

# obituaries



## Mervin Glasser

Formerly Consultant Psychiatrist  
The Portman Clinic, London

Mervin Glasser died very suddenly on 9 November 2000, aged 71, following cardiac problems.

Born in Johannesburg in 1928, Mervin came to London in 1952 intent on becoming a psychoanalyst. He studied medicine at the Westminster Hospital Medical School, graduating in 1958, and qualified as a psychoanalyst in 1963. Later, he was to become a training analyst. After his retirement from the NHS in 1993 he served as Director of the London Clinic of Psychoanalysis for 5 years. Until his death he remained a sought-after teacher and clinician. He was probably the most prolific internationally known writer in his field that this country has produced in his generation. He was responsible for several theories, most notably the 'core complex'.

After having worked with Anna Freud and having been involved in setting up the Brent Consultant Centre (now Johnson House), for the psychoanalytic treatment of adolescents, Mervin was appointed to the Portman Clinic in 1971 and for much of his time served as Chairman.

Mervin lived for psychoanalysis and with this devotion went a painstaking belief in careful research. For many years he ran a violence workshop – a clinical setting in which to discuss violent cases, but with a research component. After his retirement Mervin wrote this up in the *International Journal of Psychoanalysis*. He called it 'On violence. A preliminary communication', thus characteristically challenging the rest of us to continue the work. Whoever had the courage to commit themselves long term to this workshop learned a depth to working that could not be imagined and which I personally value in terms of proving that something can often be there all along but it might take many hours of labour to find it. Some fell by the wayside, unable either to bear the level of expectation about detail or to trust that the time spent would yield results. Whether there were differences of opinion or

clashes of personalities, Mervin had an extraordinary sense of humour and his warmth and sense of fun often made up for everything.

Mervin was passionate about other things in life apart from his work. He loved his family, his garden, which was always full of exotic flowering plants – perhaps an attempt to keep in touch with his native South Africa – the arts and football.

GLASSER, M. (1998) On violence. A preliminary communication. *International Journal of Psychoanalysis*, **79**, 887–902.

**Anne Zachary**

## William Henry Allchin

Formerly Consultant Psychiatrist  
Hampshire Area Health Authority

Bill Allchin died in Wales on New Year's Day aged 79 years. He was born in Harrow into a medical family; his father was a pioneering specialist in radiotherapy at the Westminster Hospital. After school, in 1940, he joined the army and landed in Singapore shortly before the 1942 surrender. As a prisoner of war he worked on the notorious Burma railroad and his terrible experiences in captivity affected him greatly. He was much impressed by a fellow prisoner, Ron Wait, a missionary, and like him, he was able to forgive his abusive captors. Indeed, he kept in touch with some of the Korean and Japanese guards for many years. In 1995, at the commemoration service for VJ Day in Winchester Cathedral, he was chosen to give the address. He spoke of the post-traumatic stress that affected former prisoners for decades and referred to his own good fortune in the relief he obtained through his personal analysis.

Returning from the Far East, he decided on a medical career and after completing his preclinical studies in Oxford (Balliol College) he moved to Westminster Hospital. After qualification in 1953 he opted for psychiatry and started training at the Maudsley in the era of Aubrey Lewis. He then underwent a personal analysis (Jungian) with Professor Robert Hobson. Interested in adolescence, he studied alongside Dr Philip Boyd, who later set up the adolescent unit at St Luke's Hospital. Other influences at that time were Drs Anthony Storr, Donald Winnicott and Wilfred Warren. The final phase of his training was at the Portman Clinic treating patients with personality and sexual disorders.

In 1962 he was appointed consultant psychiatrist in the Wessex Region, where he took over the medical directorship of Leigh House, the regional adolescent unit in Chandlers Ford. The unit had been open barely a year and had just lost its first director. In the second consultant there Bill found a kindred spirit and they worked together in a happy and creative way until Dr Rosenberg retired in 1976. Together with their team they developed a pioneering treatment programme that gained a national reputation. In parallel with his in-patient work, Bill made a considerable contribution to the community services in Hampshire from his second base at the Southampton Child and Family Guidance Clinic. In the 1960s, when multi-disciplinary team work was in its infancy, he was there already. His gentle demeanour and his quiet reflective style meant he was ideal in this context. His skills as a clinical adviser and teacher were greatly valued by all the young people's services. A moving speaker, he made regular contributions to courses and training programmes in and around Southampton and its university. He initiated 'hands on' liaison work in several residential units. He worked with the Richmond Fellowship in the development of the Bracken Place Hostel. Together with David Duff and John Evans he was a key figure in establishing the Association for the Psychiatric Study of Adolescence.

He retired from the NHS in 1978 but carried on working privately and with a number of agencies. He had a long and fruitful attachment to the Cotswold Community. His sense of community ran deep and his endeavours took him well beyond the confines of medicine. He



stood as a parliamentary Labour candidate for Winchester on four occasions – well aware he was unlikely to be elected. Other organisations that benefited from his efforts were the Winchester Film Society and the local Housing Association. For more than 20 years he was a member

of the Society of Friends, where his input was greatly valued.

A unique, compassionate person, Bill is greatly missed. Contemplative and almost ascetic at times, he had a rich sense of humour and he loved good food or an evening in the pub. On leaving a

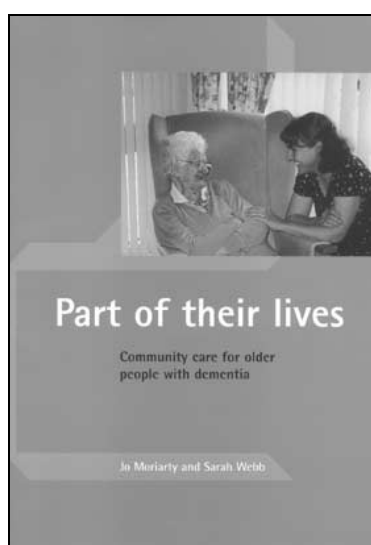
case conference with him, a colleague once remarked 'he's all altruism': there was more than a grain of truth in that comment.

Leslie Bartlet

## reviews

### Part of their Lives. Community Care for Older People with Dementia

By Jo Moriarty & Sarah Webb.  
Bristol: The Policy Press. 2000.  
118 pp. £14.99 (pb).  
ISBN: 1-86134-217-9.



This book describes a follow-up study of a group of people with dementia who were referred to three social services departments in 1994–1995 and underwent assessment. The chapter dealing with difficulties in identifying people with dementia in a social services referral population touched a particularly raw nerve for me, as we have just joined a mental health partnership in Manchester where our partners (namely Manchester social services) are struggling to identify how much of their resource goes into supporting elderly people with mental illnesses. After reading this book I am less perplexed (but just as cynical) about why they cannot quantify their commitment.

One bugbear of mine is the lack of information held by staff in residential and nursing homes about those in their care. Often they can tell me virtually nothing about the family and life history of their residents. Small wonder then, that proxy informants in this study knew so little about residents with dementia and their past lives and that in many cases social class could not be assigned.

On a positive note, more carers were aware of the diagnosis of their relatives, and used terms such as Alzheimer's disease, than in previous studies. This suggests public awareness of dementia is increasing: perhaps a first step in the battle against stigma.

Few referred cases could be resolved quickly and closed: elders with dementia needed long-term support. I felt this was the single most important finding (simple and self-evident though it is). The authors argue that regular reviews of care packages are essential because the needs of people with dementia will increase over time. The more cynical reader might suspect that this explains the drive to close cases: reviews, which detect increasing needs, are inevitably going to lead to increasing costs, so let us not review people. Obvious really. I think that the findings reported here would benefit from widespread publicity: in particular "the long-term nature of the support that study participants and other people with dementia in similar circumstances require". Send a copy of this book to your counterparts in social services with the relevant bits highlighted!

**Susan M. Benbow**, Consultant Psychiatrist (Old Age Psychiatry), Carisbrooke Resource Centre, Wenlock Way, Gorton, Manchester M12 5LF

### Improving the Care of People in Substance Misuse Services. Clinical Audit Project Examples.

By Kirsty Maclean Steel &  
Claire Palmer. London: Gaskell.  
2000. 50 pp. £15 (pb).  
ISBN: 1-901242-46-3.

This short book, produced by the Clinical Governance Support Service at the Royal College of Psychiatrists' Research Unit, reports on 28 clinical audits carried out by a number of UK substance misuse services. Topic areas covered include patient assessment, aspects of clinical care such as shorter- and longer-term prescribing and hepatitis B vaccination, organisational and management processes, user satisfaction and outcome. Examples of self-assessment, peer group and external evaluation methods are

given, and both alcohol and drug misuse are covered.

The text provides some useful ideas for audit topics and methods, and is an early attempt at benchmarking standards. The reporting is well structured and easy to follow. Key messages for carrying out local audits, such as keeping things simple and not taking on too much, are sensible. The examples given of audits of hepatitis B vaccination programmes were particularly notable in this regard, and seem likely to have increased the quality of care given to intravenous drug users. However, the methods for choosing audit standards are not well explained or referenced, and their evidence-base therefore appears thin at times. This may, of course, reflect the state of the discipline. It would also be difficult to replicate some of the audit examples without well-developed peer-group audit structures already in place.

Readers will find this book helpful, perhaps as a clinically focused complement to the more organisationally based QuADS project manual produced by Drug Scope/Alcohol Concern. It may be that the national standards for drug and alcohol services that should be in place as part of the National Drugs Strategy by 2002 will eventually provide more salient audit standards than those provided in this text. However, this book will still remain useful in terms of auditing everyday practice, and staff in both statutory and voluntary sector drug and alcohol services should have access to it.

