



William Ivor Neil Kessel

Formerly Professor of Psychiatry at the University of Manchester

Neil was born 10 February 1925 and died on 30 December 2003, aged 78. The only child of a North London GP, Neil was educated at Highgate School, Cambridge and University College Hospital. He was given a distinction in his DPM by Sir Aubrey Lewis, and went on to work with Michael Shepherd in the GP Research Unit at the Institute of Psychiatry. While there, he was the first to delineate 'conspicuous psychiatric morbidity', by which he referred to those psychological abnormalities the GP knew about.

He went on to work with Morris Carstairs in Edinburgh, and while there worked on what he referred to as 'self-poisoning'. He persuaded an actress to enter chemists' shops in Edinburgh in floods of tears, and in distressed state asked to be given a large bottle of aspirin. He noted that she was almost always served without question. During this time, he was co-author of one of the first popular Penguin books on alcohol dependence.

He was appointed to the Chair in Psychiatry in Manchester from Edinburgh in 1965. At that time, the Manchester Department was a noted post-graduate training and research centre, but psychiatry did not have a major presence in the Manchester Royal Infirmary and under-graduate teaching was certainly not a high priority. Due to Neil Kessel's energy and outstanding administrative ability, that picture soon changed. It was typical of him that at his interview he inquired of the Vice Chancellor whether he would be required to be predominantly an administrator, a clinician or a teacher and when told the first he replied that he would then need a personal assistant but he had appropriate responses ready whatever the answer. Skill in committee never deserted him and his first major contribution was to work on the new Department of Psychiatry, which opened at the University Hospital of South Manchester in 1970. Neil moved to work there, attracting and appointing staff of all disciplines.

Neil was a great advocate of the medical model of psychiatry. A laudable motive was to destigmatise common mental illness by basing patients, psychiatrists and services in district general hospitals rather than asylums, with medics leading multi-disciplinary teams. In a few years he had attracted an outstanding group of NHS consultants to the new Department such as G. Hay, D. A. W. Johnson and J. Johnson. They ran a model DGH-based service for 20 years until fashions changed and teams fragmented.



Furthermore, these teaching hospital consultants all made significant research and other contributions to the psychiatric literature.

The Penguin book *Alcoholism*, co-written with Henry Walton, was published in 1965, the year he arrived in Manchester. He attracted B. Hore to Manchester to set up a detoxification unit and alcoholism treatment centre in the Withington Hospital, and this developed into another model service. They published a description of it in the *Lancet* in 1984. Neil Kessel was Advisor in Alcoholism to the DHSS in the 1970s.

Neil was very keen to integrate psychological awareness into the everyday practice of medicine in all specialties so that psychological aspects of individual patients' illnesses were not missed, nor their treatment neglected. The appointment of David Goldberg as senior lecturer and then professor was hugely successful in taking this agenda forward in relation to general practice. With the setting up of a Chair of Clinical Psychology and the appointment of the noted behavioural psychologist, R. Beech, the university department at South Manchester had become a national centre of excellence by the mid-1970s.

A gifted teacher, Neil took his full part in both undergraduate and post-graduate training, and devoted much time to his own medical students and junior medical staff. He taught juniors how to tolerate uncertainty and in many ways was at his best with a group of medical students digressing on subjects such as 'reassurance'. More formal departmental teaching was based on the Maudsley model, with pre-discharge conferences and a weekly academic case conference. The latter became the entertaining focal point of the week with the two professors chairing and the front row of a dozen consultants and academics with a wide range of perspectives from dynamic psychotherapy to biological psychiatry, debating, arguing and point-scoring. These occasions could

be something of a lion's den for the juniors presenting the case but standards never dropped and in retrospect it is sad that some of his conferences were not edited and published in book form.

As a lecturer, he was quietly spoken with a relaxed manner, usually sitting in a chair at the front of his audience, and he seldom referred to notes. A widely-read and cultured man, he gave talks on Sylvia Plath and the illness of Vincent van Gogh, which will be long remembered by those privileged to hear them.

With the passage of time, Neil became a powerful figure in Manchester medicine and the status of psychiatry grew in parallel so that it took its place as one of the major specialties. He became Dean of the Medical School and his skill in getting his way on committees came to the fore – a combination of discreet preparation with key members and infuriating obstinacy, but always in the interests of the School and teaching. No committee could resist Neil Kessel teamed with the humorous irony of David Goldberg, by now the second professor. On one particularly gratifying occasion, a surgeon with a rose in his buttonhole threw all his papers in the air. The committee needed to give Neil what he wanted, if it was ever going to get on to next business. Neil Kessel made so little fuss about his committee work that we were astonished one day when he asked us, plans in hand, which offices we wanted in the new departmental building on the Manchester Royal Infirmary site – no one was aware it had been built. It was named after Ken Rawnsley who opened it and it became the focus of today's burgeoning liaison psychiatry group.

As Postgraduate Dean, he converted the job from being a sinecure for elderly professors to being one of the first serious postgraduate departments in the country. He considered the various stages of postgraduate education, and planned for each of them by appointing deans to represent various responsibilities. Neil also chaired the Higher Distinction Awards Committee. During this time he was an active member of the GMC, and prided himself in arranging for sick doctors to be appropriately treated. All this inevitably took time away from treating patients, but he was a talented psychotherapist and his knack of saying something that made people stop short and think often induced a change of heart.

Neil Kessel was an enthusiastic collector of rare books and modern art. He is survived by his wife, his son and their daughter. His most obvious legacy is the excellence of today's academic department. However, his most lasting one may well be the fact that when his name is mentioned to doctors of different disciplines, it seems so many who say 'Oh, I was a student of his'. In his terminal



columns

illness, he was cared for by two such specialists, both of whom mentioned the debt they owed him. There are many more.

Bill Deakin, George Hay, David Goldberg, Brian Hore

A perspective from clinical psychology

I was fortunate in being the first lecturer in clinical psychology to be appointed personally by Professor Neil Kessel, shortly after his appointment, and being in his department during the entirety of his career. Thus, it was possible to follow the evolution and attainments of his Chair.

His flair for administration made it possible for new services to commence and actually thrive. Neil had, from the outset, a wide knowledge of clinical

psychology, being first impressed by Graham Foulds, who reflected his own concerns for the needs of the individual patient. He had extensive knowledge of behavioural therapy and neuropsychology. This resulted in fruitful ties with the departments of medicine and neurology at the Royal Infirmary, Manchester, prefiguring what we now know as liaison psychiatry and health psychology.

Neil avoided charisma and preferred a forthright dialectic manner. As a result he generated interest in the acquisition of knowledge and detailed preparation of case histories, presented at the Friday morning case conference, rather than the previous emphasis on phenomenology. The new focus was on techniques of rehabilitation involving an expansion of clinical psychology, as well as psychiatry. The new department at Withington grew to contain more rehabilitation on one site

for serious mental illness and alcoholism that one could possibly envisage today.

It could be regarded as a brief golden age of high-level teaching and care for the individual.

The University Unit of Clinical Psychology commenced in 1974, reaping the rewards of early outline plans devised by Neil and his colleagues, years before. He was, to quote the epitaph of Purcell the composer, "A marvelous man, a very marvelous man". We owe to him our education, or clarity of thought, even-handedness with others, some of whom were, in an unselfish way, aided into careers eventually outside of psychology or psychiatry.

Finally the time in the last century when equal rights were hardly heard of, it can be said that Neil made it possible for many women in psychology and psychiatry to pursue effective part-time careers.

Alice Huddy

reviews

Is that me?

My life with schizophrenia

Scott, A. (ed. Dolamore, S.)
Dublin: A. & A. Farmar, 2002,
£8.99 pb, 145 pp.,
ISBN: 1-899047-91-3

This is the autobiography of a member of a professional, artistic Irish family whose promising career was devastated when, at the age of 20, he developed schizophrenia. In lucid prose, and with deep sensitivity and insight, Anthony Scott outlines the perplexity, anguish and isolation he suffered, and the confusion this brought to his family and friends. He communicates very clearly and in the context of his everyday life not only his paranoid delusions and terrifying anxieties, but the equally debilitating inability to concentrate and to organise his thoughts, and the sheer inertia. The immediacy with which he communicates his pain makes it almost unbearable. He identifies a number of features in his life which supported him and which contributed to his ability to cope with the ravages of his illness. Firstly there was his childhood in a caring family, where he developed as a self-assured, well-educated, socially adroit young man. He believes that this background was a positive resource, and that his family's continued love and support was a central feature. We can readily understand their bafflement as in coming to know and accept the nature of the illness, they are confronted repeatedly with the severe limitations it imposed.

Recoiling from the prospect of their son being relegated to a back ward, they were

fortunate in being steered to Dr David Clark, the pioneering social psychiatrist, at Fulbourn Hospital, Cambridge. Here, the traditional custodial mental hospital apparatus was being dismantled, and the therapeutic community approach forged and implemented. As with the other patients, Tony Scott's individuality and personal skills were recognised and fostered. His next break was his relationship with Nancy, a divorced fellow patient. Courageously (this was the early 1960s), this was supported, his family's understandable reservations were addressed and they were married.

The book continues as a remarkable love story, and is dedicated to their son. The couple set up home in the Cambridgeshire fens, where Tony worked as a bus conductor. The new psychotropic drugs were prescribed as they came on stream and although they kept the psychosis at bay, the side-effects posed very real problems. Nevertheless, the two patients overcame these as they grappled with the increasing complexities of everyday life. The author supplies vignettes where his misreading of social situations and his inaccurate perceptions of others' intentions resulted in misunderstandings, and at times evoked hostility or derision. His core personality, his decency and his good humour shine through as he repeatedly picked himself up and returned to the fray. He subsequently trained as a teacher, and at the age of 36 spent 3 years at Leeds University, where he took an Arts Degree in French Language and Literature. He derived great satisfaction from writing this book, which he hoped would help his fellow sufferers. Then

shortly after returning the proofs, he died from natural causes.

This is an important work for psychiatric professionals. It should stop us in our tracks and centre us again on our patients' humanity. It offers both a headline and a challenge, and indeed provides many, many lessons and causes for reflection. Not least, we should listen carefully to what our patients say. From a neuro-psychiatric perspective and unlike the computer, they can tell us about their cognitive functioning. As Professor Anthony Clare writes in the fulsome Foreword, 'psychiatrists, nurses and community health workers will never read a more revelatory and illuminating insight'.

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Decisions and Dilemmas: Working With Mental Health Law

Peay, J.
Oxford: Hart Publishing, 2003,
£21.95, 217 pp., ISBN: 1841133434

At a time when a great deal concerning mental health law, ethics and practice is in the 'melting pot', this book makes a highly-distinctive and welcome contribution to the debate taking place. The author needs no introduction to most readers of this journal, since she has, over the years, made a distinguished contribution to mental health literature. Most notable of her contributions has been her research into Mental Health Review Tribunal decision-making processes (Peay, 1989) and her edited volume