



columns

Can deception be therapeutic?

Sir: In their letter, Gralton and Sandford (*Psychiatric Bulletin*, March 2002, **26**, 114) admit withholding information from their patient, suggesting, however, that she 'was not told a lie'.

It was impressed upon many like me in our school-days that to tell less than the truth is to tell a lie. If we, as a profession, reject this version of the matter, might we not reasonably be accused of attempting to deceive ourselves?

Public confidence is paramount, so to defend deception under any circumstances is a risky business. Why take chances?

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Abreaction

Sir: The efficacy of barbiturate-facilitated abreaction in the investigation and

treatment of mental disorders has been well documented since 1930, when Bleckwenn carried out his pioneer work. Dysken *et al* (1979), reviewing the North American literature, cited 52 studies in which the procedure was found to be useful, and there have been no reports of permanent harm. If this valuable technique were to disappear from the therapeutic armamentarium, as suggested by the results of the Wilson survey (*Psychiatric Bulletin*, February 2002, **26**, 58–60), it would be a most unfortunate development.

An explanation for the disuse of abreaction may be found in the nature of the procedure as it is usually performed. Psychiatrists are unskilled in parenteral administration and lack confidence in their ability to cope with respiratory depression or laryngospasm. These hazards are eliminated if the necessary drugs are given by mouth.

We have found that the oral administration of up to 300 mg of amobarbital

with 80 mg of methylphenidate produces an abreactive state in which the patient can talk freely about sensitive issues and release the corresponding emotions. Addition of the stimulant to the barbiturate combats somnolence and promotes a smooth flow of speech. Employing this method we have enjoyed a number of successes in the treatment of post-traumatic stress disorder.

We believe that abreaction is a unique therapeutic instrument that should be preserved and used more widely than at present.

BLECKWENN, W. J. (1930) Narcosis as therapy in neuropsychiatric conditions. *JAMA*, **95**, 1168–1171.

DYSKEN, M. W., CHANG, S. S., CASPER, R. C., *et al* (1979) Barbiturate-facilitated interviewing. *Biological Psychiatry*, **14**, 421–432.

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the college

Neurosurgery for Mental Disorder Report of a Working Group of the Royal College of Psychiatrists' Research Committee

Council Report CR89
£7.50. 82 pp.

There have been a number of developments in the area of neurosurgery for mental disorder (NMD) in recent years, including marked changes in clinical delivery. This report was produced following extensive collection of evidence

from a wide range of individuals and bodies, and a comprehensive review of published data on neurosurgery up to the end of 1999. The working group adopted the following definition of NMD:

'A surgical procedure for the destruction of brain tissue for the purposes of alleviating specific mental disorders carried out by a stereotactic or other method capable of making an accurate placement of the lesion.'

The report discusses the future of NMD services, and concludes that steps should be taken to conserve the current resources within established centres in the UK. It suggests that this

could be achieved through the establishment of an independent national advisory committee, which would monitor all aspects of NMD practice. A central task of the national advisory committee would be the establishment of a multi-centre prospective audit, through the deployment of standardised process and outcome measures. It could also be responsible for the development of nationally agreed assessment and treatment protocols, liaising with other international centres and researchers, and publishing an annual report on NMD activity in the UK.

obituaries

Christine Helen Wilson

Formerly Consultant Psychiatrist
Shrewsbury Child Clinic,
Shropshire

Christine Helen Wilson, known as Helen, was born in Lincolnshire. She was a vigorous schoolgirl; she cycled regularly and played tennis, netball and hockey. Her medical studies in Newcastle coincided with the onset of severe aggressive rheumatoid arthritis. Helen endeavoured to carry on as usual and played down her disability despite its devastating effect and several surgical interventions. She graduated MBBS (Durham) in 1966.



She trained in psychiatry in Newcastle and gained the DPM in 1970 and her MRCPsych in 1972.

Helen joined the West Midlands Training Scheme in Child and Adolescent Psychiatry as a senior registrar in 1972, being based in Shrewsbury and Birmingham. In 1977 Helen took up a consultant child psychiatrist post in Shropshire where, despite her severe disability, she established good relations with patients and their families, and was highly regarded by colleagues at all levels.

After retirement in 1996 she was able to conserve her energy and had several quiet but happy years with her family and



was able to pursue her hobbies, including creative writing and collecting antiques. At the time of her death she was in the process of writing her autobiography.

Helen was a warm, loving, strong, caring person; she embodied the qualities of struggle over personal difficulties while continuing to contribute a life of service to her community. Her rheumatoid arthritis led to renal failure but she maintained a determined independence and drove herself regularly to the local hospital for dialysis. Sadly the combination of renal failure and a further arthritic review led to her death in July 2001, aged 59.

She leaves a brother and myself, a sister, and much loved nieces and a nephew.

Sue Wilson

Arthur Manfred Shenkin

Formerly Consultant Psychiatrist
Southern General Hospital,
Glasgow



Arthur Shenkin, who died on 25 January 2002, was a pioneer in bringing psychiatry into general hospitals in post-war Glasgow, at a time of much hostility from other hospital doctors to psychiatrists and their patients. A tall man, with a commanding presence, his nature was warm and gentle. With his charm, and great reserves of patience and tolerance, he could calm the most disturbed patients and – much more difficult – awkward colleagues on medical committees.

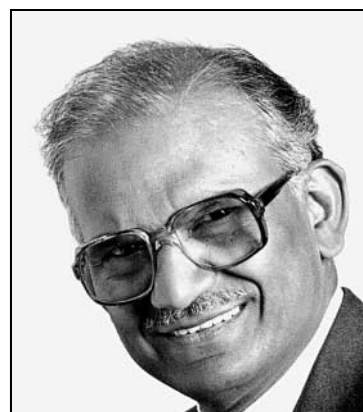
Born on 1 March 1915 in Glasgow, the son of Latvian Jewish immigrants, he spoke in a medley of three languages in his pre-school years, and always regarded this as a formative influence. He was educated at Hutchesons' Grammar School and Glasgow University where he graduated MBChB in 1942 and elected FRCP (Glasgow) in 1971. In his student days his fierce commitment to socialism and Zionism, and his involvement in the politics of the 1930s, competed with his medical studies. When he qualified in 1942 he served in the Royal Air Force at home

and in India, latterly in psychiatry. Demobilised in 1946, he joined the staff of the Southern General Hospital, where he found the psychiatric wards of the former Poor Law Hospital housing some 130 chronically ill patients. In a short time he reorganised the unit, created active treatment wards and opened the first out-patient clinic in the area. The unit thrived to such an extent that, after the NHS was created in 1948, it was chosen to house the new University Department by Glasgow's first Professor of Psychological Medicine, T. Ferguson Rodger. In his 28 years at the Southern, Arthur bore a heavy clinical load, played a full part in teaching and, in what for others would have been leisure time, developed a large private practice. He was interested in the psychological problems of the physically ill and developed services for them in the expanding general hospital. Twenty years later the rest of psychiatry caught up with him and named his activities 'liaison psychiatry'. In the 1950s he began to instruct ministers in pastoral psychology, another innovation, which developed over the years into a regular undergraduate course in the Faculty of Theology. He was rightly proud of his respected status there. Before he retired in 1976 he had helped to secure the Walton Conference Suite for the hospital and had chaired many of its committees. Retirement for him meant continuing work until the century ended. He became a tutor in psychotherapy at Dykebar Hospital, Paisley, continued his private practice and expanded his medico-legal work. He was in demand as an expert witness in the courts until his late 70s. He lectured extensively and was president of the Glasgow Royal Philosophical Society from 1996 to 1998. He was a man of wide interests and a great and combative talker, with a fund of stories and proverbs that he deployed effectively both in company and the consulting room. He was an authority on the prophet Hosea, and over many years wrote and rewrote an epic poem in Scots on the theme of the Creation, in which God featured as a woman. This amusing and original work was acclaimed by the many learned societies to which he delivered excerpts. He remained a socialist throughout his life, and never lost his loyalty to the cause of Israel. Through all these years he was sustained by, and devoted to, his wife Lillian, also a full-time doctor, and his three daughters. He took pride in his growing band of talented grandchildren, and lived to see one of them a consultant physician. In old age he recovered completely from a fractured neck of femur and major surgery on an aortic aneurysm. He died full of years, clear-minded to the end, after a life well-lived.

Malcolm Ingram

Duraiswami Gaspar

Formerly Consultant Psychiatrist
Little Branwick Centre, Small Heath,
Birmingham



Dr Duraiswami Gaspar, known to his family, friends and colleagues as 'Sammy', died suddenly at his home in Birmingham on 10 December 2001. Born in Madras in 1934, he received his education in that city and graduated MBBS from Stanley Medical College in 1958 after a distinguished undergraduate career culminating in his being awarded a prize as 'best outgoing student'. In early years he trained as a general physician with an interest in cardiology, and was awarded the MD degree by his College in 1963.

However, in 1968 Sammy decided to leave India and seek his fortunes in the UK. In that year he began his new career as a psychiatrist with an appointment as registrar at Moorhaven Hospital, Ivybridge, subsequently moving on to West Park Hospital, Epsom, and thence to St George's Hospital, Stafford, where he began his higher training. During this period he showed his typical resolution in studying for and gaining both the MRCP (England) and the DPM (England) qualifications. He came to Birmingham on the regional training scheme for senior registrars in 1971, training in the psychiatric department at the Queen Elizabeth Hospital and the Midland Nerve Hospital, and was appointed consultant psychiatrist at Hollymoor Hospital, Birmingham, in 1974. Within 2 years he agreed to take over the consultant responsibility for the care of those patients in the hospital who were suffering from dementia and for all referrals of dementia. With a small and dedicated team, a service with a strong orientation towards care in the community was developed. Thenceforth, his involvement with the speciality of old age psychiatry, as it in due course became, flourished so that in the space of a few years it became a first-class service based in Hollymoor Hospital and East Birmingham (now Heartlands) Hospital.

He had a special fondness for teaching, to which he devoted much of his time and