



obituary

Alexander Goldfeder Mezey

Formerly
Consultant Psychiatrist
at North Middlesex
and associated hospitals,
London

Alex Mezey died in his sleep at home on 23 February 2008, aged 86. He was appointed Consultant in Psychological Medicine at the North Middlesex Hospital and Consultant Psychiatrist at Claybury Hospital in 1960, posts which later were amalgamated at St Anne's and Prince of Wales Hospitals. He was elected FRCP(Edin) in 1968 and FRCPSych in 1971. He retired from the National Health Service in 1987.

Alex's life was an example of how British psychiatry benefited from the influx of European refugees fleeing the fascist regimes in Germany and its war-time satellites. He was born in 1922 in Oradea (Transylvania), Romania, and when, in 1940, Romania barred Jews from entering the medical profession, Alex's parents had the foresight to send him to Switzerland. There, he obtained his doctorate in medicine in Geneva in 1945 and went on to posts in pharmacology and medical clinics in Switzerland until 1950, during which time he also had an appointment at the Hôpital Broussai in Paris.

He came to Liverpool in 1951 intending to build a career in chest medicine. He obtained the Edinburgh MRCP in 1954. Keen competition in medical posts and the need to support a young family led him to sample psychiatry at St George's Hospital, Morpeth. He soon applied to the Maudsley Hospital where his application form contained the poignant entry that he was stateless, pending the proceedings for naturalisation.

At the Maudsley, Alex made rapid progress, soon being promoted to Senior Registrar. Aubrey Lewis had obtained a large grant (large for those days) from the Ford Foundation and employed Alex as a research assistant with a brief to study problems of oxygen uptake in anxiety. In a reference Aubrey said of Alex: 'he has a steady, unruffled and painstaking style and he devotes himself to his work most diligently but without any blare of trumpets'. This was a perceptive awareness of his humility and reluctance to push himself forward.

The Maudsley was asked at short notice to provide a psychiatric service for Hungarians requiring help after the unsuccessful Hungarian uprising in November 1956 when 20 000 Hungarians



were admitted into the UK. Psychiatric care of the refugees was difficult because of the language barrier. Dr David Davies, the Dean, knew that Alex would be able to help as a Hungarian psychiatrist, albeit with barely 2 years experience of the subject. Later Dr Davis wrote: 'Dr Mezey handled the whole affair quietly, modestly and without fuss, even visiting provincial centres to give forensic reports'.

Alex did more than provide an advisory service. He wished to shed light on the ecological aspects of mental illness in the same way as Ødegaard who had estimated psychotic breakdown in Norwegian immigrants to Minnesota, USA. This was not possible in the absence of known prevalence rates of psychiatric breakdown in the population of Hungary. Nevertheless, the study yielded a wealth of clinical information about this unfortunate refugee population.

Alex examined 82 Hungarian refugees with psychiatric needs in the course of 2 years (1957–1959). Half of them gave a history of a previous mental illness. They had often dropped in social class when comparing their occupational status in Britain with that in Hungary. Severe mental illnesses were frequent: 28% affective disorders and 17% schizophrenia. Suicidal attempts had occurred in 11%. Paranoid ideas were an interesting reflection of the plight of these refugees finding themselves in a different culture with a language barrier. Hallucinated voices were often said to speak in English, and although the patients were unable to understand English, there was no doubt about their derogatory meaning.

For this study Alex devised an index of social adaptation in every patient including his time in Hungary. He found that they tended to be 'marginal' people already in Hungary before falling victims to the culture of isolation resulting from

migration. He also thought his findings supported the 'selection' hypothesis for the differential incidence of schizophrenia in migrants. This work was published in the *Journal of Mental Science* in 1960.

After his consultant appointment at the North Middlesex in 1960, Alex's written output diminished. This was to be expected in view of his heavy clinical and administrative responsibilities including the Chairmanship of the Psychiatric Advisory Committee to the North East Metropolitan Regional Board. He had also built up a busy medico-legal practice over the course of 30 years. He acted as an expert witness in personal injury cases including the Zeebrugge ferry disaster, and the King's Cross Station fire.

Alex was merely biding his time for his magnum opus – his book on the psychopathology of creativity – *Muse in Torment*. In this book he reviewed a huge number of poets and novelists writing in all the main European languages. He was a superb linguist: his mother tongues were Hungarian and Romanian, but he acquired a mastery of English and French and became conversant in German and Italian. In the introduction to his book he writes modestly that, when no reference is given to the translation of poetry, the translation is his own.

The aim of *Muse in Torment* was to demonstrate the continuity between the psychology of the author and his creation. His method was to provide a series of short but captivating biographies in which he revives the stories of the lives of writers and intertwines them with their main works. These biographies include an account of the authors' families, early upbringing and privations, together with details of their personal lives including psychological disturbances and not sparing features of their sexual passions and proclivities.

Alex related the experiences of writers whose lives were afflicted with mental illness, but he went well beyond this, drawing attention to their unusual personality traits and personalities. Although it is sometimes said that the writer's personality should not obtrude into his work, Alex examined how unusual personality traits influenced the choice of subject matter. Thus, the work may betray the writer's motives whether they be those of the confessional or in order to draw attention to himself.

When discussing the roots of the writer's creativity, Alex examined parental influence, especially in the case of writers who lost their parents in childhood. He identified the strange paradox of a writer whose life of dissipation, or disordered



conduct, is not incompatible with refinements of artistic creation.

He summarised his final conclusion by stating that mental distress or illness influences the *what* and *when* of creative writing. Knowing about the writer's mental life can enrich our understanding and appreciation of his work.

Alex's book was written in an elegant style and with a richness of language. He remained cautious in his interpretations

and keenly aware that an assessment of the mental life of writers must take into account differences in the cultural and moral climates of the times they lived in.

Alex is survived by his wife, Daisy, who like him was a refugee from Hungary and whom he met in Switzerland. They have three daughters (one is Gillian Mezey, forensic psychiatrist) and five

granddaughters. They are enormously proud of him and his achievements.

Gerald Russell

MEZEY, A. G. (1960) Personal background, emigration and mental disorder in Hungarian refugees. *Journal of Mental Science*, **106**, 618–627; 628–637.

MEZEY, A. G. (1994) *Muse in Torment: The Psychopathology of Creative Writing*. The Book Guild.

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reviews

Experiences of Mental Health In-Patient Care: Narratives from Service Users, Carers and Professionals

Mark Hardcastle, David Kennard, Sheila Grandison and Leonard Fagin (eds)

Routledge, 2007, £19.99 pb, 218pp. ISBN 978-0-415-41082-3

Contributors to this fine book are to be thanked and congratulated for forthright, deeply reflective pieces. The editors are particularly praiseworthy for vision and tenacity, in both setting up and completing the project. To produce such a consistent and seamless read demonstrates consummate skill.

The title tells exactly what the book is about. Two forewords and three introductory chapters clarify its scope and format. Three sections follow, one each on the experiences of service users, carers (close relatives) and mental health staff. Typically, in each chapter there is a first-person account of psychiatric in-patient experience – always insightful, frequently challenging and often moving – followed by two complementary (but not necessarily complimentary) 'commentaries'. Chapters end with 'Questions and issues for discussion' and an exercise, ideal for use in multidisciplinary CPD training.

Each section is followed by a 'Summary of the main issues'. The book is completed by a commendable, brief after-word on 'Things you can do to make in-patient care a better experience' (just six headed paragraphs including 'Tell people what's going on and why' and 'Looking after yourself'), followed by a reference list and index. The book also carries an art psychotherapist's line drawing illustrations.

The book is an easy, fluent read, but a sometimes uncomfortable one. There is a strong argument that the quality of a mental health service depends on with what degrees of kindness, compassion and generosity the *most* severely ill and disabled are handled. The investment here of time, intelligence and resources

(material and human) can provide a necessarily strong infrastructure and repay big dividends. Looking at it another way, as this book makes plain, if a service fails to provide a central, adequately sized, adequately staffed in-patient service at one end (and does not have easy access for service users to appropriate housing of good quality at the other), the system will struggle and everyone will feel the pressure: patients, carers and mental health staff alike, easily then finding themselves at loggerheads.

Many contributors, including professionals, agree that a human response – to engage with the distressed person, listen, validate the emotions and allow them to settle – is preferable to the 'us-and-them' institutional response involving staff distancing themselves from patients and carers by using medication, restraint and/or seclusion, and by retreating into the office to complete 'essential' paperwork (or read a magazine). It appears that staff members are systematically encouraged to deny and suppress their own natural feelings of distress. Solutions to key problems will not be easy until it is clear where responsibility for change really lies. One idea, emphasised repeatedly, is that managing mental illness involves supportive teamwork, and a successful team includes the service user and the carers as equal and valued partners.

There is another helpful pointer in the admirable concluding chapter, where hospital chaplain Mike Pritchard advocates the raising of spiritual awareness among mental health professionals, and recommends curiosity about the person's inner self, about what gives life meaning, and about what helps best in adversity. Asking these types of question can be uniquely satisfying, helping to build confidence and thus improve professional–patient relationships.

Although admittedly painful reading in places, this splendid book is an excellent resource at many levels. Its honesty commends it to service-users, carers and mental health staff, both to validate their own experiences and suggest ways to improve things. Mental health service managers, commissioners, local and

national politicians will also benefit by reading some of the narratives presented. News may then filter through to the public that mental illness can be managed safely and effectively, with community services backed by adequate numbers of in-patient places, plus sufficient suitable housing options.

As a Royal College, we have not recently been shy of telling people how common mental illness is. Now is the time, with the help of this book, to acquaint them unapologetically with details of how destructive it can be too. Let people draw for themselves the obvious conclusion that we need greater recognition. Their support will help us focus better on facing, finding meaning in and growing through the suffering, rather than continually seeking to deny, avoid, control, suppress or remove it. To read this book is to discover that what we do could seem increasingly worthwhile.

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Three Stories: The Mental Capacity Act

Office of the Public Guardian, 2007, available online at <http://www.publicguardian.gov.uk/mca/three-stories.htm>

Three Stories is a 15-minute documentary depicting the experiences of three individuals who have benefited from the implementation of the Mental Capacity Act (1 October 2007). It offers a useful introduction to the ideas of incapacity, of how capacity may be impaired and what safeguards have been introduced following the Act.

Each story explores capacity issues from a different perspective. The first is told through an account of a person with a mild learning disability, where the Act can be seen to promote autonomous decision making and empowerment. The