

which is seldom referred to, is the exposure to the philosophy of caring—the taking responsibility for patients at an early stage of training and personal experience of treating the sick, the dying, those in pain, and so on. This includes responsibility for and continuing care of the patient for whom there is no 'cure'.

The issues raised in the correspondence referred to are particularly relevant to the age we live in, where accountability receives increasing attention in the practice of the Courts. It is reassuring that these matters evoke contributions from such a wide range of individuals and professional groups who speak not only as individuals, but also as representatives of the appropriate professional body. It is hoped that such frank discussion can lead to planned changes rather than *ad hoc* developments and that it may become easier to dismantle new arrangements which have been shown by research and experience to be doing more harm than the ones they have replaced.

REFERENCES

- ¹ APPELYARD, J. & MADEN, J. G. (1979) Multidisciplinary teams. *British Medical Journal*, *ii*, 1305-7.
- ² EDITORIAL. Who carries the can? (1979) *British Medical Journal*, *ii*, 1245.
- ³ CORRESPONDENCE. *British Medical Journal* (1979), *ii*, 1509-11; 1590-1; (1980) **280**, 49-50; 118.
- ⁴ ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION. The functions of the medical director of a Child Psychiatry (Child Guidance) Clinic. *Journal of Mental Science: Supplement*, November 1961.
- ⁵ ROYAL COLLEGE OF PSYCHIATRISTS. The role, responsibility and work of a consultant child psychiatrist. *Bulletin*, July 1978, p. 127.
- ⁶ DEPARTMENT OF HEALTH AND SOCIAL SECURITY. The Role of the Psychologist in the Health Service (The Trethowan Report). 1977. HMSO.
- ⁷ ROYAL COLLEGE OF PSYCHIATRISTS. The responsibilities of consultants in psychiatry within the National Health Service. *Bulletin*, September 1977, p. 4.

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Obituary

Astor Balfour Sclare

The untimely death of Dr. Astor Sclare, a senior and distinguished psychiatrist, occurred on 17 February 1980. He had collapsed that morning while playing golf, a game which gave him great pleasure as did his other great interest, music.

Astor Balfour Sclare, elder son of the late Dr. Isaac Sclare whose career in psychiatry he was later to emulate, was born into the Jewish community of Glasgow on 14 September 1922. He spent his earlier years and most of his professional life in Pollokshields on the south side of Glasgow where he went to school. He had an outstanding undergraduate career in medicine at the University of Glasgow, gaining several prizes and distinctions, and graduated MB ChB in 1944.

After a resident appointment in medicine at Hairmyres Hospital he spent 2½ years of national service in the medical branch of the RAFVR, where he gained sufficient experience in psychiatry to become a diplomate in psychological medicine. On demobilization in 1947 he worked in the University Department of Medicine, Western Infirmary, with Sir John McNee and assisted Dr. David Yellowlees at the Landsdowne Clinic. During this period he became an FRFPSG and an MRCP of both Edinburgh and London.

Appointments with Professor Ferguson Rodger in the University Department of Psychological Medicine followed. He was awarded a Harkness Fellowship of the Commonwealth Fund and spent session 1950-51 with Professor M. Levine at Cincinnati, USA. Returning to Glasgow, he was appointed lecturer and then senior lecturer with honorary consultant status in the University Department of Psychological Medicine. In 1959 he was appointed Mackintosh

lecturer in the University of Glasgow and consultant psychiatrist in charge of the Department of Psychiatry of the Royal Infirmary Group of hospitals. He thus assumed responsibility for the Department of Psychological Medicine in Duke Street Hospital, over which his father had once presided.

He was elected a Fellow of the Royal College of Physicians of Edinburgh in 1959, and of the recently formed Royal College of Psychiatrists in 1971.

Astor Sclare had by the time of his appointment to the Royal Infirmary already demonstrated his ability as clinician, teacher and researcher. He had a substantial list of publications, which continued to increase over the years. He believed that psychiatry was best practised and taught not in isolation but in relationship to medicine as a whole. He transformed his Department, including the establishing of Carswell House where out-patients could attend without embarrassment or sense of stigma. He established happy and fruitful collaborations with colleagues in other branches of medicine as well as in psychiatry, and he exercised to the full his diplomatic skill in persuading psychiatrist colleagues in the Eastern District of the city to establish a division of psychiatry incorporating Gartloch Hospital.

He was a lucid and stimulating teacher, popular with colleagues as well as undergraduate and postgraduate students. He also had a firm grasp and wide experience of administrative matters. Inevitably there was an increasing call on his skill and time, not only by colleagues but also by other professional groups and national associations. Many

local and national specialist committees profited from his knowledge. He was a member of the management committee of the State Hospital, Carstairs and also chairman of the research and clinical section of the Scottish Division of the College. He was on the Court of Electors of the College and represented the Division on College Council, also acting as Council representative on the Journal, Library and Research Committees. He was psychiatric adviser and tutor to the Scottish Marriage Guidance Council, and was honorary consultant psychiatrist to the University of Strathclyde. He had a special interest in alcoholism, and it was particularly in regard to the management of its problems that his clinical and administrative gifts received a national recognition. Inevitably perhaps his interests widened to

include social and forensic psychiatry and he devoted increasing time to alcoholism, drug dependence, and more recently, homicide and related research interests.

His judgments of people and their shortcomings were shrewd but sympathetic. It was in his nature to find good in people, and so he was always tolerant and rarely, if ever, censorious.

He enjoyed his profession and it might be claimed that he shared with Ecclesiastes the view that there is nothing better for a man than that he should make his soul enjoy good in his labour. He was blessed with a happy marriage. May his widow and children derive comfort from the esteem and affection in which he was held.

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Reviews

Mental Illness—Public and Business Attitudes MORI Report. Mental Health Appeal. £5.00

The Mental Health Appeal recently commissioned a study of the willingness of individuals and organizations to donate money for the benefit of the mentally handicapped and mentally ill. This Report presents the main results. It comprises two sections.

The first begins with a brief account of a population survey of psychological morbidity. Data are presented on the number of respondents who admitted to having 'nerves' or 'mental breakdown' and who had been off work for some such cause during the preceding year. Here the data have little that is new to tell us, and indeed the estimates obtained are rather lower than might be expected from other studies. More interestingly, the survey also investigated attitudes to psychological illness, and what charitable support it warrants. People stated that mental illness was among the three most common diseases, that its importance was underrated, that psychiatric patients got worse treatment than the physically ill, and that the disorder was embarrassing both for the sufferers and for those who had to deal with it. Despite these sentiments the proportion who had actually given a charitable donation for mental illness was only about

1/30th of those who had given to a cancer charity or 1/20th of those who had given to the blind. The Report concludes that the problem is not the public's lack of awareness or lack of opportunity but simply an unwillingness to give. Interestingly, the public consider the mentally handicapped more deserving than the mentally ill.

The second part of the Report concerns how organizations decide their policies—if they have one—for handling requests for charity. Companies are bombarded by requests for money for work of which they usually understand little. It seems that most of those who give any funds at all set up some kind of machinery to do this, even if this is only to use the services of organizations such as the Charities Aid Foundations to distribute donations on their behalf. There are some useful and amusing 'do's' and 'don'ts' concerning the approach to companies for funds. The 'don'ts' make a formidable list and include avoiding specious arguments based on the number of workdays lost due to mental illness and the role of modern industrial stress as a cause of breakdown. When cash is handed over it seems that the main motive is straightforward, old-fashioned compassion. Fundraisers please note.

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