

The adventures of an alienist

John HT Ellard

I have had a long and interesting life. I have been doubly fortunate in that most of the rewarding activities came into my life not through my own endeavours but by being presented to me, often quite unexpectedly.

My first choice of a career came from seeking vocational guidance while in secondary school. I was advised to become a psychologist. Having no other aspirations, I set off in that direction and, in due course, gained admission to the Faculty of Arts at the University of Sydney, hoping to gain an honours degree in psychology. All went well until my second year — in 1942. By then, the Second World War had become pressing, and I found myself being interviewed by an army recruitment officer. He told me that, with my university background, if I were to join the infantry I might be rapidly promoted. The alternative was radar and coastal artillery. Radar sounded more interesting, and turned out to be very active as well. In 1942 and 1943, the Japanese I class submarines sank 175 000 tons of shipping and drowned some 350 sailors in the waters around Sydney. Our job was to locate the submarines. Things happened quickly. At one stage, Sydney had only one 10 cm radar station and I was for a time the most senior soldier running it. After some time the war moved north.

On the way

In the military, one learns to be a little devious. After 2 years, I manoeuvred myself into the Australian Army Psychology Service and, in time, achieved the rank of Warrant Officer 1st Class. I was doubly fortunate: my immediate senior officers were both learned and helpful — they became Professors of Psychology after the war. Wide experience and expert supervision achieved the curious result that, with no formal qualification, by the end of the war I was performing the duties of the Clinical Psychologist at 114 Australian General Hospital, the principal interservice psychiatric hospital. Here I saw my first battle casualties.

To make amends for my training deficiencies, I was given the title “Psychometrist”. Consulting the *Oxford dictionary*, I discovered that psychometrists had the power of divining — from physical contact with an object — the qualities of any person or thing that had been in contact with it. Although this would indeed have been a very useful talent, I had to acknowledge that I did not possess it, but no one seemed to mind.

Working as a psychologist showed me that doctors had most of the professional power. Therefore, I decided to do medicine and become a psychiatrist. On the way through, I discovered that many doctors believed that only those who were unable to make a living in any other branch of medicine, or who were hopelessly dependent on alcohol, became psychiatrists. At that time, the

solution was to prove that one was a “real” doctor by acquiring the Membership of the Royal Australasian College of Physicians. For that reason, many psychiatrists in my generation have the hard-won FRACP after their names.

The immediate postwar years

Looking back now, it is interesting to reflect on the medical world in New South Wales 60 years ago. There was one university — the University of Sydney — and its Faculty of Medicine had one Professor of Medicine, one Professor of Surgery and one (part-time) Professor of Psychiatry. Consider their numbers now!

There were many roles to be filled. Within a few years, I found myself a Lecturer in Psychiatry in the Faculty of Medicine and a Member of the Board of Studies, Lecturer and Examiner for the degree of Master of Arts in Clinical Psychology in the Faculty of Arts. Additionally, I had become a Member of the Advisory Board of the Institute of Criminology at the University of Sydney. In those days, to be on the teaching staff of three faculties at once was a little unusual.

Getting ahead

My entrance into the Australian and New Zealand College of Psychiatrists was atypical. In the 1960s, David Maddison created the College virtually single-handedly. For some time, I had examined with him in clinical psychiatry for the University of Sydney's Diploma of Psychological Medicine. David Maddison rang me one day and said he wanted me to be a Censor of the College. Having the psychopathology of the only child, it does not occur to me to join things, and I pointed out that I was not a member of the College. David said, “Yes you are”. The next day, I paid my subscription, and a few days later I was in the College, and a Censor. There were many committees to join, and each would have a story to tell if there were more space. Their titles will have to suffice (see Box).

The essence of it was that there was much to be done and I did my best to be as active as possible. In 1997, I received the College's Medal of Honour, an award rarely given. It was awarded not only for my services to the College but also for being an “ambassador” for the College.

The Law Foundation

In 1960, David Maddison's brother, John, was the NSW Attorney-General. He rang me one day and invited me to join the Law Foundation of NSW. It sounded interesting, so I joined, and, in time, I found myself chairing it. This meant chairing a group comprised of the Attorney-General, the Head of the Bar and of the Law Society and one or two other worthies of similar status. It was an interesting experience for a psychiatrist and taught me a lot during my 20-year membership of the Foundation.

There was no shortage of problems to be dealt with. Representatives of the article clerks came to see me, and complained that some of them were receiving little instruction and were instead being used as lowly paid messenger boys. The solution was to set up the College of Law in Sydney, which is still going strong.



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Awards, appointments and publications

Awards

- Service medals
 - 1939/45 War Medal
 - Australian Service Medal (Second World War)
 - Vietnam Service Medal (Vietnam War)
- Member, Order of Australia, 1983
- Medal of Honour, Royal Australian and New Zealand College of Psychiatrists, 1983
- Honorary Life Member, Faculty of Medicine, University of Sydney, 1994
- Reserve Forces Decoration, 1996
- Gold Star Award, Voluntary Euthanasia Society of New South Wales, 1998

Part-time consultancies

- Royal Commission into the Use and Effects of Chemical Agents, 1985
- On Australian Personnel in Vietnam, 1985
- Carter Inquiry into Ward 10B at Townsville Hospital, Queensland, 1990
- Royal Commission into Deep Sleep Therapy, NSW, 1990
- Adviser to Commission of Inquiry into Workers Compensation Common Law Matters (NSW), 2001

Previous appointments

- Member, Psychologists' Registration Board of NSW, 1989–1996
- Chair, Board of Practice Standards, Royal Australian and New Zealand College of Psychiatrists, 1990–1997
- Chair, Clinical Practice Advisory Committee, Royal Australian and New Zealand College of Psychiatrists, 1990–1997
- Chair, Inquiry into Psychosurgery (NSW Government), 1996–1997
- Chair, Medical Committee (*Poisons Act 1996* [NSW]), 1973–1992
- Member, Legal Representation Committee considering the rights and needs of the mentally ill, 1977–1987
- Member, Ministerial Advisory Committee inquiring into mental health services in New South Wales, 1987
- Consultant Psychiatrist to the Health Insurance Commission, 1989–2005
- Visiting professorships and lectureships in Malaysia, New Zealand and all Australian states except the Northern Territory

Publications

Writing has been one of my pleasures. My first publication was in the school magazine of my intermediate high school — a satirical additional chapter for the book we were obliged to study for the Intermediate Certificate. I am still at it: I have 170 articles in the medical and legal literature, eight chapters in books, and three books to my name. In addition, I edited the journal *Modern Medicine* for 22 years. ◆

There were other problems. My experience as a witness had shown me that, while the great body of judicial officers were intelligent and committed to their duties, there were some unfortunate exceptions. For example, in the District Court of NSW, I found myself giving evidence before a judge who did not raise his head from the bench. When finally he lifted it he said, “Bloody bullshit”. The only possible answer was “May it please Your Honour”. He replied, “Thank you, doctor”, and put his head down again.

The Chief Justice of the day was manifesting clear evidence of dementia, but no one was doing anything about these and other problems in an important system. I persuaded the Law Foundation to set up the Judicial Commission to deal with such problems, and, from 1997 onwards, gave occasional lectures to the Educational Division of the Commission.

Back to the services

One Friday afternoon in 1964, Bill Deane-Butcher, from a nearby office, came to talk to me. I knew he was Head of Royal Australian Air Force (RAAF) Reserve Medicine. He said, “We’ll be at war with Indonesia over the weekend. The mirages have gone to Darwin. You have service experience, and we want you in the RAAF this weekend.” And I was.

I was on the active Reserve for the next 17 years, with service in Malaya and Vietnam. I became Senior Consultant in Psychiatry to the Director General of Air Force Health Services, with the rank of Group Captain — certainly an improvement on my army career!

Once more, I learned a lot about many things and about myself. Vietnam, with its jump mines, left me with an enduring hatred and contempt for those who advise war and bring it about. There is no shortage of such people now.

Something new

In the early 1980s, I received another memorable phone call, this time with an unusual invitation. It was the NSW Minister for Corrective Services, asking me if I would like to be a part-time Commissioner of Corrective Services. There had been much trouble in NSW prisons, culminating in the 1978 *Report of the Royal Commission into NSW Prisons*,¹ in which Justice Nagle recommended the creation of such a position. As my work at the RAAF had been settling down and my advancing years made it unwise to fly in very fast highly manoeuvrable aircraft, and as I had never been a Commissioner of Corrective Services before, I could not resist the invitation.

It turned out that I had a particular advantage. The common language used in the lower ranks of the army was exactly the same as that spoken by the prisoners. This made my communication with them much easier, since I spoke it as a native.

On one occasion, I was in what was then the maximum security wing at Long Bay Gaol, housing 90 prisoners. The prisoners told me that heroin was much cheaper there than it was on the street and that they were all using it. They shared one syringe and one needle, and I was aware that HIV was spreading rapidly in the outside world. I went to the Minister and suggested that we start a methadone program and distribute clean needles and syringes. He was appalled at my suggestion, and when my 1-year term was up, he told me he would not reappoint me. When my job was advertised, I applied for it, was interviewed by the appropriate committee and chosen by it. The Minister did not welcome me, but I stayed for another year to make my point, and then resigned.

On another occasion, to achieve a necessary result, I broke the law. During a visit to the NSW female correctional centre at Mulawa, I encountered a woman sitting with her shirt hitched up and her trousers pulled down. She had a single-edged razor blade in her right hand and was cutting deeply into her abdomen, with considerable loss of blood.

There was a brief conversation. “That’s not a good thing to be doing, why are you doing that?” “There’s a baby in there and I’m going to get it out.” “Is there any way that I can persuade you to stop?” “If you send me to Rydalmere Psychiatric Hospital, I’ll stop.”

In those days it was necessary to get the services of two psychiatrists, each of whom signed a Schedule 3, before a person could be moved from a prison to a psychiatric hospital. Both the Minister for Corrective Services and the Minister for Health were involved. The median time for a transfer under these conditions

was about 6 weeks. This seemed excessive in the circumstances, so — unlawfully — I signed a Schedule 2 and sent her off immediately, the bleeding having been staunched. (A Schedule 2 required the signature of only one psychiatrist, but could not legally be used for the transfer of prisoners to a psychiatric hospital.)

Soon after this, my good friend, Bill Cramond, who was Head of Mental Health at the time, contacted me and said that the NSW Cabinet wanted to know exactly what I had to say about breaking the law in this way. Part of my reply was unprintable, and the rest was to say that I had the choice of standing before them with a dead woman and a dead baby, or signing the wrong piece of paper. I had chosen to do what I did, and, presented with the same dilemma in the future, I would do the same again. If they did not like it, we would have it out on talkback radio, television and the newspapers. I heard no more.

The game went both ways. At one time, we had a former Chief Magistrate and a former Minister for Corrective Services in custodial care for breaking the law!

One of the biggest problems with the prison system was that the officers and prisoners had each other stereotyped as villainous creatures, and there was something close to open warfare between the two populations. The 1978 Royal Commission into NSW Prisons noted that, in 1942, there had been a substantial upsurge in prisoner unrest in NSW, “leading to a dramatic increase in breaches of prison discipline. There were several serious assaults on officers.”¹ As a result, between 1965 and 1976, prisoners regarded as intractable were sent to a special unit at Grafton. They were welcomed with a “reception biff”, which consisted of a beating about the back, buttocks, shoulders, legs and arms by two or three officers using rubber batons. In 1970, there was a systematic flogging of a large number, if not all, of the prisoners in Bathurst Gaol. In 1974, the prisoners rioted and burned the gaol down.

The antipathy that resulted was strong, and our principal task was to break it down and help each side (prisoners and officers) to see the other more as they really were.

We started a special unit in which the very “heavy” prisoners (those with power in the prison population social structure) and prison officers mixed freely and enjoyed some pastimes together. To that we added a psychologist and a female governor. In those days, that was something like appointing a woman to head the Anglican and Catholic churches.

My greatest day in corrections occurred when, on one occasion, I was sitting in the office of the Governor of the special unit and two heavy prisoners came in and addressed her by her first name. “Isabel, Christmas is coming and we can’t get any boots for Santa Claus. Can you help us?” “You’ll be right, boys. I’ll make sure that you do.” “Thank you, Isabel”, and off they went. This was a long way from the Grafton “biff” to which heavy prisoners had been sent to teach them who was “boss”, as described in the Royal Commission report.

More than once, when there was a fierce riot raging in a prison and I was there with my brother Commissioner, Frank Hayes, the heavies reassured us that they would make sure that nothing nasty happened to us — and, indeed, nothing ever did. They recognised that we were trying to be just to both sides.

In the end, we had a 6-week strike, with no prison officers working at all. The heavies said there would be no trouble in the gaols, and there was none. This was a significant communication, as their cooperation meant that the administration could run on

for many weeks without any prison officers present and that the officers’ strike did nothing but harm their own interests.

Other things

During the second half of the 20th century, I had observed that there were many excellent psychiatrists in private practice but that the field had shown little indication of becoming organised, as academic psychiatry and public psychiatry had done.

This moved on when I met Paul Ramsay, who then owned a small private hospital I was using. We formed a close and comfortable working relationship that led to the building of the Northside Clinic, a sizeable private psychiatric hospital that was opened in 1973. The psychiatric services were managed by my practice, in which there were some 15 or more psychiatrists and associates. We taught students and were recognised by the University of Sydney as a teaching establishment. We also had registrars, which was of special interest to me, as I had held the first registrar position in psychiatry in Australia in 1956. It was called “psychological medicine” at the time.

It all went well, but, by 1999, after one partner had behaved improperly, I decided to concentrate on other things.

Protecting the public

There was another problem that troubled me. In the 1980s, psychiatrist Harry Bailey was practising deep sleep therapy at Chelmsford Private Hospital, Sydney, with a completely unacceptable number of consequent deaths. There were other improprieties as well. I was hearing about this in my consulting room, for it was widely known. There was no sign of the statutory bodies — the coroners, the Health Department, the Medical Board — taking action, even though many of the patients were transferred from Chelmsford to public hospitals and died there.

Disturbed by it, I obtained the details of the death of a particular patient, and — supported by a professor of pharmacology and a senior physician — had the relevant information laid before the prosecuting authorities of the day with a charge of manslaughter in mind. Before anything could happen, the patient’s body was shipped overseas, as she came from another country, and the case collapsed.

I felt that I could do no more, but then Merrilyn Walton — now Professor Merrilyn Walton — turned up in Sydney to establish the Health Care Complaints Commission. We conferred, and identified 18 deaths that should never have occurred. Dr Bailey was asked for his responses to each of these — *seriatim*. He suicided and, in his suicide note, blamed me by name for his death.

Subsequently, I was an expert attached to the Royal Commission into Deep Sleep Therapy conducted by Justice Slattery. Those who wish to learn more about these matters can consult the *Report of the Royal Commission into Deep Sleep Therapy*.²

As a consequence of this activity, I was asked to investigate the management of Ward 10B at Townsville Hospital. The ward had been run as a “therapeutic community”, a popular concept decades ago. The essence of it was that an institution of this kind should be run by those *in it* rather than by the ordinary management team, such as psychiatrists and the like. As might be imagined, chaos reigned, and there was an inquiry to which I became a part-time consultant.

I have always done my best to ensure that patients are treated competently and sympathetically. This has led to an interest in

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euthanasia. The notion that someone dying in agony, unrelieved by palliative care, should be made to go the full distance when they beg for death is repugnant to me.

Much more could be said about this. It led to my involvement with a poor fellow in Darwin seeking to terminate his life when no other psychiatrist could be persuaded to become involved in the matter. It was a very public situation. I received both an award and hate mail.

And now

In my eighties, I find myself sitting on the Mental Health Review Tribunal and enjoying it. I have been there since its establishment

under the *Mental Health Act 1990* (NSW). The only problems are the vagaries of the Act and the traffic encountered in getting to some venues.

I have had a good time with excellent friends, family and people to help me. My occupation has been interesting and I am still going strong. Who could ask for more?

References

- 1 Nagle JF, commissioner. Report of the Royal Commission into NSW Prisons. 3 vols. Sydney: NSW Government Printer, 1978.
- 2 Slatery JP, commissioner. Report of the Royal Commission into Deep Sleep Therapy. 18 vols. Sydney: NSW Government Printer, 1990.

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