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Obituary

Editor: Henry R. Rollin

WILLIAM PETER GURASSA, formerly Consultant Psychiatrist, Notre Dame Clinic, London W10

Peter Gurassa, a Fellow of the College, died on 25 February 1989 aged 66.

He was a physician, psychiatrist, a psychoanalyst and a gentleman, thoughtful and kind to those who sampled his help.

Professionally, Peter was Director of Redbridge Child Guidance Clinic and Consultant to the Notre Dame Clinic in London which dealt with similar clinical problems. Both institutions were fortunate to have his wise and conscientious leadership for many years.

He gave to his own family and friends the highest that human character was capable and one was enriched through knowing him.

To his patients and *their* families Peter Gurassa was the complete physician, not merely a specialist, and that made him rare and precious.

HM

HEINZ HERMANN OTTO WOLFF, formerly Consultant Psychotherapist, The Maudsley Hospital, London

Dr Heinz Wolff, who died suddenly at the age of 73, was one of the leading teachers of dynamic psychotherapy in this country. He was the senior consultant in the psychotherapy department of the Maudsley Hospital and at the same time headed the department of psychiatry at University College Hospital. He practised and taught both individual and group analysis and served with distinction, for several years, as the first Chairman of the Institute of Group Analysis. His skills as a chairman were enhanced by his understanding of group dynamics, and he managed to fashion an effective work group out of a situation which might otherwise have reflected one of Bion's basic assumptions, that blocks work. Indeed his skills as a committee man were as important as his capacity as a teacher. He was an effective representative in hospital politics, particularly at the Maudsley Hospital where the place of psychotherapy often seemed about to be swamped, either by organic psychiatry or by other forms of psychotherapy.

Heinz Wolff came as a refugee from Hamburg in 1936, first to read mathematics at Cambridge but then changed to medicine, because he wished to be more involved with people. He trained at UCH and soon after qualification was commissioned in the RAMC and served first as a general physician, and then, after three months training, as a psychiatrist. This was, he liked to tell, his only formal training in psychiatry. After the war he returned to UCH where he became Resident Assistant Physician but he found his interests moving towards the psychological aspects of illness and, therefore, gave up his intended career as a consultant physician for that of a psychotherapist. Psychosomatic medicine combined his medical and psychological interests and skills and he was one of the founders and chief supporters of the Psychosomatic Research Society. Professor Sir Dennis Hill quickly saw his capabilities and invited him to the academic unit of the Middlesex Hospital from which he was transferred, at the personal invitation of Sir Aubrey Lewis, to the Maudsley Hospital.

Dr Wolff had not had a formal training or qualification in psychoanalysis. His personal analysis, which he greatly valued, was his training but he was delighted in recent years to be offered an honorary membership of the British Psycho-Analytic Society. This was in recognition of the services that he had made to psychoanalysis for many of his former students, both undergraduate and postgraduate, gravitated towards psychotherapy and psychoanalytic training.

Heinz Wolff wrote some important papers, in particular one on the significance of loss in psychotherapy, from which he drew on his own experiences of the early loss of his mother. He was editor and part-author of the UCH *Handbook of Psychiatry*, which he worked hard both to create and to keep up to date, and just before his death he had been correcting the proofs of another volume on psychodynamic aspects of psychiatry.

He was popular with his colleagues and his friends, though there was a more secret and withdrawn part of himself that not many came to know. He bore the personal difficulties in his own life with fortitude, aided by his many other interests and his flute playing, and in recent years he rejoiced in the company of his grandchildren.

He was an important figure in British psychiatry. His sound medical education, his enthusiasm for psychodynamics, his active vigorous personality, the

efforts and enthusiasm which he put into his work, made him a central figure for many years. His many colleagues, supervisees and former patients are saddened by his somewhat premature death but his many achievements as a teacher, organiser and therapist will long hold our memories.

He was a Foundation Fellow of the College.

MP

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Mental Health Act Commission

Credibility and resource

BRIAN LILLINGTON, Regional Chairman, Southern Region, Mental Health Act Commission

This article examines the background to the Mental Health Act Commission, its structure and function, and claims that its key resource is the skill and experience of its members.

The social milieu

As it put a premium on treatment, as opposed to containment or property rights, the 1959 Mental Health Act was a considerable landmark in British social policy. It apparently freed sufferers from mental disorder from legalistic constraints, unless they appeared before the courts on criminal charges, although it is important to note that Scottish legislation did not take this course. Acts of Parliament do not automatically produce resources, and there followed a long saga of regret that more was not achieved; but the major criticism of the '59 Act as the years passed was that it put insufficient focus on patients as *people*, who should be encouraged to take as much responsibility as they could for their own lives.

The 1983 Act has brought our mental health legislation up to date in this respect, recognising the considerable advances that have been made in civil rights and responsibilities in society in general. Apart from legally recognising the roles of nurses and social workers in the compulsory detention process, the Act has put a high premium on patients', and nearest relatives', rights to information, access to the detaining authority (DHA), tribunals, and perhaps most significantly, it spells out in detail the conditions in which detained patients (as well as informal patients in the case of irreversible treatments) have a right to express consent or not, together with a right to the protection of a second opinion, where they are incompetent to give a valid consent, or have refused. Such a step for a relatively marginalised minority is a landmark indeed.

It is to the credit of most practitioners that they accept these provisions constructively, and use them wisely to establish a growing personal responsibility by patients for their own well-being. There is, however, a worrying significant minority of practitioners who take the view that the Act is inappropriately