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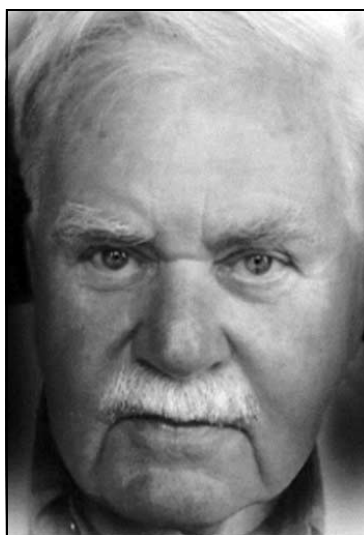
obituary

Lindsay Cameron Hurst

Formerly Consultant Psychiatrist, Plymouth and West Devon Psychiatric Service, Moorhaven and Plymouth General Hospitals

Lindsay Hurst was born in Kingston-upon-Hull on 17 June 1924, the son of a general practitioner. He was educated at Repton School and Emmanuel College, Cambridge, where he read for the Natural Sciences Tripos with part 2 in anatomy. His clinical studies were at University College Hospital, London. He graduated as BA (Cantab) in 1945, MA in 1947 and MB BChir in 1949. He obtained the DPM in 1958, MRCPsych in 1971 and was elected FRCPsych in 1979.

Lindsay held consultant posts at Mapperley and St Francis' Hospitals, Nottingham, before moving to Moorhaven and Plymouth General Hospitals in 1971 where he remained until his retirement in 1989. In 1973 he was appointed visiting Professor at Rochester State Hospital, N.Y. and in 1973 was accorded status of Clinical Teacher in



Mental Health at Bristol University. He served as 'second opinion approved doctor' to the Mental Health Act Commission and was a most respected medical member of the south-west mental health review tribunals for many years.

He published papers on a variety of subjects, including schizophrenia, senile

psychoses, porphyria, the care of the older adult with mental illness, neuroleptic treatment and the 'savant' state. Unusually for a psychiatrist, his last paper was on the comparative anatomy of the hand.

Lindsay had a lifelong interest in etymology and languages, particularly classical Greek and Latin. It is apropos to note that he had edited the Cambridge University Medical Society magazine and the University College Hospital magazine. He had an extensive library of rare books and colleagues may well remember his delight at having obtained a copy of *Holinshed's Chronicles*, from which, it is thought, Shakespeare drew his histories. His eyes would sparkle when offering an especially good burgundy and when, in committee, he would demolish a specious argument with a witty aphorism.

He had a warm and generous personality, was conscientious in the treatment of his patients and an inspiration to his trainees.

Lindsay died suddenly, as he would have wished, while tending his garden in Kingsbridge, South Devon, on 18 July 2005. He is survived by Margaret, whom he married in 1966, and their three sons of whom he was justly proud.

Alan Poole

reviews

So Young, So Sad, So Listen

Philip Graham & Carol Hughes
London: Gaskell, 2005, £7.50,
pp. 64.
ISBN 1904671233

An initial glance at this short text with plenty of illustrations, large font and clear headings suggested that it was written for young people with depression. In fact it is written for parents and teachers of children and teenagers with depression and includes lots of useful information and case histories about the child who has 'lost his/her sparkle'.

First there is a clear description of the symptoms, signs and prevalence rates of depression in childhood, including the risk of suicide. Possible trigger factors are discussed. Many helpful tips are offered

about what to do if you are in contact with a child with depression – how to respond to the child, when to seek professional help and how to get that help. Action sheets for parents and teachers are included; the latter may be a useful resource in the school staff room. The structure and role of child mental health teams are outlined, with a description of cognitive-behavioural therapy, family therapy, psychoanalytic therapy and the use of medication.

This textbook, with its clear guidelines on how to respond to the child or teenager with depression, is so practical. It offers hope and guidance on where to find more information. There are contact details for useful organisations, such as Parentline Plus and YoungMinds. This book is useful not only for parents and teachers

of children with depression but also for professionals working with children.

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Applying Family Therapy – A Guide for the Caring Professionals in the Community

Steven Walker & Jane Akister
Lyme Regis: Russell House
Publishing, 2004, £15.95 pb,
pp. 123.
ISBN 1903855403

This book is a guide for the professional with an interest in family therapy to the



many different settings of children's and family services. It emphasises the need for socially inclusive practice, for professional integration for the benefit of families, and for more family-friendly policies. It is excellent in its conceptualisation and in many chapters. Unlike other psychotherapy books, it raises family therapy issues by introducing the concept of family support as an integral part of therapy. By focusing on family support the authors emphasise that the family needs to be thought about and family support practised widely throughout public services. A detailed methodology for assessing and working with families is complemented by a good outline of culturally sensitive practice. 'Socially inclusive' ways of working with various groups of disenfranchised families and children such as refugees, young offenders, looked-after children and others are described. Attachment theory and its clinical applications (e.g. the role of social networks) are included in an imaginative and creative way. Ethical dilemmas concerning gender and power are given due consideration and quantitative and qualitative methods for evaluating family therapy are described.

This book has some irritating but minor inaccuracies and although the focus is on children, the ethical considerations are oddly based on work with older adults. The actual content is perfectly reasonable but there are plenty of ethical dilemmas with children that are not mentioned and are highly relevant to family therapists. The chapter on attachment theory is unduly complex and it is not always clear whether it is about the quality of adult relationships or the attachment behavioural system as defined by Bowlby.

The authors write about youth justice and drug addiction but the work and the reader would have benefited from a description of multi-systemic therapy, which has plenty of supporting evidence. Overall, I felt that the evidence base of family work was not always fully reflected. Community-based work was also described but in my view the reader would have benefited from the integration of the well-developed concepts of Boyd-Franklin (Boyd-Franklin & Bry, 2000).

The authors do not hide their critical view of the effects of globalisation in relation to families and children. Notwithstanding some criticisms, this was a refreshing read which I thoroughly recommend to all those who work with families or are interested in social and community approaches in mental health.

BOYD-FRANKLIN, N. & BRY, H. B. (2000) *Reaching out in Family Therapy*. New York: Guilford.

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Psychiatry Recall (2nd edn)

Barbara Fadem & Steven Simring
Philadelphia PA: Lippincott Williams & Wilkins, 2004, £20.50, pp. 210.
ISBN: 078174511X

This new edition guides the reader through psychiatric on-call clerking and ward rounds and as such is aimed at the junior doctor in psychiatry or clinical medical student on a psychiatry placement. It is presented as a themed series of questions and answers and the novel structure promises greater retention of the information. However, it is so heavily focused upon psychiatry in the USA that it would be of limited use to the UK trainee.

The content is arranged in a logical order from acute assessment through to management and prognosis, and the text is set out very clearly. There is concise instruction on focused interviewing for particular symptom clusters and in this and other sections it is very readable. However, the limited scope is brought into sharp focus by the discussion of differential diagnoses. Because the book is aimed at the American market, diagnoses are based upon DSM-IV with almost no recognition of ICD-10. Conditions such as schizophreniform disorder which are specific to DSM-IV are covered without any reference to other classification systems, potentially leading to much confusion for the new trainee.

Further difficulties lie in the epidemiological information, some of which should not be generalised to other countries. For example, attention-deficit hyperactivity disorder is listed as being prevalent in 5% of children, with no acknowledgement that American rates are higher than those reported elsewhere. The sections on ethnicity are not well written for an international readership. Much consideration is given to differences in Native American Indians but none to immigrant groups from the Indian Subcontinent which would be of much greater use to the UK reader.

The strong American orientation would matter less if the book was not intended as a practical guide to working in psychiatry. Much more culturally sensitive information is required for a practical guide. There are too many differences from UK practice, ranging from emergency department procedures to drug names and licensing conditions.

I would not regard this as a good purchase for UK or Irish trainees. There are better handy pocket books on the market. It would, however, be useful reading for anyone considering an elective or placement in the USA.

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Clinical Governance in Mental Health and Learning Disability Services – A Practical Guide

Adrian James, Adrian Worrall & Tim Kendall (eds)
London: Gaskell, 2005, £35.00, pp. 376
ISBN 1904671128

To quote the Foreword to this book 'many of the qualities of clinical governance are difficult to assess' and 'attitudes to clinical governance are very positive, but it remains a concept which needs much skill and commitment to implement'. The challenge for the editors was to assemble a volume that engages, informs and is practical and usable. The book is divided into four parts. The first discusses the concepts of quality in the National Health Service (NHS) and clinical governance which was introduced in 1997.

The second part describes the operational structures required to move the enterprise forward and highlights a number of underlying tensions. Why is it so difficult to get clinical quality onto the agenda of so many NHS trust boards? How will the original concept of clinical governance as a tool to ensure continuous improvement of services survive the shift from the Commission for Health Improvement (CHI) to the Healthcare Commission with its emphasis on the inspection and monitoring of key performance indicators, few of which are clinical outcomes? To sustain the engagement of clinicians and clinical teams John Sandford's prediction that 'over time, the relationship between good clinical governance, patient outcome and public health may become clearer' is probably insufficient.

The next part discusses eight 'key elements' from the involvement of service users through risk management, appraisal and clinical audit to inter-agency working. Each chapter stands independently, often with some excellent yet profoundly simple advice on 'making things work' (for example, risk management and clinical audit). There are many hidden gems, for example Mary Lindsey's table on good and bad organisational practice in relation to policies and procedures.

The fourth part attempts to translate clinical governance into the clinical context. Many authors emphasise the clinical team as central to clinical governance. After all at its most basic clinical governance must be about those involved with services being able to describe what they do, how they know it works and how they can make improvements. This is far from easy, particularly without well-defined systems for the management of clinical information.