Circular as at least showing that alcoholism is not purely a personal cause of some social workers but rather a national concern. In the end political battles will have to be fought, and the Department of Health and Social Security can only state that it has done all it can (to improve services for alcoholics) within the present political and financial framework.

A foretaste of the difficulties lies in the present struggles to establish detoxification centres recommended by a Home Office Working Party as long ago as 1971 and included in the provisions of the 1972 Criminal Justice Act. These centres are not yet in operation, as they depend upon the co-operation of hospital authorities, local authorities and voluntary bodies. Here too the Department can provide money but cannot order at the end of the day a hospital or a local community to establish such a centre, even though almost all agree that they are needed ('but not here!'). Let us hope that in all these arenas the voluntary bodies do not come to be seen as pressure groups on the local authorities and the relief of alcoholism as something tackled by odd voluntary organizations rather than by the total range of the local authority health and social services. In the end, people with drinking problems—that might have been a less menacing term than 'alcoholics' in the Circular—will only use the services they feel are able to help them and are equipped to do so.

Let us also hope that when schemes are implemented they will be evaluated so that we will begin to have some idea of what is most likely to succeed. Anecdotal impressions as to what is successful are no longer enough. The Circular could have been more forceful on research and evaluation.

There is much potential in the Circular. It is a valuable guide, but it is far from a blueprint (mercifully) and it leaves room for initiative. It will not implement itself. It could be forgotten. Despite its own uncertainties it has to be made use of, since in practical terms it is the most recent major statement of Government belief and intention in this hitherto rather neglected field.

## ERWIN STENGEL

Prof. Erwin Stengel has died at the age of 71, leaving behind an enormous reputation and a leavening of anecdotes, a tribute to his great personal relationship with many people over the whole world.

He was born in Vienna in 1902, the son of a Jewish scholar; he qualified in medicine and proceeded to specialize in neuro-psychiatry. At that time the University Clinic, under the direction of Wagner-Jauregg, was carrying on the classic traditions of organic psychiatry, while at the same time Freud and Adler were struggling to introduce their concepts of human behaviour. Stengel was of the new school who supported the psycho-analytic viewpoint, but at the same time he made valuable contributions in the neurological field. He became Dozent in the University, but in the political climate of that time further advancement was unlikely and it eventually became clear that disaster was pending. Stengel and his wife left Vienna hurriedly, attending the International Conference of Psycho-analysis in Paris where they received money to help them on their way; typically Stengel insisted that this must be a loan. He left behind a younger brother and his father who were among the six million Jews to perish at the hands of the Nazis.

He came to Britain, where he had to re-qualify in medicine, meantime working as a laboratory assistant to help him survive. The crowning indignity was a period of internment as an enemy alien in 1940. Latterly, he looked back on these experiences with a wry humour, and would only comment on the good fortune which enabled him to meet the Bishop of Bath and Wells who offered him hospitality at this time of crisis.

Stengel then worked in many important Psychiatric Departments including Edinburgh, the Crichton Royal, Graylingwell and the Maudsley Hospital where he re-achieved his former rank of Reader. In 1958 Sheffield University was extremely fortunate in acquiring him as their first Professor of Psychiatry. His main emphasis was on undergraduate teaching and clinical work. He introduced a training course in psychiatry which the British Medical Students' Association accepted as a model and pressed for its encouragement in other University departments. In view of his international reputation in the study of suicide it is hardly surprising that considerable emphasis was placed on the care of the patient who had come into hospital after taking an overdose of drugs. He emphasized the educational importance of the responsibility of the students and the housemen interviewing the patient and relatives and formulating a total picture of the problems leading to the overdose, with the psychiatrist serving in a consultative capacity.

In all ways Professor Stengel provided a model of the wise, humanitarian and knowledgeable doctor who tempered scientific acumen and industry with an



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awareness of the emotions and feelings of individual human beings. In his department he made a point of welcoming newcomers, and always greeted a strange face with the words, "I am Dr. Stengel, what is your name?" and in a few moments the newcomer was part of the family circle in the Department.

Stengel's writings were on a wide range of subjects —organic brain disorders, classification in psychiatry and, best known, studies of suicide and attempted suicide. He was essentially a clinical research psychiatrist and had little time for machines and tests. Similarly, he was somewhat impatient of detailed statistical investigation, believing that the more important principles were self-evident when properly dissected out and identified.

He began his career in Vienna amidst the great names in psychiatry and by his work on the Continent and in Britain he has joined this select group by virtue of his own massive contributions. The Association which preceded our College gave every possible recognition to his worth: after being Chairman of the R.M.P.A.'s Education Committee, and Maudsley Lecturer in 1964, he was elected President for the year 1966–7.

His many friends all over the world will join in sympathy with the great bereavement of Anna, his wife.

C. P. SEAGER.

## FORTHCOMING EVENTS

*University of Oxford and Oxford Regional Committee for Postgraduate Medical Education and Training*

A course in Neuroanatomy and Neurophysiology in preparation for the M.R.C.P., M.R.C.Psych., and D.P.M. examinations will be held in the University Department of Human Anatomy from 9–19 September 1973. Enquiries to the Director of Postgraduate Medical Education and Training, Old Radcliffe Observatory, The Medical School, 43 Woodstock Road, Oxford.

*American Psychopathological Association*

The 64th Annual Meeting of the American Psychopathological Association will be held on 7 and 8 March 1974, at the Sheraton-Boston Hotel, Prudential Center, Boston, Mass. 02199, The principal subject will be the Evaluation of Psychological Therapies. Further information: Jonathan Cole, M.D., Secretary, Boston State Hospital, 591 Morton Street, Boston, Massachusetts 02124.



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