposed by Dr. T. F. Main and responded to by the Rt. Hon. Lord Platt.

The following is a shortened version of the speech given by the President, Professor Sir Martin Roth, in response to the toast of The Royal College of Psychiatrists, proposed by Sir Keith Joseph:

The grant of the Royal Charter to our College after many years of patient negotiation by a gallant Petition Committee who have earned our lasting gratitude is, in our culture, the seal of professional maturity. It recognizes achievements for which we are indebted to a number of scientific and scholarly pioneers but equally to the many practising psychiatrists who have striven over the years to raise the general standard of clinical work. I should like to select a few of the more significant steps in this development.

The practice of psychiatry has been transformed during the professional lives of amny psychiatrists practising today not only by advances in treatment, freedom of communication and the shift towards engagement with the community and our colleagues in general hospitals; there is now also more order, method and vigour and, despite differences in emphasis, greater cohesion and unity in psychiatric practice.

The progress of psychiatry has helped to change public attitudes in relation to many important issues. The work of psychoanalysts and psychiatrists has served to inculcate understanding and respect for the individuality and dignity of childhood and an appreciation of the fateful importance of the early formative years for the future wellbeing of the individual and society alike. And the community has grown more inclined to ask 'How has it come about?' and 'What is to be done?' rather than point accusing and vengeful fingers at the deviant and antisocial individual.

The past 20 years have seen the introduction of more effective treatments for depressive illness and schizophrenia, and the prospects for the many thousands who suffer from some forms of neurotic disorder have also brightened. The initial steps in the development of these new treatments, the imaginative leaps that have taken place, have sometimes come, as in other areas of endeavour, from simple clinical observations rather than rigorous experiment. Although the critical, objective evaluation of novel remedies is generally recognized as indispensable, the relationships of criticism to success in treatment in psychiatry are complex. Twenty years ago Ernest Newman was thought to be getting at a similar point when reviewing a book on musical therapy. Commenting on the claim that David's playing the harp to relieve Saul's melancholy was the earliest recorded example of this form of healing, he drew attention to the fact that it culminated in the hurling of a javelin at the head of the therapist. The event, he averred, marked the beginning of musical criticism, not musical therapy.

The emphasis in our field must be on critical analysis, and an examination of volumes of the *British Journal of Psychiatry* over the last twenty years would, I believe, provide clear evidence of progress in the clarity, vigour and fruitfulness of the researches conducted into biological, psychological and social aspects of psychiatry. A more objective spirit is evident and appropriate, and statistical methods are increasingly applied in the evaluation of findings.

The immense cost of psychiatric disorder in suffering and disablement makes the emergence of the College particularly opportune. Forty per cent of the medical beds in this country are filled by subjects suffering from psychiatric disorder or subnormality, but the majority of those with illness and emotional distress are in the community and able in most cases to contribute to its work. The problems of ageing which weigh so heavily upon the health service and community alike are due in substantial part to the psychiatric disorders and deficits of senescence. There are some 4,500 deaths from suicide each year and the past ten years have seen a more than threefold increase in the prevalence of attempted suicide, which is now rising by 10 per cent per annum and has reached 50,000 admissions a year. There are 350,000 individuals suffering from alcoholism, and crime, suicide and injury or death on the roads all have some relationship to this problem.

Some of these disorders—delinquency, attempted suicide and alcoholism among them—are linked in some manner as yet ill defined with severe deprivation in childhood. We have learned to reckon the cost of this, and in a notable address, Sir Keith Joseph has drawn attention to the conglomeration of disadvantage and disablement—poverty, emotional impoverishment, personality disorder, delinquency, poor educational attainment—that have emerged from so many surveys. What he has called the 'cycle of deprivation' —the process, imperfectly understood, by which such

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problems reproduce themselves from generation to generation—is a major challenge. The implications for practical action and scientific enquiry in this area are high on the priority list of urgent issues to which the Royal College means to devote effort.

The issues confronting psychiatrists and behavioural scientists present the most complex, baffling and critical issues in the contemporary world. There are inevitably differences in viewpoint both in relation to practical issues as also the strategies most likely to prove effective in investigation. However, for an indefinite time ahead, there are clear problems to be tackled at many levels—the social aspects, the biological basis and the historical origins in the formative years of the commonest forms of psychiatric disablement. To a considerable extent these different lines of evidence complement rather than mutually exclude one another. This does not signify that we aim to promote within the College an ecumenical movement whose objective is to subsume all different viewpoints within a single soporific formula. The College will benefit from a range of viewpoints but it needs also vigorous open debate which can be resolved only by appeal to evidence.

Although able men have increasingly entered our field in recent years, we are determined to improve the rate of recruitment into psychiatric work and to mount a vigorous attack on this problem. There is a place within our College for a wide range of talents: those with a special bent for painstaking observation, with aptitudes for scientific, experimental or mathematical work, yet others in whom empathy, gifts of imaginative insight into human problems are blended with capacities for detachment and mature realism. These last qualities, so important for clinical work in psychiatry have something in common with those of the greatest writers—those in whom delicate psychological perception, frugal description, realism unrelieved by sentiment, and deep compassion were blended in such a manner as to evoke from literary critics the compliment that they wrote with a clinical fidelity—the Tchekhovs, Balzacs, Dickenses and Shakespeares of this world.

The responsibilities of our Royal College include the upgrading of postgraduate education in psychiatry in the country as a whole and the accreditation of hospitals and training programmes for this purpose. We are committed under our Charter not only to run an examination on the results of which membership of the College will be awarded but also to play a part in the organization and co-ordination of the educational training required to prepare for a psychiatric career.

We plan to contribute to the full the expertise of our Fellows and Members, in relation to the organization and development of health services, to those who seek our counsel.

The College is shortly to join the Department of Health and Social Security for what we hope will be the first of a series of conferences on the future development of the Mental Health Services. In these dialogues, as in our educational activities, Regional Divisions of the College and sections devoted to child psychiatry, psychotherapy, mental subnormality and forensic psychiatry will play a full part.

A major immediate objective is to establish for ourselves a home in London, to provide a centre for our educational activities, our library and the work of our different sections. Some limited facilities are also required to develop scientific work, and to serve as our administrative headquarters. In the present situation this is a daunting task, but we are proceeding in the immediate future with an appeal for funds with which to bring our plans to early fruition.

The College is organized on a Regional Divisional basis and the close relationships with our members that this fosters place us in a particularly favourable position to develop and promote certain types of scientific enquiry, particularly investigations into certain forms of psychiatric treatment and epidemiological studies. Indeed, our Research Section has already been active along these lines. In the development of our scientific work we hope to extend further the co-operation we have already enjoyed with the Medical Research Council and the Department of Health.

It is right that in such activities social relevance should be important in deciding our priorities. But we also regard more basic and long-term scientific research in psychiatry as indispensable. It is expensive and may appear to yield little result beyond papers in journals read by other investigators, but this sort of work engenders attitudes which are an essential precondition for carrying out even applied research. There are moral and psychological spin-offs from basic scientific work, for example along genetic, biochemical and sociological lines, which should not be ignored.

The creation of our College is merely one small but significant signpost on the way. But as a professional group we are beyond our 130th birthday. Progress often appears slow and our predicament sometimes appears like that of the man aged 70 convicted for the tenth time of a serious offence and sentenced to 10 years' imprisonment crying out in despair 'I'll never finish it'. 'Do as much as you can', replied the judge in a tone of compassion.

We have been struggling to find a new motto: we haven't achieved the brevity needed although we are agreed it should run something like this: 'To heal with science, sense and sensibility'.

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