

In the largest study in terms of sample size² the authors found that although a potentially reversible cause was found in only 4% of people with dementia overall, it rose to 19% when limited to people with a young-onset dementia. They also showed that concomitant conditions that were reversible, like vitamin B₁₂ deficiency and thyroid deficiency, were more frequent in patients with mild cognitive deficits than in those meeting the criteria for dementia. Although treatment of these conditions may not always lead to complete resolution of cognitive symptoms, it is important to identify any concomitant conditions in this group to prevent a misdiagnosis of dementia. The recent national dementia strategy³ has also placed a strong emphasis on specialist assessment and accurate diagnosis.

I agree that subjecting a frail older person in their 90s with a clear history of insidious onset and gradually progressive

memory loss to all the battery of investigations may be unwise, but I feel that these investigations should remain an intrinsic part of a comprehensive assessment of someone presenting with a mild cognitive impairment in their 70s or earlier.

- 1 Foy K, Okpalugo C, Leonard F. Usefulness of routine blood tests in dementia work-up [letter]. *Psychiatr Bull* 2009; **33**: 481.
- 2 Hejl A, Høgh P, Waldemar G. Potentially reversible conditions in 1000 consecutive memory clinic patients. *J Neurol Neurosurg Psychiatry* 2002; **73**: 390–4.
- 3 Department of Health. *Living Well with Dementia: A National Dementia Strategy*. Department of Health, 2009.

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CORRECTIONS

Get Through Workplace Based Assessments in Psychiatry (2nd edn) (review). *Psychiatric Bulletin* 2009; **33**: 358. The author of this book is Sree Prathap Mohana Murthy. The publishers apologise to both the author and to Dr Oakley for this error, which has been corrected in the online version in deviation from print and in accordance with this correction.

Review needs re-review (letter). *Psychiatric Bulletin* 2009; **33**: 483. This letter was published in error: the mistake described

was the publishers' own. The publishers apologise for any embarrassment caused to Dr Oakley.

The Psychiatrist cover image, vol. 34 issue 1: the following notice should have been printed: ©iStockphoto.com/Steve Cady. Used for illustrative purposes only; the person depicted is a model. The online journal has been corrected post-publication, in deviation from print and in accordance with this notice.

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Obituaries

Dr Ruth Seifert

Formerly Consultant Psychiatrist at St Bartholomew's and Hackney Hospitals



Ruth was born in North London on 20 December 1943, into a large, radical Jewish family. Her father, Sigmund, was a well-known left-wing lawyer, and her mother, Connie, a political activist. Reportedly very noisy and hospitable, the Seifert household produced four energetic siblings, Ruth's three brothers excelling in law and academe, and her sister becoming a leading head teacher.

Ruth attended Camden School for Girls and then went to

Guy's Hospital Medical School, marrying Charles Clarke, a neurologist (and Everest mountaineer), in 1971. At the time, she was a senior house officer in psychiatry at Guy's, but moved on to the Maudsley & Bethlem Royal Joint Hospital

in 1973, where she completed her postgraduate training. A major influence at the Maudsley was Dr Denis Leigh, a wise and practical physician/psychiatrist of the old school, who wore a white coat and enjoyed comprehensive clinical management and a personalised approach to managing chronic neuroses.

Ruth's stay at the Maudsley was prolonged by having her first daughter Rebecca in 1973 and her second, Naomi, in 1976. Their presence in the hospital canteen, with Ruth (as often as not Gauloise in mouth) declaiming loudly, was one of the joys of training there in the 1970s. Moving to Barts and Hackney (the in-patient psychiatric unit was based at the latter) in 1980, after initially working as a locum, Ruth took on one of the most demanding clinical posts in London.

Until her retirement in 1998, taken early because of her despair at the repetitive changes of NHS management, Ruth worked often single-handedly to provide a proper service. Hackney Hospital, with its five acute wards stacked up in 'F Block', was a Victorian infirmary workhouse, decreed as a 'rat-pit', intermittently affected by clostridial infections, and sitting on a network of tunnels and outbuildings in which patients would get lost. Never designed as a psychiatric

facility (prior to 1974, patients from Hackney had been taken off to traditional asylums such as Long Grove, Epsom) it nevertheless fostered a spirit of practical 'do what you can' care that was epitomised by Ruth. She spent time very much on the front line, in the ward, working with patients and carers, a stark contrast to a number of more 'detached' colleagues.

During this period, Ruth became MRCPsych (1975) and FRCPsych (1988), and was Deputy Chairman of the Barts Medical Council between 1988 and 1990, becoming Regional Advisor to North East Thames between 1993 and 1997. She was a leading light for women in psychiatry, and for the 'Save Barts' Campaign, and was so trusted by medical colleagues that she became very much the 'consultant's consultant', helping a succession of surgeons and physicians (and their partners) through the usual crises of workaholic lifestyles. Her firm was the most popular among all the students, who delighted in her practical knowledge, her foul language (equivalent to the fruitier conversations of Peter Cook and Dudley Moore) and her wonderful sense of humour.

Ruth was not an academic, but she wrote up several case reports, was an invaluable second opinion across the clinical spectrum and had (unsurprisingly given her family background) a sharp legal brain. Her judgement of people, personalities and policies was invaluable, despising the phoney and the lubricious but standing by even the most demanding of patients.

Away from work, Ruth was an enthusiastic hostess and cook, opera- and cinema-goer, and delighted in taking her secretary and nursing colleagues to tea at the Ritz. Her household was always full of people, children, dogs, and animated conversation. Diagnosed with widespread breast cancer a year after retirement, she nevertheless continued an active travelling life, with her husband, taking her illness with resigned good humour, and absolute apparent fearlessness at the thought of death and a lasting distrust towards all forms of religion. Sceptical about yet another bout of chemotherapy, she subsequently thanked the care team because it had enabled her to see her two grandchildren born, but not to survive long enough to have to change their nappies.

Ruth was an inspiration to several generations of psychiatrists in North London, and Hackney in particular. She created a zeitgeist of personal relationships and attitudes to patients and staff that was principled, personal, committed, and against any kind of humbug or political correctness. Her radical, funny and life-loving personality was summed up in the music at her heroically definitively secular funeral: there was the Internationale, and Gracie Fields' 'Wish me luck as you wave me goodbye'.

She leaves her husband, her daughters Rebecca and Naomi, and two grandchildren, Sepu, a Tibetan terrier, and a wide devoted family.

Trevor Turner

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Professor Frederick Hope Stone, OBE Emeritus Professor of Child and Adolescent Psychiatry, University of Glasgow



Professor Stone was one of the leading child psychiatrists of his generation. His work spanned infant mental health, autism, liaison psychiatry, adoption and juvenile justice. He held numerous high offices including Secretary General of the International Association of Child Psychiatry, Chairman of the Scottish Division of the Royal College of Psychiatrists, Chair of

the Strathclyde Children's Panel Advisory Committee, and President of Young Minds. His proudest achievement was probably his participation in the Kilbrandon Committee whose groundbreaking report led to the establishment of the internationally acclaimed children's hearing system in Scotland. He was awarded the OBE for services to children in 1991.

Fred (as he preferred to be called) was born on 11 September 1921 in the west end of Glasgow into a Jewish family of European origin. Educated at Hillhead High School, he graduated in medicine in 1945 from the University of Glasgow. Having initially trained in paediatrics, he worked professionally in the harsh conditions of Israel in the 1950s, where he encountered many traumatised children including those from

both the European Holocaust and the Jewish refugee communities of the Middle East. This experience stood him in good stead when he returned to the UK to address the problems of another challenging population, that of Clydeside where some of the most socially deprived communities in Western Europe were located.

He gained Fellowships of both the London and the Glasgow Royal Colleges of Physicians and the Royal College of Psychiatrists. He became a foundation Fellow of the Royal College of Paediatrics and Child Health. He also made a great impact on psychiatry via psychotherapy, his analytic training having honed his skills in understanding emotional disorders and dysfunctional family relationships. Further insights were gained from personal acquaintance with John Bowlby, Anna Freud, Donald Winnicott and Erik Erikson. He was one of the pioneers of modern child and adolescent psychiatry, taking account of child development, physical and neurological disorders, and patterns of family relationships, enabling psychodynamic insights to add a further dimension to the management of emotional disorders of childhood.

Fred Stone was not just a good academic; he achieved significantly important changes that made a lasting difference to services for children, especially in Scotland. He was appointed Consultant Child Psychiatrist at Glasgow's Royal Hospital for Sick Children (Yorkhill) in 1954. He led the first academic department of child psychiatry in Scotland, which opened at 70 University Avenue in the following year. This out-patient clinic supported a small multidisciplinary team of specialists – some of whom subsequently became nationally