a keen interest in all that was happening in the
world, which made him an informed and enter-
taining talker. He was a keen theatre-goer, and
his surreal plays were performed on Radio Three.
He was also a movie buff, and as I was too, and of
the same age, this gave us more in common than
the book in hand. His suggestion that the British
Film Institute be approached for a season of films
featuring psychiatrists is one which ought to be
pursued.

He was in fine form at the launch of Down with
Gloom in January, with a rueful story of how
the cost of his psychotherapy troubled him to the
extent that he would work out how much of the
cost of his therapist's worryingly expensive car
he had now paid for! There is little fun to be had
in being subject to depression, but Mel made his
experiences remarkably entertaining. There was
to have been a book signing at the Cartoon
Gallery in February, but alas, by then he had
died suddenly of his second myocardial infar-
ction during the film 'Carlito's Way' in Leicester
Square: he died much sooner than he should
do, but perhaps the place and manner of
his passing would have pleased him.

The College mourns a good friend, and extends
the utmost sympathy to his partner, the novelist
Deborah Moggach, and his family. It is good to
reflect that, had he been spared, he would surely
in due course have been offered an honorary
Fellowship: how nice if he had accepted it.

BRICE PITT

Harry Edelston, formerly Director, Bradford
Child Guidance Clinic

Harry Edelston was born in York on the Eve of
the Passover (as he used to remark) in April
1902. He died peacefully in hospital after a long
and exhausting period of angina on 2 February
1994. He graduated MB ChB (Hons) from Leeds
in 1924 and proceeded to the MD in 1953. He
took postgraduate training subsequently at the
Tavistock Clinic in London. He became consult-
ing psychiatrist to the Bradford Mental Health
Services, Director of the Local Authority Child
Guidance Clinic and consultant to the Bradford
Marriage Guidance Council, as well as sometime
consulting psychiatrist to Youth Immigration
Services (Youth Aliyah) in Israel, this last being
perhaps the happiest phase in his working life.
An erudite scholar, he wrote a considerable num-
ber of books and many articles, mostly in the
clinical field of medical psychology. In therapy he
was an eclectic, and more so, being an individ-
ualist he followed no existing school. His views
differed significantly from much of Freud's teach-
ing, yet I sense that he considered The Master's
as Freud had been termed - work as the bedrock
of our understanding of human psychology and
he paid tribute to others of his colleagues. He
certainly did not hide his own light under a
bushel, and was conscious of the efficacy of
his own methods. In association with his peers
he managed to keep just that little distance
between them and himself, while his clinical
apartheid was recognised in his styling himself
as 'consultant in human relations'.

Edelston was occasionally ill-tempered but I
liked him. He was dominant mostly but I enjoyed
his forthrightness. Of counsel he had plenty and
I respected his wisdom. Patience was not his
forte, but such was his learning that I could
easily defer to him, and he presented an armoury
of therapeutic skill which one could only admire.
He composed a number of aphorisms: 'Psychol-
ogy persists in describing the obvious in terms of
the obscure: academic psychologists develop
theories from studying rats running in mazes
(and from other lower animals); the wise man
learns from the experience of others, the fool only
from his own mistakes - if then'.

Like many of our other notable psychothera-
pists Edelston was Jewish and this, perhaps,
was the Achilles' heel which restricted the impact
of his otherwise expansive personality. He had
an inferiority complex which, though hidden
from himself, could be apparent on occasion to
others. All in all Harry was a kindly man - let
that be his tribute. His much loved wife, Esther,
died in 1981, and he leaves two daughters and a
son.

DAVID T. MACLAY

Obituaries
the introduction of ECT, of antidepressant and neuroleptic drugs, and the remarkable changes in mental health legislation and organisation of psychiatric services. He was very probably the last 'all-purpose' (as defined by Aubrey Lewis) clinical psychiatrist.

Pearce was born and educated in Edinburgh and was awarded his MA at the University of Edinburgh at the age of 19 in 1923. Profoundly influenced by a course in psychology – which included lectures by Moreton Prince and Emile Coué – he decided to devote himself to psychiatry and, after qualifying in 1927 and house appointments at the Royal Infirmary and at the Royal Hospital for Sick Children, he left Edinburgh to work in English lunatic asylums, first at Chartham Down in Kent and then at the City Mental Hospital in Leicester.

While at Leicester, he attended a weekly course at the Institute of Medical Psychology (the Tavistock Clinic's original name) and as there was then no provision for study leave, he had to take one day's annual leave each week. His teachers there included Henry Dicks, Mary Luff, E.A. Bennet, J.A. Hadfield, Jane Sutte, and Emanuel Miller (who was to be his analyst) and he was so impressed by the new dynamic approach that he gave up his job in Leicester and came to London for more intensive training. He financed this by putting up his plate in Harley Street and by taking various posts including one as medico-psychologist at Stamford House Remand Home for delinquents.

When World War II started, he volunteered for the RAMC and was commissioned as a Major, one of seven command psychiatrists under Brigadier J.R. Rees. In 1942 he was promoted to Lieutenant-Colonel and given command of Northfield Military Hospital; later, he was posted overseas as Adviser in Psychiatry, Allied Force Headquarters, Central Mediterranean Forces and was mentioned in despatches.

On demobilisation he returned to his pre-war work and gradually, by taking on new commitments and giving up old ones, he concentrated his efforts on St Mary's Hospital and Medical School, Queen Elizabeth Hospital for Children, the Royal Masonic Hospital and his own practice. During the 1950s and 1960s he was one of a handful of psychiatrists who dominated London psychiatry.

Jack Pearce was a very kind, understanding man who was a listener rather than a talker; that was one of the reasons he was such a busy and successful psychiatrist. He had a number of interests outside medicine: he travelled extensively throughout Europe and North America, and was a keen golfer (from the age of four), who enjoyed fishing, playing the piano, painting in water colours and curling.

He always kept close contact with Scotland, through his membership of the Caledonian club in London and through regular visits to his croft house in Assynt on the west coast of Sutherland. The strength of that contact made his return to his birthplace, in 1988 when he stopped working, inevitable.

His widow, Elizabeth, together with other members of his family, friends and colleagues, attended a service of thanksgiving held at St Mary's Hospital on 9 March 1994.

KENNETH GRANVILLE-GROSSMAN

Axel Russell, MD(Graz) FRCP(C) FRCPsyCh, FRCP passed away on 26 December 1993 in London, Ontario, Canada. He was on the last 'Children's Train' from Austria to Britain and lived with a family in Stratford-on-Avon during World War II.

There he learnt English by listening to the Royal Shakespeare Theatre perform, becoming flawless without a trace of a German accent. He was interned by the British after Dunkirk (as were all German and Austrian Jewish refugees). Eventually, he volunteered for the paratroops and went into France in a glider, the night before D-Day.

As a Jew and a holocaust survivor, through his own internal reflections as well as research with families of holocaust survivors, he made a significant contribution to the understanding of the emotional consequences not only to survivors but to their children and grandchildren.

His work was widely cited in the scientific and lay literature. His interest in the profound effect of this overwhelming stress situation on families led to him becoming one of the pioneer family therapists in Canada. His own creative contribution with his wife, Lila, was the development of a technique known as 'brief structured family therapy' which achieved positive response from colleagues in the field.

During the latter portions of his career as a medical director of an institution for adults with intellectual disabilities, he began to alert the Canadian psychiatric community of the necessity to attempt accurate psychiatric diagnoses within this population. Although the term 'overshadowing' has only recently been introduced in North America by Reiss, Dr Russell demonstrated the ability to diagnose depression, anxiety, and other disorders in a population that might have been treated by unsuspecting colleagues with neuroleptics alone. No doubt the sensitivity which he had brought to the understanding of victimisation within the individual,