

Election and Introduction of Honorary Fellows

The following were unanimously welcomed to the Honorary Fellowship.

Professor James Griffith (Introduced by Professor Hamid Ghodse)

Professor James Griffith is Emeritus Professor of Addiction Behaviour at the Institute of Psychiatry and Emeritus Consultant Psychiatrist at the Bethlem Royal and Maudsley Hospitals. Behind that simple statement lies a distinguished career of study, clinical practice, research, teaching and great achievement.

To begin at the beginning, a life that would influence people in many countries started in India, where Griffith Edwards was born to a Welsh father and English mother. He was educated at Andover Grammar School, and initially went to Oxford to read mathematics. Fortunately for psychiatry, he changed his mind and his course and transferred to medicine. As if to prove the rightness of this change of direction, he made his mark on the Oxford pre-clinical scene by being awarded the Theodore Williams Scholarship in Anatomy. Subsequently, in his clinical training at the Royal and Ancient Hospital of St Bartholomew, he was awarded the Kirke's Scholarship and Gold Medal – early signs of a distinguished career.

After his postgraduate training in psychiatry at St Bartholomew's, Hammersmith and Bethlem and Maudsley Hospitals, Griffith Edwards moved to the Institute of Psychiatry as a research worker in 1962. More than anyone else I know, he has been a true researcher ever since, continuing even after his retirement in 1994 from his formal positions of Professor of Addiction Behaviour, Director of the Addiction Research Unit and Chairman of the National Addiction Centre. As everyone who knows Griffith would have expected, he immediately retired from retirement and since then has been even more active in the national and international scene.

As you will appreciate, it is not possible to detail all the achievements of such a distinguished career, and I will mention just a few of the many honours and awards that Griffith Edwards has received. He was awarded the first Chair in Addiction in the United Kingdom; the Jellinek Prize in 1981; the Evian Health Prize in 1986; the Annual Award of AMERSA in 1990; an Honorary Professorship in the Faculty of Medicine at the University of Chile in 1992; the

Nathan B. Eddy Memorial Award in 1996 and Commander of the British Empire (CBE) in 1987, for his services to social science and medicine.

These afford some recognition, albeit inadequate, of his immense contribution to the field of addiction but I make no apology for not dwelling longer on these public and tangible rewards. Instead, I want to convey to you the impact that Griffith Edwards has had on our current understanding of addictive behaviour and on the lives and careers of many active practitioners and scientists of our generation in this and other countries.

To say that his contribution to the field of addiction has been immense is undoubtedly true but seems like a trite understatement for a career such as his. For, over decades, his powerful intellect has been applied rigorously to the most challenging problems. Over 20 years ago, he was predicting that our endeavours would increasingly have to focus on the medical implications of human behaviour and, gradually, the rest of us have appreciated his prescience and are becoming aware of the significance of this prediction and of the increasing prominence of this area of medicine. Similarly, his view of the addictions, as a process involving the individual, drug, family and society, in a complex interaction, a concept which he first championed, is now accepted as fundamental to our understanding of substance misuse and addictive behaviour, and a number of distinct approaches to treatment and intervention are based on these ideas.

In alcohol studies, in particular, Griffith Edwards has been a unique pioneer, developing the concept of the alcohol dependence syndrome – something fundamental to scientific thought in this field. Specifically, it is his penetrating view of addictions as a meeting place between biological sciences on one hand, and a variety of socio-behavioural sciences on the other, and his conviction that it is impossible to conduct fruitful research that neglects either of these complementary groups of disciplines, that has made the field of addiction a serious academic subject, worthy of scientific enquiry.

It is this that leads us to an appreciation of the greatness of his contribution – his powers of conceptual thought have stimulated and led others into areas of research, which would otherwise have been elusive. This is the real tribute to a great man and perhaps the best measure of his greatness would be the number of people whom he has taught, trained and influenced. Indeed, in all the parts of the world,

his name is linked to addiction, in the same way that Harvey's is linked to the circulation of the blood and Jenner's to vaccination.

There have of course been many practical and visible consequences of his erudition: more than 150 scientific papers and over 30 books authored or edited by Griffith have opened his cherished field to the world, and his research unit, established at the start of the drug abuse epidemic in the 1960s, has grown and blossomed into the National Addiction Centre of which he was the Chairman. This would not, could not have happened without Griffith Edwards' vision and determination to secure the future of an area of psychiatry that is still, in many places, a Cinderella service. And the Addiction Research Unit and the National Addiction Centre form the hub that connects all of Griffith's protégés and students, world-wide.

Although his scientific contribution to the field of addiction would be justification enough for public acclaim, Griffith Edwards has done much more, both nationally and internationally. He has served on numerous national and international committees, expert groups and commissions. In 1978, he became the Editor of the *British Journal of Addiction* (now entitled *Addiction*) which, within a short time, became the leading international journal in the field. His contribution to the work of the Royal College of Psychiatrists over the years has also been very significant indeed.

I have often wondered whether Griffith Edwards' multi-national origins were a significant, albeit unconscious factor, directing him towards the World Health Organization, where he has been a powerful influence in the development and direction of addiction prevention programmes. Indeed, it is said that the guiding principles underlying many drug and alcohol policies in this field have been discussed and thrashed out first by visiting scientists around the dining table, at Griffith's house, before being formally presented at the meetings of Expert Committees.

And now we see another facet of Griffith – his warmth, his hospitality and his friendship. I know this for myself and have been told by a number of scientists and colleagues from overseas that, when the opportunity arises for them to pass through Britain, they look forward to the company of Griffith in his house in Greenwich. Indeed, more often than not, friends are staying with him there, benefiting from both his ideas and vision as well as from his hospitality. And here, one has to acknowledge, and Griffith would be the first to do so, the tremendous support he has always enjoyed from his wife, Susan, and his two children, Daniel and Rose.

Time spent with Griffith is, as many of you will know, an exceptional experience! First, of

course, he is a brilliant communicator in a variety of media. He can rise to any occasion with an erudite speech that somehow encapsulates and articulates what everyone is thinking. But this is not cold erudition. As an Honorary Welshman myself, I can confirm that, despite Griffith having been born in India, studied in Oxford and lived most of his life in London, he still retains many Welsh characteristics. Above all, he is affectionate, enjoying and cherishing friendship, and curious in understanding human nature. The combination of incisive intellect, personal warmth and a wonderful ability to communicate makes a meeting with Griffith, whether formally or privately, so stimulating that one always looks forward to the next occasion.

He is known to his colleagues and friends as having a lively sense of humour and enjoying a good story. However, he finds nothing humorous in sloppy thinking and, no matter how deep the friendship, will challenge anyone who gets the facts wrong, changes direction in the middle of an argument, or simply uses terms that are not defined operationally. For Griffith always knows the facts, has conscientiously mastered the literature and has worked the arguments out, precisely and logically. And not just in addictions. He is a man of vast breadth of scientific and general interests, encompassing art, literature, philosophy of science, biology, psychology, social anthropology, health care and social policy. Indeed, the only area which springs readily to mind in which he is less than expert is gardening – although I am perhaps not the best person to pass judgement on this.

Griffith Edwards, the friend, colleague, mentor and collaborator is world famous, with an influence stretching far beyond academic psychiatry and addictions in this country. Those of us who know him well would probably each have our own way of describing this complex man. However, we would all agree on his vast breadth of scientific and general interests, his incisive intellect, his supreme ability to communicate and his warmth of personality. It is a great honour and a great pleasure to present him to the College as an Honorary Fellow.

Professor Hugh Lionel Freeman (introduced by Henry R. Rollin)

If I may parody Dr Johnson who was talking about a gentleman, name of Hume: "If anyone thinks Hugh Freeman is one of the greatest members of our College and does not say so, he lies. If he does not think so, he is mad". I submit this judgement with little fear of contradiction, but should anyone choose to doubt me, let him glance through his achievements in a variety of

fields, any one of which would cause us to sing praises unto his name.

So many indeed are his talents and so praiseworthy are they all that it would be ideal for me to attempt to assess them, or to arrange them in any sort of rank order. In a somewhat arbitrary fashion, therefore, I would like to select, first of all, his towering scholarship – and of this I can speak with authority, for it has been my singular good fortune to sit at his feet and pick up crumbs of his great learning over a period of well over 30 years.

Our first personal meeting was at Oxford in 1963 where I was engaged in research into the problems of the mentally abnormal offender. Hugh was at that time, *inter alia*, a talent spotter for Pergamon Press and it was in that context that he sought me out. He was persuaded, and in turn, persuaded me, that my researches, collected and collated, would make a book. I agreed, but it was only after a good deal of goading that the book was completed and in due course published.

My next close association with Hugh was shortly after his election to the editorship of the *British Journal of Psychiatry*. He phoned me one day with an invitation to join the editorial board, an invitation I accepted with almost indecent haste. So, for the next 10 years of his statutory stint as Editor, I witnessed at first hand, not only the degree of his commitment to the job in hand, but also the skill in which he was able to sift out the grain from the chaff in selecting from the not inconsiderable number of submitted papers.

But he did far more than polish his editorial chair: his wide knowledge of the farther shores of psychiatry was reflected subsequently in the publication of more specialised papers. Incidentally, it is of particular importance, in this profit-obsessed era in which we live, that the *Journal* under Hugh's skilful leadership found itself far healthier in financial terms when he left it than it was when he took it over.

Further, in terms of service to the College, he did not stop short at the editorial chair. Hugh has given unstinted help as a valuable member of a variety of sub-committees, particularly those concerned with psychotherapy and social psychiatry.

But the calls on Hugh's time and expertise have been in demand far beyond the demands of the College. For example, he has been a prime mover in the development of community mental health services in the North-East of England, as well as contributing to the World Health Organization's efforts to expand psychiatry in the developing countries.

Nor have his labours, Herculean in their magnitude, been unrewarded. Institutions and organisations in which he has so readily served have been generous with tokens of their gratitude. Salford University, for example, has elected

him an Honorary Professor, and Manchester University, where as a medical student he did his clinical work, elected him an Honorary Lecturer. And at his own alma mater, Oxford, he has been honoured by his election as an Honorary Visiting Fellow at Green College.

And now I come to his contributions to the literature, perhaps his major achievement: Hugh's knowledge of the psychiatric literature is encyclopaedic. Indeed, if one studies the list of his publications in full, it is easy to convince oneself that he has written the entire encyclopaedia single-handed. Furthermore, just to read out all the titles of his oeuvre one by one, including books, chapters in books, papers, memoranda, written alone or jointly, would detain you until the dawn of the Millennium, or beyond.

May I therefore, offer a few samples from the rich menu on offer? A case of cat phobia (with D. Kendrick), *British Medical Journal*, 1960; *Mental Health and the Environment*, 1984, Churchill Livingstone; *Community Psychiatry: The Principles* (with Douglas Bennett), 1991, Churchill Livingstone; *Psychiatry and Political Behaviour*, 1991, *British Journal of Psychiatry*; *150 Years of British Psychiatry* (with German Berrios), 2 Volumes, 1961–66; epidemiology of Schizophrenia in Salford, 1986 and 1992, *British Journal of Psychiatry*.

Professor Alan Haworth (introduced by Professor John Cox)

It is difficult to categorise Alan Haworth, or to do justice to his major international achievements in a formal citation. To some extent he is larger than life: Professor of Psychiatry in Zambia; established almost the first internationally respected Primary Care Mental Health Service; pioneer missionary born in England but a resident of Zambia since 1957. I can recall some of his contributions to African psychiatry since that time, and his wider influence in Central Africa is acknowledged by his colleagues and through numerous publications.

Our first meeting at Makerere University in Uganda is clearly remembered, when he came as External Examiner and asked complex questions of the nervous Postgraduate Masters student about GABA receptors, and then our later correspondence when he was seeking up-to-date information about medical school training – by which he meant what was happening in Edinburgh, knowing full well that what was relevant for Zambia would be substantially different.

Alan Haworth has indeed made outstanding contributions to psychiatry in the Third World in general, and in Africa in particular, but his

influence has extended well beyond those shores. He has been a member of the World Health Organization (WHO) Expert Advisory Committee on Mental Health; is currently a member of the WHO Expert Advisory Committee on Substance Misuse; WHO consultant on mental health problems in Swaziland, Mozambique, The Gambia and Uganda, and consultant to the African Regional Office of the British Commonwealth Secretariat on Rural Mental Health Services. In addition he has provided advice to Burma and Afghanistan, more especially within the field of substance misuse. Over recent years he developed improved counselling services and research on AIDS in Uganda and Zambia. As a recognition of his contribution to medical services he was made an Officer of the Order of Distinguished Service of Zambia, First Division.

So where are the origins of this remarkable man? Professor Haworth is a Cambridge graduate and belonged to a rather special elite who also obtained theological training in Birmingham, obtained a Diploma in Obstetrics and in 1957 was appointed by the London Missionary Society to Zambia, where he was responsible for general medical work and for oversight of a leprosarium. After two years he resigned to join the Medical Service of the then Federation of Rhodesia and Nyasaland where he had worked in general medicine and obstetrics at two major hospitals, and undertook special duties helping the population affected by the building of the Kariba Dam.

In 1960, 12 years before the foundation of our College, he began his studies in psychiatry, partly at the Institute of Psychiatry and Neurology in London and then obtained the Diploma of Psychological Medicine of the Royal College of Physicians.

In January 1964, he was appointed to the staff of the newly built mental hospital in Lusaka and in subsequent years established the countrywide mental health service involving flying to different parts of Zambia two or three times a month. His use of paramedical workers with specialist training in psychiatry resulted in Zambia having one of the most comprehensive community-orientated services in Africa, if not in the world. Alan Haworth also rightly takes pride in its being cost-efficient, long before these matters were on the major agenda for services in the UK.

In 1966 he was appointed physician in charge of the mental hospital, and the official Ministry of Health Adviser on Mental Health Services. He was also appointed Honorary Lecturer at the University of Zambia and has been Head of the Department from 1974 until the present.

His special interests have been in alcohol-related problems, AIDS and substance misuse. These university and clinical activities have been

interspersed with other official assignments, including in 1959 special duties involving the care of villagers displaced by the rising waters of Lake Kariba, created by the Kariba Dam. In 1966 he had to advise on the rehabilitation of members of a religious sect which had rebelled against the new government of Zambia. He had to work with people who had been severely psychologically traumatised. We understand that he was widely respected by the then Zambian President, Kenneth Kaunda, and at his request visited the site of fighting in Bukavu in what is now Zaire, advising on the rehabilitation of the followers of the mercenaries.

He has made 1100 broadcasts as the Radio Doctor in the mid-1960s and subsequently chaired a TV medical panel for almost three years. In addition to his university duties he has always been a very active clinician, including running a clinic for students and staff of the university for almost 30 years. He remains a member of the Medical Committee of the National Council for Scientific Research and Chairman of the Medical School Research and Ethics Committee.

At the present time he is undertaking research in the field of the sexual behaviour of tertiary level students, focusing upon the effects of religious belief in relationship to the risk of acquiring HIV, the psychological impact on children of living in families where one or both parents are suffering from AIDS, and the use of the narrative method in focus-group discussions on family planning.

His contribution to the Zambian national government has included being a member of the Medical Council of Zambia, Chairman of the Paramedical Committee of the Medical Council and principal author of a document on priorities in mental health care in Zambia.

Mr President, it is very appropriate for the College to honour Alan Haworth with the highest honour that we have, the Honorary Fellowship. There are countless numbers of patients, students and paramedical workers who have been deeply influenced by his work and his commitment to mental health services, and his energy and idealism.

At the age of 67 he remains remarkably sprightly, and Alan we are sure would facilitate the international responsibilities of the College in which he has been such a distinguished Fellow. Perhaps the strongest commendation of Alan Haworth is that he has been so widely respected, not just by his European colleagues but by the African citizens of a country that he knows so well and has served with such self-effacing loyalty.

Mr President, I present to you Alan Howarth, Professor of Psychiatry at the University of Zambia and Officer of the Order of

Distinguished Service of Zambia, for the Honorary Fellowship of our College.

Professor Myrna Weissman (introduced by Dr Rachel Jenkins)

It is my very great honour to introduce to you Professor Myrna Weissman, who is one of the most distinguished psychiatric researchers of our generation, with a remarkable record of achievement.

Professor Weissman started her working life in psychiatric social work (some of you may know that she worked as a PSW in Glasgow). She then trained in psychiatric epidemiology at Yale where she received a PhD in chronic disease epidemiology in 1974. One of her major longstanding collaborators is one of our own distinguished scientists, Professor Eugene Paykel, and together they produced a land-mark book in 1974 *The Depressed Woman – A Study of Social Relationships*. I first heard about Myrna when I was one of Professor Paykel's medical students in the early 1970s.

Her life's work has been devoted to the epidemiology of psychiatric disorders in the community (with a particular interest in women), and to the treatment and genetics of affective and anxiety disorders. This work has earned one of the most remarkable list of prizes over the past 20 years that I have ever seen – some in collaboration, and many in her own right.

To mention just a few:

In 1978, Dr Weissman, together with her collaborators, received the American Psychiatric Association Foundation's Fund Prize for research on the treatment of affective disorder.

In 1985 she received the Rema Lapouse Mental Health Epidemiology Award, given by the American Public Health Association, for contributions to the scientific understanding of the epidemiology and control of mental disorder.

Another major collaborator, whom she subsequently married, was the very distinguished late Gerald Klerman, who I first had the pleasure of meeting in the late 1970s when he came to visit Michael Shepherd. Together, she and Dr Klerman received the 1986 Anna Monika Foundation Prize – this is an international award for the "investigation of the psychical substrate and functional disturbances of depression" – and they were given it in recognition of their collaborative research on "The Place of Drugs and Psychotherapy in the Treatment of Endogenous Depressions". Their landmark review of sex differences in depression must be one of the most ever quoted papers.

In 1989, she and Dr Klerman received the National Depressive and Manic-Depressive Association Research Awards for their "contributions to combined pharmacological and psychotherapeutic treatment of depressive illness".

In 1990 they were jointly given the Research Award of the American Suicide Foundation.

In 1990, she received an NIMH 10-year merit award for her study of the genetics of panic disorder.

In 1991, the Anna Pollock Heder award for studies of depression.

In 1994 the Rhoda and Bernard Satnat International Prize in Mental Health from the Institute of Medicine at the National Academy of Science, and the Selo Prize for outstanding research achievement in depression.

In 1995, the Joseph Zabin Award from the Society for Research on Psychopathology.

In 1996, the New York State office of Mental Health Research Award for Outstanding contributions to Psychiatric Research.

Besides making very major contributions to our knowledge of the prevalence of psychiatric disorders, she undertook one of the first epidemiological studies to use modern operational definitions, which became the forerunner of the Epidemiologic Catchment Area Study in which she played a major part – she has also made substantial contributions to our understanding of the efficacy of psychotherapy and pharmacotherapy for depression, to psychiatric genetics and to our understanding of the relationship between child and adult psychiatric disorders. She is a true eclectic and together with Dr Klerman, was the originator of Interpersonal Psychotherapy.

She is a stimulating contributor to many World Health Organization (WHO) Task Forces and is chair of a WHO Task Force to plan new epidemiological strategies to address mental health problems in low-income populations. She has developed a large number of young researchers who are now well placed in prestigious positions.

After hearing all this, you could be forgiven for thinking that there was no room for anything else, but Professor Weissman is above all a warm hearted, feisty lady who is a wonderful friend, mother of four children, and stepmother of another four. I can vouch for her splendid parties, and she is a huge pleasure to know as both a friend and colleague.

Dr Alastair Wright (introduced by Professor R. G. Priest)

It is a particular pleasure for me to present Dr Wright for the Honorary Fellowship of the Royal College of Psychiatrists. We worked together during the Defeat Depression Campaign, and Dr Wright continues to be a member of the Scientific Committee that is evaluating the Campaign.

Dr Wright is well qualified to act on this committee, being a distinguished scientist himself. As a principal in general practice in Glenrothes, Fife, his curiosity was roused in the 1970s by the fact that many of his patients who had had a hospital confinement returned to his care having been sterilised. A literature search revealed that this subject had not been described from the epidemiological viewpoint of a practice population. In what sounds like a re-enactment of A. J. Cronin's *The Citadel*, he carried out the research required to prepare, successfully, an MD Thesis.

Continuing his research activities, and still busy with his practice, he turned his attention to psychiatric disorders presenting to the general practitioner (GP). I remember from my own days as a family doctor how mysterious they could be. Alastair took the practical step of using well-validated psychiatric test instruments, and found that even his elderly or disturbed patients were able to comply with the demands of data entry on the computer keyboard.

He discovered not only that there were scientific advantages in being able to put dimensions to the patient's mental state, but that the research seemed to be of direct benefit to the individual patients, who felt that at last someone was aware of the extent of their problems, a finding that other physicians have experienced since.

Nowadays of course it has become a widespread custom for GPs to be entering data onto their personal computers while interviewing the patient, and one of Dr Wright's publications is ironically entitled 'The computer will see you now'.

Dr Wright was awarded a bursary from the Council of Europe and was able to visit primary care workers in various new towns in France. In addition to his existing medical and scientific expertise, he now began to realise both his linguistic and his gastronomic skills.

Dr Wright has written over 70 publications, and since 1991 has been Editor of the *British Journal of General Practice*. He has written about psychotherapeutic consultations in general practice, cooperation between psychiatry and general practice, prevention of depression and anxiety, psychiatric illness in general practice, GP care of the depressed patient, primary care of schizophrenia, recognition and management of depression, shared care of patients' mental health problems, "should GPs be testing for depression?", the use of General Health Questionnaire, the presentation of somatic symptoms in patients with psychiatric illness, the influence of the patient's personality on the outcome of new psychiatric illness, how to spot hidden depression, a gratifying number of publications on the Defeat Depression Campaign, and articles on "What a GP can expect from a consultant psychiatrist"!

His input into clinical research is all the more admirable when one considered that he has never been attached to a university practice.

In 1994 he was awarded the MBE for his services to medicine.

He is a senior and distinguished fellow in the Royal College of General Practitioners. When the Royal College of Psychiatrists approached the RCGP in 1990 inviting it to become a partner in the Defeat Depression Campaign, it was not surprising that they nominated Alastair Wright as one of their key representatives. He responded enthusiastically to this invitation and it was a highly successful joint enterprise. In doing so he became a close friend and respected colleague of this College.

Ladies and gentlemen, I present to you Dr Alastair Wright.