

the Park Hospital for Children, which was then one of the few places in the UK with an academic child psychiatry unit. It was here that Issy conducted his first two research projects: a description of aggression in adolescent delinquent boys and one of the first major studies of childhood autism. He demonstrated that patients with this condition had high rates of concurrent neurodevelopment difficulties but these did not inevitably develop into schizophrenia. His work laid the foundations for considering classical Kanner autism as a biological disorder, in sympathy with a growing body of British research dispelling the myth that autism was a childhood functional psychosis with no organic origins. In 1964, he was appointed Physician-in-Charge of the Nuffield Psychology and Psychiatry Unit in Newcastle-upon-Tyne, and Lecturer in Child Psychiatry at the Department of Psychological Medicine, headed by Sir Martin Roth. He remained in this consultant post for the next 27 years, turning the Nuffield into one of the foremost university departments of child and adolescent psychiatry in the world. His work was recognised with one appointment in 1977 to a personal chair. Three of his many research and clinical successes over this time stand out. First, and perhaps the most remarkable, was the unique study of psychological interventions in the maladjusted child in schools, published as a book in 1981, Help Starts Here. This, the first controlled trial of psychological treatment in primary schools, proved that skilled conversational treatment was effective in ameliorating emotional and behavioural difficulties. The second was the longitudinal epidemiological investigations of the intergenerational transmission of psychological disadvantage, carried out through the 1000 families first identified and recruited in 1947 by Sir James Spence at the Department of Child Health, Newcastle-upon-Tyne. Kolvin and colleagues traced a sub-sample of 300 families,

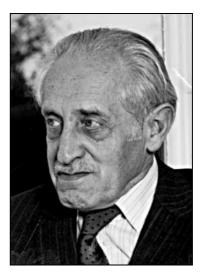
then in their early 30s, and identified continuities in the risk for deprivation in the offspring of the original cohort, as well as protective factors against such a negative outcome. These positive characteristics included a flexible behavioural style in the face of adversity, social competence, parents who planned ahead and provided physical and emotional care in spite of privations this may have meant for themselves. These broad categories of psychosocial resilience have subsequently been replicated with remarkable robustness in many other similar studies worldwide. The third important success was in the clinical and political challenge of chairing the Cleveland Inquiry into child abuse. This most difficult task was carried out with a fairness and thoroughness that brought him the respect of many in the community and led to significant recommendations to central government regarding the roles and practice of professionals and parents concerned in child protection.

In 1991, at the age of 60, he was appointed to the newly created John Bowlby Chair in Child and Family Mental Health at the University of London, based at the Royal Free Hospital and Tavistock Clinic. He was Chair of the Association for Child Psychology and Psychiatry, 1994-1996. The photograph was taken in 1996 at the Association's 3rd European Conference in Glasgow. Over the 4 years, before his retirement, he engaged a clinically oriented group of clinicians of international repute for psychodynamic practise in quantitative methods of evaluation in therapy. On his retirement, he left a clinical workforce engaged with modern scientific methods of examining clinical practice and a thriving academic department that few thought possible in such a brief period. He continued to engage in research and to publish through his last illness. When asked what, looking back, he saw as his greatest achievement, he said, without hesitation, his own family. He is survived by his wife, Rona, whom he married 50 years ago, and his two children.

lan Goodyer

As an addendum to Professor Goodyer's obituary of Professor Israel Kolvin, allow me to emphasise his invaluable services to the College. He was, *inter alia*, a man of business: under his stewardship the finances of the College (he was Treasurer from 1993–1999) prospered. Further, his annual financial reports were so presented that the simplest mind could understand them.

Henry Rollin



Max Meir Glatt

An internationally renowned pioneer of the treatment of alcohol and drug misuse

Max Glatt, by the narrowest of margins, succeeded in escaping the Holocaust. His parents, as he discovered much later, were less fortunate: they were slaughtered in an Estonian concentration camp leaving him and a sister, who had been smuggled out of Germany into Holland, as the sole survivors of his entire family.

Max was born in Berlin on 26 January 1912 into a prosperous, middle-class Orthodox Jewish family. His Judaism was then, and remained, central to his life despite all the difficulties involved in keeping the complex beliefs and practices of orthodoxy, particularly in the Diaspora.

Max's career as an undergraduate in the 1930s was blighted by the rise of Nazism, particularly the malignant persecution of the Jews. Nevertheless, in 1937, he was awarded his MD at the University of Leipzig. By that time, the poison of antisemitism had seeped into every layer of the German medical establishment so that further academic progress was blocked, practice in any general hospital was forbidden by diktat, and the only work available for Max, as a Jew, was in a small hospital in Berlin which served exclusively Jews. Even so, his innate optimism coupled with, apparently, a degree of political naivety, caused him to hang on. And hang on he did until the momentous events of Kristallnacht shattered the last vestiges of optimism: the message on the wall was clearly written, not in chalk, but in blood.

Max put his escape plan into effect. The plan in the event was shot through with failures, and it is a near-miracle that he finally succeeded in arriving safely in England (for the second time). And it was in England that, in 1942, Max resumed, or was permitted to resume, medical practice, fortunately, as it happened, in mental hospitals controlled

