

special articles

In 1995, City and Hackney Community NHS Trust opened a segregated ward for women with severe mental illness who would be vulnerable on a mixedgender ward (Kohen, 1999). The privacy and safety provided by the unit and the positive response from families and the community makes the case for more single-gender wards. It is a pilot project that may be repeated by other trusts. Meanwhile, both genders in mixed-gender wards should be cared for by staff who are vigilant for patients' safety and trained to avert assault proactively. Specific staff training upon recruitment, repeated at regular intervals, should lead staff to be confident about dealing with any assaults, and also ensure that the trust has information available to help prevent repetitions.

Declaration of interest

References

BARLOW, F. & WOLFSON, P. (1997) Safety and security: a survey of female

psychiatric in-patients. Psychiatric Bulletin, 21, 270-272.

COLE, M. (2000) Out of sight, out of mind: female sexuality and the care plan approach in psychiatric inpatients. International Journal of Psychiatry in Clinical Practice, 4, 307-310.

DEPARTMENT OF HEALTH (1999) NHS: Our Healthier Nation; A National Service Framework - Mental Health. London: Department of Health.

— (2000) The NHS Plan. London: Department of Health

GARTH, A. (1989) Statement on abuse and harassment within psychiatric hospitals. Psychiatric Bulletin, 13, 460.

HOME OFFICE (1995) The Police and Criminal Evidence Act 1984, (s66): Codes of Practice, 2nd revised edn. London: HMSO

KOHEN, D. (1999) Specialised in-patient psychiatric service for women. Psychiatric Bulletin, 23, 31-33.

LIPSCHITZ, D., KAPLAN, M. L., SORKENN, J. B., et al (1996) Prevalence and characteristics of physical and

sexual abuse among psychiatric outpatients. Psychiatric Services, 47,

PEDLAR, M. (2000) Silenced Witnesses (snapshot survey). London: MIND.

ROYAL COLLEGE OF PSYCHIATRISTS (1996) Sexual Abuse and Harassment in Psychiatric Settings. Report of the Public Policy Committee Working Party (CR52). London: Royal College of

SUBOTSKY, F. (1993) Sexual abuse in psychiatric hospitals: developing policies to aid prevention. Psychiatric Bulletin, **17**, 274 – 276.

THOMAS, C., BARTLETT, A. & MEZEY, G. C. (1995) The extent and effects of violence among psychiatric in-patients. Psychiatric Bulletin, 19, 600-604.

TONKS A (1992) Women patients vulnerable in mixed psychiatric wards. BMJ, 304, 331.

Mary Cole Specialist Registrar, Leigh House Adolescent Unit, Alresford Road, Winchester, Hampshire, SO21 1HD

Psychiatric Bulletin (2003), 27, 28-29

H. R. ROLLIN

Professor Sir Ernst Gombrich, OM

A 'hands-on' advocate of music therapy in mental hospitals

The outpouring of praise for the life and work of this remarkable man, who died this year, has been so fulsome that one might reasonably believe that the catalogue of his virtues had been exhausted. I would venture to suggest that two seemingly disparate virtues have been omitted or underplayed. I refer to his musicianship and his compassion. May I describe one occasion when these two virtues co-existed?

For many years before I retired in 1975, I was a consultant at Horton Hospital, Epsom, (now defunct) designed then for the treatment of most of the range of psychiatric disorders. The patients were of both genders, of all adult ages, of a variety of ethnic and religious groups and, because of the geographical distribution of our catchment area in London, there was an overrepresentation of refugees from Nazi Germany. It was, in effect, a strange microcosm characterised by one common factor - the unpredictability of its individual and collective behaviour.

Of the several forms of auxiliary treatments we had on offer at the hospital, the one which was a particular source of pride was music therapy. At the core of this most successful project, as it happens, was Sir Ernst's sister, Dea (Lady Forsdyke), a distinguished violinist and an inspired teacher-cum-therapist. It further happens

that Sir Ernst's wife, Ilse (Lady Gombrich) was an eminent professional pianist and piano coach. The third limb of an outstanding family trio was no other than Sir Ernst, himself a talented cellist. This unique ensemble played for their own delectation when time and occasion arose and, on very few occasions, for the delectation of others.

One of the major attractions of the music therapy project was to hold monthly concerts featuring members of the group for the entertainment of other patients at the hospital, any interested members of staff, and a surprisingly large number of patients' relatives, who came mainly from London. All were welcome, and considering the limited number of available performers and the nature and degree of their mental ailments, our visitors seemed well pleased with the musical fare on offer. Even so, from time to time, as a bonus, the group and its attendant audience shared the pleasure of being entertained by professional musicians. I should explain that, at that time, I had the good fortune to enjoy the friendship of a number of professional musicians who, at my invitation, would play for us as a gesture of goodwill. The majority would waive their fee or agree a substantial reduction, or ask only for their expenses.

Working closely as I did with the group, I got to know Dea Forsdyke very well and, in the course of time, came to know her family and inevitably became aware of the 'Gombrich Trio'. Equally inevitably, wearing my impresario's cap, I could see what a boost it would be to the music therapy project if I could persuade the Trio to play at one of our concerts. For quite literally months my pluck, or perhaps, chutzpah, faltered, until one day I screwed my courage to the sticking place and blurted out my invitation via Dea. Her response was immediate and unequivocal, 'Yes, of course. But when?' And there's the rub. When? Because of the heavy commitments of all three members of the trio, particularly Sir Ernst, there would be problems.

There were, but eventually it was sorted out. The date was to be a night in November 1965 (any suggestion of a fee, or even expenses, had been pooh poohed). That night, as I will never forget, proved to be murky, as murky indeed as a November in England can be. The possibility, even probability, of an eleventh-hour cancellation loomed large. And as the seconds ticked away, my anxiety grew. However, I had not reckoned with the integrity and the professional pride of our guests. Bang on time they arrived in their hired car, having braved the elements from far-flung Hampstead.

Despite the foul weather, the auditorium – the specially adapted rear third of the hospital chapel – was packed. The exact programme that the Trio had chosen to play has escaped my memory, but what I do remember is

that no concessions were made. I underwent all the agonies of these occasions: would the recital be interrupted or ruined by the unseemly and unacceptable behaviour of one or more members of the audience? For the second time that night, my fingernails were spared from mutilation. The recital went off without a hitch: the vociferous applause at the end was loud and entirely appropriate.

Our artists stayed for a light supper, after which they were surrounded by patients anxious to shake their hands and express their gratitude in English or German for the musical treat they had enjoyed. Dea beamed with pride for her patients; Lady Gombrich met all of them with her customary graciousness, and Sir Ernst, well accustomed to the adulation of his audience, greeted them with warmth and civility, and without the slightest suggestion of condescension.

The following morning, a manic depressive, who was a man of education and cultivation and, when elated, a wit, bounded into my office with the sole intention of discussing the concert and expressing his gratitude to the artists. On leaving, he added, 'What a delightful surprise to find that Sir Ernst, a world-class art historian, had at least one other string to his bow!'

H. R. Rollin 101 College Road, Epsom, Surrey KT17 4HY

