Dr R. D. Hinshelwood, *A Dictionary of Kleinian Thought*
Dr J. E. Hughes, *An Outline of Modern Psychiatry*
Prof S. A. Husain, *Fundamentals of Child and Adolescent Psychopathology*
Dr R. Jenkins, *Indicators for Mental Health in the Population*
Post Viral Fatigue Syndrome
Prof M. H. Lader, *Biological Treatments in Psychiatry*
Dr M. I. Little, *Free Associations*
Psychotic Anxieties and Containment
Dr G. G. Lloyd, *Textbook of General Hospital Psychiatry*
Prof P. McGuffin, *New Genetics of Mental Illness*
Dr S. A. Montgomery, *Depression and Anxiety*
Dr C. Murray-Parkes, *Attachments Across the Life Cycle*
Prof W. Parry-Jones, *Mental Health and Deviance in Inner Cities*
Dr N. R. Punukollu, *Recent Advances in Crisis Intervention, Volume 1.*
Dr J. P. Roberts, *The Practice of Group Analysis*
Dr C. Ryecroft, *Viewpoints*
Dr N. Sartorius, *Psychological Disorders in General Medical Settings*
Dr R. P. Snaith, *Clinical Neurosis*
Dr D. A. Spencer, *Welcome to Meanwood Park Hospital, Leeds*
Dr D. Tidmarsh, *Report on Research Carried Out at Camberwell Recreation Centre*
Dr M. R. Trimble, *The Psychoses of Epilepsy*

Dr Nina Meyer has generously donated books and papers of her late husband Dr Alfred Meyer. These are a much valued addition to the College archives.

Psychiatric Bulletin (1991), **15**, 716–717

Obituary

Editor: Henry R. Rollin

PATRICK HOCART TOOLEY, formerly Consultant Psychiatrist, The Royal London Hospital, London E1

Dr Patrick Tooley, formerly Consultant Psychiatrist to The Royal London Hospital, died after a long illness on 5 June 1991. He was born in Guernsey on 24 May 1912 and educated at Mill Hill School and The London Hospital Medical College from where he qualified in 1936. Both at school and at the University he was a very active sportsman, was captain of the Medical College rugby team and gained a county cap for hockey. He served in the Royal Naval Patrol Service during the war and his MD thesis (1946) was entitled: 'Psychiatry in the Royal Naval Patrol Service'. He began his psychiatric training in the Navy, took the DPM in 1942 and after the war spent a year as visiting Professor at Bowmans Grey Medical School in North Carolina where he had further training. He took the MRCP in 1947 and was elected FRCP in 1964; he became a Foundation Fellow of The Royal College of Psychiatrists in 1971.

At the end of the war, the Department of Psychiatry at The London Hospital was still part of the Department of Neurology and although there were two consultants on the staff they had not been appointed originally as consultant psychiatrists. Dr Tooley was appointed as a young man in the first batch of post-war new consultants and was, in a sense, the first appointment of a psychiatrist. Cheerful, friendly, quick-witted, unpretentious, independently minded but mindful of the traditions of British medicine and particularly of medicine at The London, a well known and successful sporting old Londoner and a thoroughly good general physician – it would have been difficult to find anyone better equipped to make psychiatry a valuable, natural and respectable part of medicine at a time when serious shortages made any 'new' subject unwelcome and when in any case psychiatry was still new and suspect in the teaching hospitals. He quickly realised that a unit at The London was not sufficient to serve the community and set about achieving a functional unit at St Clement's Hospital nearby which he put into effect by going to work there. He developed an interest in forensic psychiatry and was appointed Senior Lecturer in the Department of Forensic Medicine, probably one of the earliest University appointments in the subject. He was active in the Medical Protection Society, for many

years a member of its Council and Treasurer for a number of years.

Pat's clinical work was of a very high quality. His notes were comprehensive, usually lengthy and always legible. He was an excellent clinician and was in great demand from all departments of the Hospital for consultation. His patients liked and trusted him and he was a very effective psychotherapist. He was popular among the students and an effective teacher; he used to lecture walking up and down and used to say that a moving target was more difficult to hit.

Pat was a devote Channel Islander, always spending his holidays there, and felt something of an exile in London. His first wife died tragically in childbirth while he was in the Navy when his eldest son (who also later trained at The London) was born and there are two girls and a boy from his second marriage. His retirement in 1976 was marked by one of the largest gatherings of the kind that can be remembered at The London but it was not long afterwards that the illness from which he ultimately died made its appearance. No-one could overstate the loving care he received from his wife Diane in his last years.

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Video news

Tape reviews

Post Traumatic Stress Disorder

Although entitled *Post Traumatic Stress Disorder*, this videotape examines the broad range of normal and pathological psychological reactions to disaster. The full syndrome of post traumatic stress disorder, involving prolonged intrusive re-experiencing phenomena, avoidance behaviours, and autonomic arousal occurs in a minority of the primary victims of major traumatic incidents, their relatives and bystanders, and the professional workers who rescue or look after them; but partial symptomatic presentations are commonplace and, indeed, natural in the early weeks following the disaster.

This programme focuses on material from two contrasting traumatic incidents, the Clapham train crash and the Falklands war. A hospital chaplain, an accident department nurse, and a naval psychiatrist give admirably lucid and comprehensive accounts of the initial, short term, and more prolonged psychological reactions in those exposed to these events.

The first part of the programme examines the emotional reactions of those directly experiencing the incident. Commonly the victim displays an initial denial and numbness, often quickly replaced by a euphoria derived from having survived the disaster. Typically this gives way within two or three days to a constellation of early traumatic stress reactions including tearfulness, anxiety, sleeplessness and often anger. This tape emphasises the distinction, which is important for early management, between the sadness and emptiness which is a normal, expected part of the victim's early reaction, and clinical depression. We are also reminded that traumatic events re-awaken the residues of earlier psychological trauma, which may need to be addressed too. Early management centres on support, giving information about natural reactions to stress, and promoting the victim's repeated description of his experience. Where possible, and this is certainly important in military psychiatry, victims are encouraged to talk about their experiences in a group context with others who have survived the ordeal. Such proactive early intervention probably diminishes the later incidence of complications; but specific treatments will be required for the minority who develop frank psychiatric illness, including acute psychotic reactions. We are reminded that traumatic stress reactions may be prolonged, and that their onset may be significantly delayed. Victims are helped to come to terms with their experience by the social rituals which can follow disaster, such as the commemoration service and anniversary remembrance.

The second part of the tape looks at traumatic stress reactions in professional carers. Frontline staff work at a high pitch of arousal and effectiveness during the rescue and initial response phase. Commonly these workers experience subsequent tiredness, doubt and demoralisation; and this can lead on to anger, competitiveness, a profound awareness of personal fallibility, or the range of post traumatic stress symptoms. Negative reactions are diminished by a number of well recognised procedures, including the initial prioritisation of tasks, adequate refreshment and rest, and an initial informal debriefing when the workers stand down from the emergency. As with the primary victims, it is useful to emphasise that emotional reactions are a normal part of stress. Peer