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transfer of responsibility for the West Lambeth District Psychiatric Services to St Thomas' Hospital. Later he was appointed Regional Postgraduate Dean for South East Thames and Assistant Director of the British Postgraduate Medical Federation where he represented the Committee of Postgraduate Deans on the Royal College of Psychiatrists Education Committee, submitting a comprehensive report on the future requirements for manpower and training in psychotherapy for the country as a whole. He was the first psychiatrist to be appointed as a postgraduate dean, and he also acted as advisor in psychiatry to the Chief Medical Officer of the Metropolitan Police and, later, Imperial Chemical Industries.

In 1983 he was appointed Medical Director to a newly built private psychiatric hospital in west Kent, showing a meticulous insistence on high clinical standards and, *pari passu*, building up the educational opportunities for junior staff. He also worked at the Chaucer Hospital, Ticehurst House Hospital and Godden Green Clinic. His last clinical years before retiring at 70 were spent in medico-legal reporting on accidents and other litigation.

John spared little time for his life-long hobbies until his retirement in 1996. Having taken up sketching during the long periods of rest with tuberculosis, he spent much time in later life on watercolour painting. He was an active member of the Dover Art Group. He also studied antiquarian horology and repaired his own collection of antique clocks, and those of several friends and colleagues. His other absorbing interest for the last 25 years of his life was letterpress printing for which he owned four presses; he was soon making his own blocks from his drawings and printing cards. He was a member of the Antiquarian Horological Society for 25 years and a member of the Gaskell Dining Club and the John Carpenter Club.

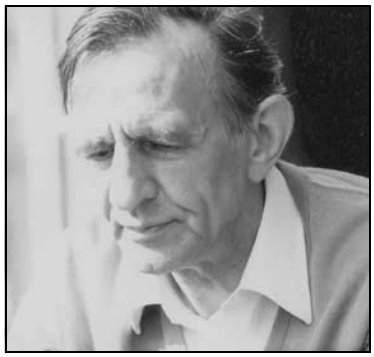
In contrast to the busy life he led in medicine, John was a home-loving family man, a serious-minded private person, with a pawky sense of humour. He interpreted broadly throughout his professional and family life, the motto from his escutcheon, 'let everyone learn, let everyone teach'.

John died suddenly and unexpectedly at his home in Dover on 9 February 2005, from an acute cardiovascular collapse. He will be greatly missed by his wife Erica (née Ratzowsky) whom he married in 1953, who supported him so admirably and also worked as his private secretary, their two daughters and their families, his surviving sister and many friends, former colleagues, who revered him, and ex-patients – who kept in touch with him for over 40 years.

Alan Poole, Howard James

Richard Vereker

Formerly Medical Superintendent, St George's Hospital, Stafford



Richard Vereker was born in 1920, the son of a prosperous farmer with lands on the banks of the River Suir in South Kilkenny. As a boy he loved his home, Moonveen, and reading. He was educated as a boarder at St Kieran's College in Kilkenny where he distinguished himself academically.

Dick, as he was known to all, studied medicine at University College Dublin. He qualified MB BCh (Hons) in 1944 and became a house officer at his teaching hospital, the Mater Misericordiae Hospital in Dublin.

His interest in psychiatry started early in his career, and he went to Manchester in 1945 as a medical officer at Crumpsall and then Prestwich Mental Hospitals. He gained a Diploma in Psychological Medicine (Dublin) in 1946. Dick volunteered for the Royal Air Force (RAF) in the same year, where he was a specialist in psychiatry and neurology for 2 years, attaining the rank of squadron leader. He was stationed at Ely and Wilmslow, and vividly remembered flying over Germany in the bombardier's position of a Lancaster bomber, a flight he undertook to better understand the experiences of the airmen under his care.

After the RAF, Dick continued to study psychiatry. He was awarded the MD (Dublin) in 1950 by examination in psychiatry and general medicine and was elected MRCPsych in 1971.

He undertook original research and read papers to the Royal Medico-Psychological Association. He published a paper 'The psychiatric aspects of temporal arteritis', describing the first case in the world literature to come under psychiatric care, in the *Journal of Mental Science*; this was then selected for publication in the *American Year Book of Neurology and Psychiatry* in 1952. He pursued his interest in antipsychotic medication and published a paper 'Fatal case of agranulocytosis due to chlorpromazine' in the *British Medical Journal* in 1958. He also undertook research into prognostic factors in depression, the use of an anticonvulsant in epilepsy and the relationship of casualties and sedatives.

Dick took up his first consultant post in 1954 as Deputy Medical Superintendent at St Edward's Hospital in Cheddleton, Staffordshire. His considerable knowledge of new psychiatric approaches, particularly psychopharmacology, helped to modernise out-of-date practices.

In 1960 Dick went as Clinical Director to Westborough State Psychiatric Hospital in Massachusetts where he headed the National Institute of Mental Health-funded Antidepressant Drug Research Project. Always interested in personality disorders, he was intrigued to see a patient known as the 'measuring man' who went on to become the infamous 'Boston Strangler'.

Dick was appointed Medical Superintendent of St George's Hospital in Stafford in 1962 on returning to England. St George's had approximately 1200 psychiatric beds for south Staffordshire in the early 1960s, with many long-stay and older adult patients. There were profound changes over the next 20 years with a reduction of beds to about 800. He worked with tireless commitment overseeing the gradual reduction of the long-stay population with considerable concern for the welfare and loss of sanctuary of some of the most vulnerable members of society. There was a managerial reorganisation in 1971. Dick continued as a consultant at St George's with in-patient beds at New Cross Hospital, Wolverhampton, until his retirement in 1980.

Dick always considered himself foremost a clinician. He was a compassionate doctor with astute clinical judgement, and was known to have a marked ability to get straight to the centre of a problem. He took a special interest in depressive disorders and was very skilled in their management with antidepressants.

https://doi.org/10.1192/pb.29.9.356 Published online by Cambridge University Press

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Dick was a private man, modest, tolerant and generous, and was happiest when reading about Irish and British history. He took pleasure in investigating the history of the Vereker family. He did research on John Prendergast Vereker Field Marshal Viscount Gort VC, corresponding with politicians and military figures, including General Eisenhower. When J. R. Colville's biography of Gort *Man of Valour* was published in 1972, Dick's contribution was especially acknowledged.

He had a long and happy marriage to his beautiful wife Judy, whom he had known since childhood. In 1989 they moved to Killiney, South County Dublin, where they enjoyed a splendid view over the sea. He loved the countryside and planted many trees in his homes in England, Killiney and Moonveen. He endured his final illness with characteristic courage and dignity and died peacefully at home on 27 April 2004. He leaves a sad and loving family, his wife Judy, two daughters and five grandchildren.

Margaret Vereker

reviews

Assertive Outreach: A Strengths Approach to Policy and Practice

Peter Ryan & Steve Morgan
Edinburgh: Churchill Livingstone, 2004, £24.99 pb, 286 pp.
ISBN: 0-443-07375-9

Assertive outreach practitioners will be drawn to a new British publication on this topic, but they may be puzzled by its subheading: *A Strengths Approach to Policy and Practice*. The strengths model attracts relatively little direct acknowledgement in psychiatry, being more a set of values than a fully pragmatic clinical or service model. Whereas many who talk of hope, creativity, holistic care and neighbourhoods rarely move beyond the nebulous, the authors do present a structured, relevant and intelligent guide to developing services and practices that are built on service user-led wants and aspirations, rather than merely service-generated concepts of social inclusion and recovery.

The book supplies a critique of conventional approaches to serious mental illness as focusing on pathology, problems and deficits, with an overall therapeutic nihilism. The strengths view does not deny the existence of difficulties and sees them as obstacles to be overcome on the way to self-defined goals. With an unashamedly optimistic view of human interaction, the pure strengths model practitioners will have their faith tested in working with hard-to-engage assertive outreach clients in the prevailing atmosphere of risk avoidance. Defensive practice is challenged as limiting the individual's ability to weigh up the benefits and harms of available options, and to experience autonomy. Assertive outreach, with greater resources from small caseloads, is a model that sits well with delivering best practice. With its long-term approach, it is also a model for engaging people meaningfully, including allowing individuals to take control of decisions in lifestyle choice, accommodation or relapse responses and to facilitate learning from successes and failures. Ethical dilemmas are well covered in a separate chapter.

Evidence for greater optimism is drawn from longitudinal studies of major mental illness, first person accounts and effective collaborative therapeutic interventions such as cognitive–behavioural therapy and motivational interviewing for substance misuse. Throughout there is good use of case studies and summary boxes, and chapters are clearly structured. However, the style of applying the benevolent strengths 'faith' to all aspects of care and service organisation will not be to everyone's taste.

Mike Firn Chair, National Forum for Assertive Outreach, Service Manager, Intensive Outreach Services, South West London and St George's Mental Health NHS Trust, London

Handbook of Spirituality and Worldview in Clinical Practice

Allan M. Josephson and John R. Peteet (eds)
Washington DC: American Psychiatric Publishing, 2004, $37.50 pb, 180 pp.
ISBN: 1-58562-104-8

We all have a worldview. These beliefs underpin what we value, the things we consider worth treating or investigating and how we deal with people. All doctors, all people, need to consider their own life philosophy and be aware of what other people believe, not just those of us who belong to a formal religion. This book is a valuable addition to that quest.

The first part of the book deals with worldview and spirituality, which the authors leave loosely defined. This enables them to include materialistic and atheistic philosophies, which deny the existence of a spiritual realm. The first chapter looks at Freud's worldview. His writings have had a major influence on the development of our current secular society and on the perception of psychiatry as not being interested in spiritual issues. The rest of the first part deals with how to take a spiritual history and incorporate it in the formulation and treatment plan. It is written from the point of view of an American psychoanalytical psychiatrist with an office practice in downtown USA. Hence it needs some translation for the UK National Health Service hospital scene. An in-depth spiritual history from upbringing to current practice will rarely be relevant in my work, but I find the question 'Do you have any faith or beliefs that are important to you?' enables a useful discussion of an individual's worldview.

The second half of the book is new and valuable. There are many books on comparative religion, a few written by the adherents of each religion, and none that highlight the challenges and concerns of the mental health professional as well. Each worldview is described by psychiatrists who hold that philosophy. The exception is the joint chapter on Hinduism and Buddhism, which, despite shared history, differ greatly in practice and deserve separate chapters.

The views of atheists and agnostics permeate western societies, but are generally overlooked in books on spirituality; this chapter is a significant addition to the field. The book is relatively easy to read and would be of value to new arrivals in the UK and to all who work in a cross-cultural setting.

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Suicide Prevention: Meeting the Challenge Together

Lakshmi Vijayakumar (ed)
Hyderabad, India: Orient Longman, 2003, £16.95 pb, 241 pp.
ISBN: 81-250-2553-7

In recent years, strategies for suicide prevention have revolved around two main concepts, with approaches to high-risk groups and to whole populations. Since 1999 the World Health Organization has established a worldwide initiative for the prevention of suicide (SUFRE). The Department of Health set a series of targets to reduce the suicide rate; these coincided with the start of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The National Suicide Prevention Strategy for England was published in 2002 and appeared to acknowledge that strategies

https://doi.org/10.1192/pb.29.9.356 Published online by Cambridge University Press