



Pre-Membership Psychiatric Trainee

The College has established a new grade known as 'Pre-Membership Psychiatric Trainee' for those in psychiatric training who have not yet passed the MRCPsych examination; this will replace the Inceptor grade following the Annual General Meeting on 11 July 2006.

The application process will be much simpler and quicker than has been the case for inceptors. The package will be attractive and useful and will include the trainee logbook, the *Basic Specialist*

Training Handbook, the examinations curriculum, titles from the *Good Psychiatric Practice* series and reading lists. Pre-Membership psychiatric trainees will receive discounted rates for conferences, the *British Journal of Psychiatry* and the *Psychiatric Bulletin*. They will also be entitled to subscribe to *Advances in Psychiatric Treatment* at the members' rate. There will be a dedicated annual meeting for new senior house officers in psychiatry for this grade only.

We hope to contact all new trainees in psychiatry as soon as they commence specialist training. Flyers and application

forms will be sent to College tutors, with the request that they ensure that all new trainees receive a copy of each.

Trainees will be invited to apply either online or by post, indicating the name of the training scheme. There will be no need for the tutor or consultant to countersign the application.

Once received, provided the trainee is registered with the General Medical Council (or the Medical Council in Ireland in the case of trainees in Ireland) and on an approved training programme, the application will be approved and a pack sent out.

obituaries

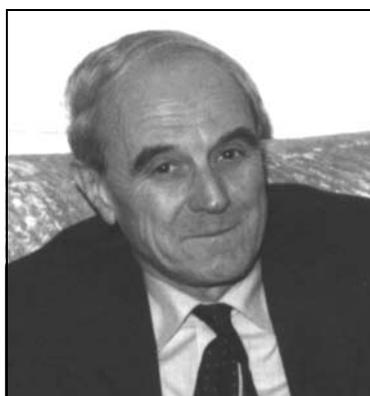
Peter John Dally

Formerly Consultant Psychiatrist at the Westminster Hospital, London

Peter Dally died on 25 June 2005, aged 82, in St Richard's Hospital, Chichester. For many years he was a senior consultant psychiatrist at the Westminster Hospital, where he worked as a general psychiatrist but developed one of the earliest specialist services for the treatment of anorexia nervosa. In 1996, 2 years after his retirement, The Riverside Mental Health Trust established the Peter Dally Clinic for Eating Disorders in recognition of his research and treatment initiatives in anorexia nervosa.

Peter's formative years of training in psychiatry were spent with William (Will) Sargant, arguably the best known, if controversial, psychiatrist of the time. Their first joint article on the treatment of anorexia nervosa was published in the *British Medical Journal* in 1960. The treatment relied heavily on the administration of drugs (chlorpromazine and modified insulin) and exerted great influence on clinicians. Previously patients with anorexia nervosa had been treated mainly by general physicians and the article was a signal to psychiatrists to venture into this area of therapeutics.

The 1960 paper appeared at a time when views about treatment in psychiatry tended to be polarised between psychotherapy and physical treatments, including drugs and electroconvulsive therapy – Sargant was the chief protagonist of the latter approach. Peter's own views about the treatment of anorexia nervosa evolved gradually along broader lines. Their second joint publication in the *British Medical Journal* suggested that insulin should be dropped from the treat-



ment (Dally & Sargant, 1966). Peter remained an expert in the use of psychotropic drugs but was soon heard to assert that 'every patient needs psychotherapy'.

Peter's views on chlorpromazine and insulin in anorexia nervosa, as well as psychotherapeutic programmes, were well presented in his book on anorexia nervosa, co-authored with Joan Gomez and A. J. Isaacs, which encapsulates the state of knowledge of eating disorders, in 1979. By then he had dismissed insulin therapy as lacking a logical approach, and he warned clinicians that its use in emaciated patients was particularly dangerous because of the risk of hypoglycaemia. He reported that chlorpromazine had been given routinely to all his patients until the early 1970s but it was not helpful in out-patients. From 1972 less than one-third of the patients admitted to his unit were administered chlorpromazine, and then largely to reduce anxiety and restlessness when faced with large meals as part of the weight gain programme. He had developed a robust treatment within the setting of the psychiatric unit. He avoided a comparison of this programme with behaviour modification but it clearly included the gain of privileges as weight increased. He fully acknowledged the role played by the

nursing staff in his unit, who were urged to use their powers of persuasion and unending patience. If the nursing team did not succeed in getting a patient to eat, he would often sit with the patient at meal times until she finished the food placed before her.

Peter's research was essentially based on astute clinical observations. He recognised that although anorexia nervosa is mainly an illness in young people, another form can develop in those over 50. This he called 'anorexia tardive'. One form closely resembled the commoner early-onset type of anorexia nervosa but another form differed, with the patient being inactive and spending much of the day in bed. These older patients were unusually difficult to treat and the anorexia tardive may be a true suicidal gesture. Although they were often very depressed, anti-depressant treatment was remarkably unhelpful. Peter advised sticking to the usual nursing techniques of persuasion and cajolery, and mobilising what remained of the family to cooperate with a refeeding programme.

As a psychiatrist, Peter was a man whose powerful presence was immediately felt as he entered the room. He captured the attention of patients, students and colleagues. His patients adored him. He was attractive to women in spite of, or because of, his lameness, a sequel of an attack of poliomyelitis in 1955. Much of his appeal came from his capacity to listen and his natural kindness towards anyone who needed his support. While teaching medical students at the Westminster Hospital, he succeeded in recruiting students into psychiatry.

To understand Peter's personality one should recount some of his life experiences both before and since becoming a psychiatrist. He was born in London on 2 January 1923, a son of a naval captain and dental surgeon. Anne Norwich, his long-term companion in later years, wrote that he was the second son of parents who