
Obituaries



Alwyn Byron Griffiths, formerly Consultant Psychiatrist, Halifax General Hospital

Alwyn Griffiths, who died on 17 January 1997, studied medicine at Leeds and qualified MRCS, LRCP in 1960. After training at Morgannwg Hospital

and in the Leeds Rotational Scheme, he moved to Halifax, where he played a large part in developing services in the recently opened Psychiatric Unit at the General Hospital. Early in his career, he published papers on a wide range of psychiatric topics, but later concentrated on a heavy clinical load and on teaching.

A powerful advocate of rigorous scientific assessment and of close monitoring of physical methods of treatment, he also strove throughout his working life to develop effective psychotherapeutic approaches. No one read more widely or deeply than he did in this search.

On meeting the challenge of patients with tinnitus, he worked, with characteristic energy, to find solutions. This led to relief from suffering in many cases and to a long association with the local tinnitus group, who honoured Dr Griffiths with a presentation when he retired.

He loved teaching and throughout his career held a weekly seminar. This was aimed primarily at trainee psychiatrists and GPs, but attracted other professionals such as probation officers and clergymen. His teaching contribution and advice on training were so valued by Halifax Health Authority that on retirement he was given an Honorary Consultant post and continued his weekly training sessions until his death.

A warm and compassionate doctor, he was nevertheless keen to establish the responsibility of patients for helping themselves and for their actions. Another area he felt strongly about was manipulation of language to conceal reality. He had an unerring ability to detect this in many spheres of life.

Although at times given to flamboyance and dramatic over-emphasis, he was devoid of self-importance and was always able to laugh at himself. He attributed his oratorical powers to his childhood years of listening to Welsh Chapel

preachers. Byron was a gifted singer and classical guitarist. He was an accomplished painter in oils, a lively and humorous draughtsman, a patriotic Welshman, a Francophile, a lover of the countryside and a gardener.

He is survived by his wife, Phyl, his three daughters and, latterly, three grandchildren.

M. A. HILL



Edward Henry Hare, Honorary Fellow of the College, former Editor of the British Journal of Psychiatry, Consultant Physician, Bethlem Royal and Maudsley Hospital

Edward Hare, who died suddenly on December 9, 1996, at the age of 79 was a most unusual man – a working NHS psychiatrist who was at

the same time an outstanding, but not widely known, scientist. He had a sharp analytical mind, considerable energy and perseverance, and an independent outlook which led him to take up subjects ignored by others but later to become popular.

As an epidemiologist, to which he brought an aptitude for mathematical statistics, he was particularly interested in schizophrenia, its frequency in different social settings and family relationships; and eventually provided strong evidence that schizophrenic breakdown was commonest in those born at the end of the year or in the first quarter of the next.

As a medical historian he studied the history of illnesses – not of doctors, hospitals or ideas – and showed that the clinical pictures of severe mental illness had sometimes suddenly emerged at different times over the centuries, and waxed and waned since. In the case of schizophrenia, this taken with the season-of-birth data pointed to the possibility that the onset of the psychosis was a delayed later effect of a viral infection in foetal life.

As a clinician of everyday practice he conducted a number of trials of new drug treatments, and reported on a variety of clinical topics – pseudohallucinations, the march of

symptoms in migraine, the rarity of acute porphyria in mental hospital practice, spina bifida and family stress, the failure of both out-patients and in-patients to take their prescribed drugs and so on.

Hare was born in Stoke-on-Trent in August 1917, the third child of four in the family of an Anglican vicar who later moved to a rural parish in Norfolk, but unfortunately died when Edward was only 13. An uncle saw him through Hailebury College, and Gonville and Caius College, Cambridge. In his interview with Brian Barraclough ("In conversation with . . ." *Psychiatric Bulletin*, February/March 1985, 9, 22-26, 46-48) he said that he wanted to be a scientist and took Part II Natural Sciences Tripos in Biochemistry in 1938, but did not do well enough to enter research. A careers counsellor advised him to go into medicine, and after two further years at Cambridge he went on for clinical training at University College Hospital, London, then evacuated to Cardiff, where he came under the influence of the clinical scientist and cardiologist Sir Thomas Lewis and the neurologist Sir Francis Walshe, graduating MB.BCh (Cantab.) in 1943.

Then followed two years of house jobs (deafness kept him from military service) and in 1945 he married Margaret Myddelton, a fellow medical student from Cambridge and UCH. He now needed a salary and somewhere to live, particularly after their daughter Elizabeth Anne was born (1947), and he set out to be a mental hospital doctor wherever he could get a suitable job. He was a junior successively at Whitchurch (Cardiff), Brentwood (Essex), Fairmile (Berks), Springfield (Tooting), and finally when he had passed the DPM became in 1950 a senior registrar (later promoted SHMO) at Barrow Hospital (Bristol). In those days, study for the conjoint diploma in psychological medicine meant working in an asylum - a form of loose apprenticeship - supplemented by private reading. At his first attempt he was failed by Aubrey Lewis, his clinical examiner. Ironically, eight years later when he was 40, Professor Lewis was to invite him to become consultant at the Maudsley.

Barrow under Dr Robert Hemphill was a research-minded hospital with an able staff, and here, to improve his prospects, Hare wrote his MD thesis and began his own research. He interviewed 200 in-patients at their discharge from hospital to discover what they thought of the care they had been offered: most seemed favourable. He then went on to look at the incidence of schizophrenia in different areas of Bristol, and found, as some American work had already done, that there was an excess of cases from the poor central area where those of low social class lived. He went on to demonstrate, however, that in Bristol these patients were not

class-defined but had moved into the centre of the city where bedsitting rooms and lodgings were cheap in order to avoid their families and isolate themselves. Part of this work received the bronze medal of the RMPA and was published at once in the *Journal of Mental Science*. The following year he came top, jointly with the late Dr R. T. C. Pratt, in the clinical examination for the Gaskell gold medal (1953). These successes helped him in 1954 to a consultant post at Warlingham Park (Croydon) under Dr T. P. Rees, noted for his liberalising reforms of mental hospital practice and his influence on the 1959 Mental Health Act.

This year, 1954, was the year chlorpromazine arrived and began an era of pharmacotherapy, and clinical trials of this and other new drugs became widespread. Hare compared the efficacy of different hypnotics in producing sleep in neurotic patients and tried the value of mephenesin in neurotic anxiety. He went on to compare the relative therapeutic values of 'ritalin' and chlorpromazine in chronic schizophrenia. After his move to the Maudsley in 1957 he continued with trials of thalidomide, ethinamate and methypyrilone as hypnotics, and compared phenelzine with amphetamine, and imipramine with 'Drinamyl' in the treatment of depression. The poor therapeutic results he often obtained made him sceptical, even cynical, about the new pharmacotherapy, and after the positive results of antidepressant therapy in the MRC trial of 1965 he abandoned his line of research. The complexity of such drug trials had not at first been appreciated. Patients seen at different clinics could be heterogenous in pathology in spite of showing the same clinical picture, with differences in duration of illness, biochemical state, and aetiology. In two urine-testing studies Hare and D. R. Willcox showed that anything from 25-50% of his patients might not be swallowing the drugs they were supposed to be taking.

His critical analytical approach to therapy, which included a considered rejection of Freudian psychodynamic approaches, and his continuing interest in social psychiatry attracted the attention of the like-minded Professor Aubrey Lewis, who pressed him to come to the Maudsley as an NHS consultant, where his clinical load would be less, and he might have half his time for research. Lewis wanted him to undertake a big project. Britain's bleak new housing estates were popularly believed to be causing mental illness through their isolation and lack of social amenities - transport, shops, entertainments, community centres. The plan was to compare the mental and physical health of adults and children in two areas of Croydon, an old established central area, and a new peripheral estate of similar size and not much more than ten

years old. It meant much local collaboration and organisation, use of the medical records of 20 general practices and six local hospitals and questionnaires filled in by 10% of the local populace; and direct interviews in 900 homes by eight lay interviewers and five psychiatrists. The details and the results were published as a Maudsley monograph in 1965, with C. K. Shaw as co-author. The study was a model example of first-class work, but unfortunately its chief results were negative, and negative results never win much public acclaim. No differences in the various measures of health were found between the new community and the old one, and the same proportion of grumblers and of the satisfied were found in both. Lewis's belief that the social environment had little to do with the onset of mental illness was confirmed. But Hare noted that only a small minority of people produced all the physical and mental complaints, often both in the same person, and they often seemed to have an early history of brain concussion or viral infection. This kind of large information-gathering investigation did not suit Hare. He preferred to work on his own, on more sharply-focused problems, and he did not return to this sort of social research.

From 1959 to 1971 he was to edit the triennial statistical reports on the work of the Maudsley Hospital, and he used data from its case records and the Registrar-General's published reports on births, morbidity and death to compare the incidence of schizophrenia, affective disorder, neurosis and personality disorder in those born in different months of the year, to older parents, or at a different place in the family of brothers and sisters. A series of papers with Dr Price (a member of Dr E. Slater's MRC Psychiatric Genetics Unit) or with the statistician Professor Moran appeared during the 1970s. Many factors which confused the raw figures had to be allowed for – changes in birth rate and age at marriage over the years under review, age at onset of psychosis, changes in immigration or emigration of the surveyed population, etc. What came out strongly, after corrections, was that schizophrenia appeared most commonly in those born in the winter months, particularly January–March; whereas neurosis and personality disorders were even throughout the year.

Meanwhile he made (1959) what was to become a classic study of the origin and spread of dementia paralytica (syphilitic general paralysis of the insane (GPI)), based on a wide and critical reading of the international literature published since the end of the 18th century. Although syphilis itself had been widespread in Europe since 1500, GPI appeared to be a new symptom-complex seen only since 1800 and recognised first in Paris and Northern France: it had only slowly, and at different times, become

important in other parts of Europe and the world. After an initial burst it appeared to decline gradually in incidence and severity, before treatments with malaria (1917) or penicillin (1945) came on the scene. Hare presented evidence favouring his idea that the syphilitic organism had undergone a mutation to a neurotropic form in about 1800, and that human resistance to it had grown gradually since. This can be seen as a preparation for later thinking about schizophrenia.

He followed this historical review with another, "Masturbatory Insanity – the History of an Idea" (1962). The new asylums of the 19th century had brought together large numbers of psychotic in-patients under the doctor's eye, and some of them were seen to masturbate in public. This was regarded (in England at least) as vicious and therefore to be prevented. Such patients showed symptoms of what came to be called dementia praecox, and it was thought that the vice precipitated the psychosis. Tracing the rise and fall of this concept taught several important lessons: (a) a form of behaviour must not be deemed pathological until one can be sure it does not occur comparably in 'normals'; (b) labelling behaviour as 'immoral' rouses emotions which misdirect the therapist; and (c) a form of behaviour may be causative of further pathology, but equally may prove just another symptom with others in a disease – masturbation is common in segregated hebephrenic schizophrenics.

Twenty years later, mostly through the 1980s, when he had already retired, Hare published two further important studies of 19th century psychiatry. One traced changes in the clinical presentation of mania, suggesting that early in the century only a severe form with delusions and incoherence leading on to mental deterioration was ever seen, while later a milder form of excitement with complete recovery (as we term hypomania) began to occur commonly. The other, noting the continual rapid growth of the asylums through the 19th century, made it seem likely that there had been a rapid growth in the incidence of psychosis, and that this had declined at the turn of the century. We were now seeing a gentle decline in the incidence and severity of schizophrenia, while it seemed that epileptic insanity and alcoholic insanity had also declined. The epidemiology of schizophrenia, with evidence that it is a recent disease, was discussed in further papers. He thought these changes might be due to alterations in nutrition, family size, the spread of infections, or other material aspects of the social environment. Through the 1990s, he collaborated with Professor Murray's group in exploring some of these ideas, such as the place of influenzal infection in foetal life.

Science apart, his NHS work included care of beds, out-patients, and for a time a day-hospital. He served a term as chairman of the hospital medical committee, and on the Board of Governors. When in 1973 he became Editor of the *British Journal of Psychiatry*, he applied his enjoyment of statistics to a careful analysis of the Journal's accounts. Most scientific journals are produced by a professional publisher on behalf of a group or society, and he charges for his expertise. The *BJP*, on the other hand, is published by the College, and no one for a long time had looked at what was happening. Hare looked at the size of each issue in relation to the varying cost and quality of paper and binding, its weight with changing postal charges, the collection of advertising revenue, and so on. He discovered that the advertising was being mis-managed so that it actually cost the College to print advertisements, instead of there being a profit. The printer was being overpaid, as he readily agreed, because his contract had been negotiated long before, when the circulation was small, and now it was big and international. Special expenses were being met out of the pockets of private individuals or publication grants from trusts when, in spite of everything, the Journal was still contributing to College costs. Every member, for instance, was getting the Journal free, without a penny from membership dues. Hare set College publishing on a firm business course, and the College benefited financially.

As a man, Hare was quiet, serious, studious, with a personal friendly warmth which made him a concerned teacher of his juniors, perhaps with something of the cleric in his manner. He was in no sense a self-advertiser, a participator in clubs

or societies, a group leader, nor a great traveller. He liked walking, was domestic, loved his house and garden, played the piano, made rugs and tapestry, and read widely and deeply. His first wife died young in 1962, and his second marriage was dissolved, but in 1970 he married Fiby Gabbay, a nursing sister of international experience. She brought him the enormous support and love and happiness which enabled him to contribute so much in his maturity, including 14 years of retirement.

The Maudsley's international reputation is due in part to its NHS consultants such as Felix Post, Denis Leigh, and Eliot Slater, as well as to the clinical professors of the Associated Institute of Psychiatry of London University such as Michael Shepherd, Michael Rutter and Denis Hill. In this staff Edward Hare stood out as an individual of brilliance, a Maudsley man of almost 40 years' association: NHS psychiatrist, administrator, scholar. The influence of his contribution to science is still growing.

Key historical references

- HARE, E. H. (1959) Dementia paralytica. *Journal of Mental Science*, **105**, 594–626.
- (1981) The two manias. *British Journal of Psychiatry*, **138**, 89–99.
- (1983) Insanity on the increase? *British Journal of Psychiatry*, **142**, 439–455.
- (1986) Aspects of the epidemiology of schizophrenia. *British Journal of Psychiatry*, **149**, 554–561.
- (1988) Schizophrenia as a recent disease. *British Journal of Psychiatry*, **153**, 521–531.

JOHN CRAMMER