

Sketches from the history of psychiatry

Interview with Sir Aubrey Lewis by Professor Michael Shepherd (1966)

Introduction



With the passage of time it has become increasingly clear that Sir Aubrey Lewis (1900-1975) was preeminent among 20th century psychiatrists in Britain. His writings speak for themselves; his capacity for leadership and organisation at the Institute of Psychiatry is fully documented (Shepherd & Davies, 1968); his less publicised work on the higher medical and governmental councils is recognised as having played a crucial part in establishing the status of psychiatry in the post-war period; his personal impact on junior and senior colleagues was considerable, as may be gathered from many of the interviews published in the *Psychiatric Bulletin* (Wilkinson, 1993). For his successors, Lewis' career and his achievements carry several lessons which I have tried to delineate elsewhere (Shepherd, 1987, 1991). Although temperamentally averse to the spotlight, he agreed to be interviewed on videotape at the time of his retirement in 1966. The edited transcription of one of these wide-ranging conversations is here presented for the first time. The second interview will appear in a future issue of the *Psychiatric Bulletin*. Touching as they do on several personal and professional aspects of the work of a remarkable man, they illustrate how oral history can contribute to an understanding of the development of modern psychiatry.

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I suppose it is as useful a point as any to begin by asking you how you came into psychiatry in the first place?

I think my entry into psychiatry was fortuitous. I was at a University (Adelaide) where there was a great deal of interest at the time in anthropological research because the aborigines were clearly a vanishing race and people wanted to make as many observations as they could on them at the time. The presence of Wood Jones, an anatomist with wide interests who was particularly concerned with anthropology, contributed to stirring up the interest of people like myself. So I seized the opportunity of going on one or two expeditions and collecting some data concerning the dreams of aborigines, many of whom came into the hospital where I was at the time as a student or a houseman.

When two emissaries of the Rockefeller Foundation came to Adelaide to look out for people who might be trained to make psychological observations of the aborigines – because up until then, the anthropological studies in this field had been psychometric – they were told of my existence and they asked me whether I would like to have training as a psychologist in order to equip me to study the aborigines in detail. I agreed, although I recognised that it was, in a sense, wasting my medical education for me now to start on a fresh career as a research psychologist. Until then I had always thought of myself as having a bent towards neurology and as following the usual Australian sequence of then coming to England, getting the Membership of the Royal College of Physicians, then more neurology at Queen Square and finally acquiring a practice as a specialist. However, the advent of the two Rockefeller emissaries

deflected me, and it was agreed that I should have a training as a psychologist.

Then difficulties arose because the Professor of Psychology in my University was really a philosopher and he had no liking for, or indeed any tolerance of, the kind of psychology he knew was practised in America – academic experimental psychology instead of metaphysics, to him the real business of the psychologist – so he refused to guarantee me a place in the University in his department on my return. This was an obvious obstacle to arranging things in accordance with the usual requirements of the Rockefeller Foundation, i.e. that the University from which a man came should be prepared to give him a job on completion of his training. When the predicament was explained to the Rockefeller people they said they were prepared to transfer my fellowship from psychology to psychiatry. And so when I went to America it was to Adolf Meyer's department at Johns Hopkins, then to McFie Campbell at the Boston Psychopathic Hospital. In a sense, therefore, I suppose I was not taking up psychiatry because it was my aim and ambition and purpose in life at that time, but because it was fairly close to some other interests of mine which happened to fit in with the opportunity that was suddenly thrust before me, an opportunity of going abroad and getting the further experience I was likely to obtain with the Fellowship. But from then on, of course, I was psychiatrically corralled.

When you knew that you were going to go abroad to study psychiatry, was there a condition that you should return to a psychiatric department?

No, the Rockefeller Foundation recognised the difficulties of requiring that a man should be taking up a psychiatric post in a department in Australia, where there were no psychiatric departments worth speaking of. When they learnt of this aspect of the matter they said that they would be quite content for me to settle in England which they considered to be psychiatrically benighted and in need of any talent that might come to it from medicine at that time, thinking in terms of the brain drain from England to the so-called colonies or dominions. They were quite content for the English-speaking world to be regarded as one, and therefore they said they would be perfectly happy. In fact, they extended my Fellowship after the first year for another year, so that I could get further training. They recognised that I would be coming to England. When I arrived in England I applied for the Beit Fellowship and I had some prospects of getting it, I believe, but Sir Charles Martin, who was a member of the selection committee and who came from Australia, said it was outrageous that I should be given a research grant to work in England – and that I should go back to Australia where I came from. Although it was explained to him carefully that the

Rockefeller Foundation had concurred in my staying in England, he wasn't appeased, for that and possibly for other reasons I couldn't refer to. However, when I came here I was given a research grant which enabled me to get under way with certain things which I was doing. These were interrupted by my being offered by Professor Mapother the opportunity of coming on as a Medical Officer at the Maudsley Hospital, an opportunity which I seized.

It means then that when you switched from psychology to psychiatry, you gave up anthropology as a long-term objective altogether?

Yes. It is perhaps – I don't suppose one could say significant – but at any rate it's poetic justice that my son who is medically qualified has recently been having training with anthropologists and is going on to work in territories controlled by Australia to carry out anthropometrical or anthropological and medical studies.

Yes, but with a view to an anthropological career?

Predominately anthropological, studying attitudes to medicine and types of medicine practised by these peoples. What I didn't manage to do myself perhaps is being accomplished by him.

And it was with psychiatry in mind that you left Australia and went first to the United States?

Yes, I went to the Boston Psychopathic Hospital. It was, I think, a very good launching pad, because the teaching there was much more clear and helpful to a young beginner, as I was, than what was available to me, as I found later on at Hopkins where Professor Adolf Meyer did not include exposition among his innumerable high attributes. His teaching was, in fact, notorious for its obscurity, partly because of language difficulties and partly because of the way it was presented. It was contorted, whereas McFie Campbell had a remarkable capacity for examining the problems of psychiatry and explaining for beginners some of the pros and cons with which they should have been acquainted. Most of us, at the time we arrived in the psychiatric clinic, were ignorant of the literature of the subject, particularly the work published in foreign languages. While I was at the Boston Psychopathic, for about a year, I went to the children's clinic run by William Healy who was then the foremost expositor of child psychiatry and was, I think, undoubtedly a brilliant pioneer in his field. Then I went to Johns Hopkins.

How long were you there?

I think about nine months. Part of the time the Professor was away. His absence was disappointing to me but it gave me a freer hand in some ways

because he frowned on various things – for example, on continuous narcosis and on the malarial treatment of GPI. These were novelties which he regarded as likely to disturb the understanding of basic principles and techniques but which I saw as permissible short-cuts. I suppose he felt about them rather the way that Dr Winnicott feels, or used to feel at any rate, about ECT in juvenile depression, and so the absence of the Professor made it possible to conduct therapeutic experiments. Of course, like all young men I was full of zeal for therapeutics and accredited myself with much greater therapeutic powers than I think I really possessed. However, it wasn't as easy as I was implying to use methods the Professor might not thoroughly approve of, because Professor Diethelm was the second in command. Professor Diethelm, who had come from Switzerland to work with Adolf Meyer at the time, was often referred to as the *Geheimrat*. He was an autocratic, authoritarian fellow who issued his orders and expected them to be obeyed implicitly and he did not approve of my efforts at treating some of the patients I wanted to have a go at. So I got a little frustrated now and then. However, it was, on the whole, an extremely pleasant period.

I was fortunate on my arrival to have been interviewed by Professor Meyer who found that I wanted to work in the wards rather than come and listen in the way that attending clinical assistants sometimes do. He took down Henry Head's two volumes on aphasia which had just been published and told me he had an aphasic patient in the ward. He asked whether I knew Henry Head's book. He asked me to read it carefully and then go and examine the patient and see what emerged in the light of my investigations. So I saw this man on the ground floor ward of the hospital and examined him as fully as I could according to the methods observed and perfected by Henry Head and I wrote a long critical disquisition. I have no doubt if I were to read it now I should be horrified at the brash arrogance of the style in which I was criticising some of Head's conclusions just on the strength of this one patient, but I gave it to the Professor and he read it. Partly as a result, I suppose, he said I could come on in charge of the acute male ward which I found very much to my liking.

What were the therapeutic methods which you were so enthusiastic about at the time?

Oh, everything. Continuous narcosis was very much my taste. I could understand its logic and it seemed to me likely to succeed. I was very keen on such simple practical measures as the allaying of anxiety by continuous baths. I became quite adept at regulating continuous baths; the attendant risks were completely out of court and the advantages were maximised. As for my psychotherapy, it consisted of free association on the part of the patient with interpret-

tations by myself but I evinced a tendency to go to sleep during these sessions, which militated against my being a successful analytically oriented therapist.

The reason I suppose why I was keen on psychotherapy was that like most young men I had read something of Freud's as a student and houseman and in my innocence I had gathered that Freud was a much persecuted and victimised man who had no followers, who lived in isolation. I further supposed that if I were to go and offer myself for training I would then become one of the first of the foreigners to come to appreciate what went on in Vienna, where avenues were being opened up. However, I certainly didn't pursue that line of enthusiasm except, as I say, by one or two feeble efforts at analytic procedure with patients which didn't get me very far. Of course, drugs in those days were used to treat epilepsy, supplemented by a salt-free diet in order to maximise the effect of bromides which were being given. This required an enormous attention to detail which recalled to me the way in which we used to regulate diet for diabetics. I spent a lot of time, and thought, on these minutiae, of practical procedures. They were, I suppose, the artisan's approach to psychiatry which at least enabled one to see results and possess criteria, to indicate whether one was succeeding in the things one was aiming at.

Other methods of treatment?

Well, straight discussions were a form of therapy. I imagined in my innocence in those days that if you talked to a deluded person long enough and hard enough and explained enough, you might find that he would give up his delusions. I used to try very hard. I remember at the Boston Psychopathic Hospital I had a paranoid woman under my care. I took a lot of trouble talking to her and persuaded myself that her delusions were diminishing in intensity and in their effect upon her general conduct. At last it seemed to me we were nearing the opening of the tunnel. She was prepared to give up some of her delusions and discuss others in a more or less rational way. I then heard that the Deputy Superintendent of the hospital, who had charge of admissions and discharges under his control, had decided that she must be discharged to a neighbouring mental hospital because she was filling up a bed and hadn't recovered; that she was a paranoid schizophrenic and it didn't look likely that she would improve. I was beside myself with impatience. I rushed off, rapped at the door of the Professor, marched in, explained to him how cruel it was to take this woman away from my kindly ministrations which were rapidly restoring her to mental health. He was tact itself, he recognised my disappointment at having to give up this patient just when we seemed on the verge of a signal success in therapeutics and said that the arrangements made

were beyond his power to reverse. He said that he was very sorry but I think in retrospect I was handled with great consideration as I tried to force myself along this path.

I remember also writing for him an essay on diagnosis and classification which was lengthy and which he certainly read. I didn't realise how I was adding to the burdens of an overworked Professor. It seemed to me that it was his duty to read my exposition, so I wrote this out for him. I did it up very neatly and kept a copy. Reading it through not so long ago I don't know that my views have changed very much since then.

Did you have much contact with Adolf Meyer personally?

Yes, I saw a fair amount of him. Indeed, he used to invite us to his house and that kind of thing. He used to hold what was called a prayer meeting at 9 o'clock in the morning which everybody attended, and at that he would discuss any matter within the line of his interests at the moment. It might be some paper he had read. Clérambault had just published some of his writings on mental automatism and that became a topical subject. In short, it was a seminar at which he led the discussion. Sometimes he would give one of the boys a paper to read or a subject to work up, sometimes he would do it himself. And although, as I say, he wasn't very lucid in exposition, his grasp of the literature and the fundamental soundness of his concepts came across to the audience and one felt one was learning a great deal.

There were many other people of interest. Wertheimer, for example, who changed his name to Wertham and who has been prominent lately because of his attacks on violence as shown in strip cartoons. Then there was Ewen Cameron, who became Professor in Montreal and Leslie Holman who is still fairly active. It was quite a lively group of people but the chief interest for the newcomers lay in the Professor himself, of course, but also in Curt Richter who is still there and still working on almost the same problems as he was then and who has contributed a great deal to the understanding of behaviour. He has also worked on the endocrine system and he was extraordinarily forthcoming and friendly towards newcomers like myself, just as he had been to Gillespie and others who had been at Hopkins before. He was one of the attractions and very pleasant to have contact with.

There has been little attention to the exposition of psychobiological concepts, as they are widely called. In the light of what has happened since Meyer's time do you feel that on the whole they are as valid as you thought at the time?

I think there was too much emphasis on judging psychiatric concepts by their effect upon practice. If,

for example, a particular concept resembled that involved in genetics and the hereditary factor, it would seem to militate against a full understanding and concern for the whole range of the factors that might be responsible for the patient's illness and the forms of any development that had been occurring.

Adolf Meyer wished to minimise the attention one could pay to this hereditary factor; he even thought it was detrimental to a full weighing-up of all the pros and cons of the case and making the best effort to get the patient well. In that way, I think that the psychobiological principle was overweighted in the pragmatic direction. But in other respects he was taking up the standpoint which was valid, I think, to the modernistic standpoint on the whole and he would take up particular themes. For example, I remember one that was circulated in the department on spontaneity which, although occasionally referred to in regard to such things as frontal nerve function, is not usually considered in medical terminology or thinking. Meyer, however, had examined spontaneity from the various standpoints relevant to the psychiatrist and he wrote a very stimulating essay on the subject. Similarly with vision. He took vision and looked at it in a way that seemed to me at that time like a bridge across many a long year.

He had at that time a philosophical grasp rather than a narrow medical grasp of the issue. I can't say that there was very much research going on apart from what Curt Richter was doing. There was the biochemical or pathological laboratory but it was more for service needs than for research. There was no psychologist working in the department whom I can recall and it was inferior in this respect to the Boston Psychopathic. At the Boston Psychopathic Hospital it was really Wells the psychologist who was easy to make contact with and to learn from. The social side of the work was very much cultivated and social studies were made on patients with GPI and alcoholism because psychiatric social workers were prominent and had usually had an academic training. Generally speaking, the atmosphere in the Boston Psychopathic was one of enquiry as well as exposition. During my time when I was at Hopkins I didn't get quite that impression. There was also, of course, Healy's Child Guidance Centre in Boston, which was the prototype for clinical follow-up studies, as embodied in his books.

Would it be going too far then to suggest that the enormous reputation which Meyer enjoyed was largely bound up with the man himself?

Oh, very much so, I think, except that he did teach most of the teachers in the subject. What he taught them was a concern for detail, concern for accurate observation and for honest logical thought which stood them in good stead when they themselves got

senior positions elsewhere. He was always upset when any of his favourite sons got a job elsewhere. He was very, very upset when Boston snaffled his right-hand man and the same thing happened on several other occasions. But I think that through his pupils his influence was not only widely extended but to a considerable extent lasting in a few places, not always in America. A man like Ødegaard carried over to Norway the mode of thought and enquiry that had been taught him in Baltimore and so, I suppose, did I. D. K. Henderson had learned from him, along with Gillespie and Tennent. Quite a large number of people went on Rockefeller Foundation Fellowships to Johns Hopkins.

However, as you say, a great deal depended on his personality and authority and insistence on clarity of thought in regard to psychiatric matters. If you read any of those four volumes of his collected papers you can see that he had an enormous grasp of the literature which was uncommon then and uncommon now, more uncommon now than it was then. He was a Swiss and he had French and German at his command as well as English, although to say at his command is not the right phrase because he couldn't express himself freely in any of these languages. However, he understood them well and was familiar with the literature and had travelled a good deal in his earlier years. He had an inquiring, critical mind and, of course, knew when at Hopkins that he was there at a time when there was a great surge of energy and eagerness. He joined forces with people like Watson and Dewey to cultivate a pragmatic approach to philosophical problems which was perhaps appropriate for that stage of psychiatric development.

When you left the United States and came to Europe, the psychiatric scene must have been very different.

Well, I went to Queen Square first of all where there was no psychiatric scene at all. Frankly, the neurologists there regarded psychiatry as something that might be pursued in places like Bethlem, but it wasn't their concern and they certainly didn't pay any regard to the psychological side of their patients' conditions. However, there again I enjoyed my time very much. I was attached to Gordon Holmes and there was an American woman working for him at the same time, a psychoanalyst, and a man from Chicago. Just we three I think, and Gordon Holmes was very kind to us. Beneath his gruff barking exterior, he was extremely kind and helpful and taught us a great deal.

From there I went to Germany where the scene was undoubtedly different. I went first to the Charité. My reason for going there was that I'd been quite ignorant of the personalities in various clinics in Germany. I knew the German literature fairly well,

having read a great deal when I was in Baltimore and heard from Adolf Meyer about some people but he couldn't tell me much about individuals who were likely to be there and concerned with an outsider or newcomer like myself, so I made a few inquiries in London.

The man who gave me the most helpful information, rather surprisingly, was Dr M. D. Eder. Dr Eder was a medical man, but one who was reluctant to adopt the usual standpoints in regard to criminals and other social misfits and so became one of the prime movers in getting the Society for the Treatment of Delinquency going. He was a psychoanalyst, and he translated some of Jung's works. He was also a very active Zionist. There is a little life of him, at least a recollection of his life, written by Glover and a number of other people. He was the person who told me who was who in Germany in the psychiatric world, and the advice he gave me was certainly very sound and well-informed. I don't know how he got it because he wasn't very active in any but the psychoanalytical fields himself.

I went to Bonhoeffer at the Charité where there was, of course, a brilliant collection, a galaxy of performers at that time. Bonhoeffer was the professor and there was Kramer who was more of a neurologist but was a very good psychiatrist too; neurology and psychiatry were one subject or field of work. Creutzfeld, Karl Birnbaum – there were many very distinguished figures in psychiatric history who were there so that it was a very enjoyable period for me. And from there I went on after some six or nine months to Heidelberg. There again was a collection of people who couldn't be matched very easily, including Professor Mayer-Gross, Beringer, Homburger the child psychiatrist, Gruhle, and a number of other people of great distinction. I was, therefore, very fortunate in the advice I was given and the extent to which I was able to avail myself of it.

When I came back to England I made contact with Bernard Hart and told him that I had in mind to study body image or body attitudes in respect of the location of hallucinations, the extent to which people attributed hallucinatory voices or experiences to particular parts of their body. He said, quite properly I suppose, in the way that I have myself often replied to young people, that most of it had already been done before. This was rather a douche of cold water to me. I hadn't come across the literature in question. Anyhow, he listened to me and gave me a little advice about it but he told me what Gordon Holmes had told me, that until about that time it had been the custom for aspiring young psychiatrists to go to Bethlem, which was the springboard for psychiatrists, but that times had changed and that the Maudsley under Mapother was the place that might provide me with a more lively atmosphere than anything I would meet at Bethlem.

About that time Bethlem had moved out into the country and I, therefore, got in touch with Professor Mapother, as I had when I was at Queen Square, and he agreed with Professor Golla – he was then Dr Golla – that I might be given the salary that was available from the bequest of Henry Maudsley to enable some research to be carried out. I think the research I was going to do on this grant was concerned with sleep. I had some sleep charts that I had worked out and I had seen some work on it that I wanted to do or check but, as I was saying earlier, I had not got very far with this when a vacancy as Medical Officer, as it was then called, cropped up and Professor Mapother offered it to me. I had a strong belief then, as indeed I have now, that people who are going to engage in any kind of clinical research must keep their hand in with clinical work. And so I accepted this invitation and got launched at the place where I have been practically ever since.

This was in 1929?

1929 or 1930, something like that.

I take it that the hospital was then a very small institution?

It was. It was possible for the whole of the medical staff plus the technical staff, the senior technicians, Mr Geery and Mr Partner, to sit round one table and for the senior man in residence, who was for a time myself, to carve the meat for the company, so that it was then a very small company indeed. Professor Golla used to come regularly, Professor Mapother used to have his meals in his office. Professor Mapother was part-time, Professor Golla was of course full-time.

The place was small, full of ambition and energy, but everybody was overworked. When the place was started, originally, it was designed to have a hundred beds and a superintendent, an assistant and one houseman. Then the number of beds was increased to 140 or thereabouts, 144 I think, and the staff was correspondingly enlarged. By the time I arrived there were no fewer than five doctors working in the place on 150 or so patients. Each doctor was expected to hold two out-patient sessions a week and to have charge of a ward of something like 30 patients. I certainly had a ward of 30 patients, and one had all the advantages of being in undisputed control. One knew one's ward sister, and either quarrelled with her or prevailed on her to comply with one's intentions. The troubles that have so often been referred to here recently because of the multiplicity of doctors on a given ward certainly did not exist in those days.

There is a common belief that the patients stayed for about a year, owing to the fact that we didn't have wonder drugs at our disposal, but in practice records show that the average duration of stay was about

three months at that time. We saw a lot of conditions that are uncommon now, like acute catatonia which is soon cleared up or disposed of nowadays, but the general availability of patients was much as it is now. There was the observation ward, there was Professor Mapother's private practice which provided quite a lot of acute disorders for the acute wards, and a certain number who came through the out-patient department.

At the time, and of course since, there was great emphasis on the willingness of the patient to become a voluntary patient. The legal status of the patients was a major issue and led to many a battle between Professor Mapother and the Board of Control, because the Board of Control interpreted the terms of the Mental Treatment Act narrowly and considered that people were being treated here on a voluntary basis who were not really able to express their willingness and that possibly, if they had been able to express their feelings on the matter, they would have said they were unwilling. This led to battles royal between Professor Mapother, who never accepted defeat in these things, and who was sustained by a passionate belief in the desirability of all patients being treated with minimal legal restrictions or compulsion, whereas Sir Hubert Bond of the Board of Control and Laurence Brock and others who, at that time, were responsible for the general surveillance of mental hospital and psychiatric clinics saw things quite differently. It was, as you say, a small institution.

But lively?

Yes.

Revolving round Mapother.

Well, of course. In many ways he was, when I was on the clinical side of the hospital, the sun of our little universe, but I think there were other people who had a considerable effect on it. It is rather difficult at this distance in time to recapture the general atmosphere of the place, but there were also a few people in the laboratory of whom, as I say, we saw a great deal because they ate with us. Camilla Robertson, who later became Lady Frankau, was here at that time. She was a forceful personality, working in the laboratory. People came and went who were guests there. There was very little systematic teaching. Case conferences were held three times a week, always presided over by Professor Mapother, although he sometimes wasn't able to turn up because of other commitments. Theoretically, however, he conducted three case conferences a week, which was a lot. The lectures were not really designed for us, and we didn't usually attend them. In fact, we on the junior staff gave the lectures, people like Harris who later became a Lord Chancellor's visitor, and Tennent and

I, and Mildred Creak and E. W. Anderson, we were all given jobs as lecturers in the DPM course which was at the time a six month course designed to help people to pass the Conjoint examination. Working up these lectures and discussing things with the outsiders who came and went kept us on our toes.

In addition to ourselves, there were lecturers like Dr Devine who was Superintendent of Holloway Sanatorium and wrote some excellent books. Others, like Bernard Hart, came in to lecture and came and had tea with us. We saw something of these distinguished men. There was a good deal that went on in this way.

Before the advent of the refugees from Germany because of the Hitler regime there had been a scheme which I helped a little to sponsor whereby Germans who were active in research came over on grants that were provided by the Commonwealth Fund for that purpose. The first to come was Konrad Zucker, who was an unusual man with very original ideas, and he and Hubert soon struck up a close working partnership. Dr Hubert was one of the people who was here at the time and later became well known for his publication with Sir Norwood East of a book on the treatment of delinquency which eventually resulted in the setting up of Grendon Underwood. They published some very interesting articles, which I don't suppose anybody reads now, on some difficulties of intentionality which occur in schizophrenics – interesting stuff. There were other people who came in that way, before the larger group of people who included Mayer-Gross, Beck, Wittkower, Guttman, Alfred Meyer and others who all came here as a result of the troubles in Germany.

I was, of course, particularly delighted when these people arrived, Zucker in the first place and then the others, because having worked in Germany myself I had conceived a very great admiration and respect for the work in psychiatry that was being done there during the 1920s and the early '30s until the exodus took place. It fortified us here enormously and certainly it was a great acquisition to the place when they came. If you look at the annual reports that used to be published of the hospital between the opening of it for its present purpose in 1923 and the coming of war, you will see how active most of the people on the staff were in clinical research, by which I mean research that didn't require any knowledge of any particular scientific discipline that is taught in universities but did require very close attention to patients and their behaviour and the analysis of findings on groups of patients.

I think the publications in the *Archives of Neurology and Psychiatry*, which are really reprints of published articles, testify to the richness of the work that was done in that way by the people who were here. And I suppose it is characteristic of psychiatry in the '30s and '40s, and possibly the '50s too, that people who

were energetic wanted to engage in clinical psychiatry but hadn't had the training in any scientific field that enabled them to tackle, say, biochemical problems with full mastery of the techniques they were going to employ, or even the meanings of the terms they were using. Whereas now, I think it is pretty well recognised that people should take advantage of the Medical Research Council and other facilities for getting a strict scientific training as well as a clinical training, and so they can engage in the kind of research which is not purely clinical but requires a grasp of some strict scientific discipline.

Most research in this early period was, then, a spare time activity?

Certainly. You can imagine that with 30 patients to look after and a reasonably conscientious group of people, it had to be. People did work hard, although of course it has to be recognised that we were mostly single. Most of us got married, I suppose, at the age of somewhere about 32 or 33. So there was a period of four or five years before we'd got other matters to take up our time. But even after that it had to be largely spare time work. And then one of the developments that made further encroachments on our time, or further demands on our time I should say, was the opening of the psychiatric clinics at general hospitals.

London County Council, of course, was responsible for the running of this place, for its upkeep and conduct, and also for the running of the large non-teaching hospitals in London, what we now call district or regional hospitals. And Professor Mapother got in touch with the person at County Hall who was chiefly responsible for the arrangements at these hospitals – that was Dr Letitia Fairfield – and secured the consent of the Council for the setting up of psychiatric clinics which would be held twice a week at each of three large hospitals respectively in the East End at Mile End Road, at Ladbroke Grove and in Highgate. Three of us were deputed to look after these clinics and each week each of us had his own clinic and a man or two men from the mental hospitals would come and see patients, not for diagnostic and disposal purposes but in order to give them effective treatment in that capacity. It was indeed a very interesting extension of our activities at that time because then it was customary for people who were in the hospital to work entirely within the hospital and not to go out anywhere else, so it gave us larger scope and a wider range of responsibility. It was a very pleasant undertaking which continued until the War.

And were there ancillary workers, social workers and psychologists?

There were psychologists and social workers. The psychologists were part-time, largely through lack of

funds. The LCC was generous to the place but after all it was not obvious that the rate-payers should support a research centre and a teaching centre. The available money was limited inevitably, and so these posts were part-time but there was enough money to have made one full-time appointment.

Professor Mapother preferred to have two half-time appointments and some very good people were recruited for these posts: Philip Vernon, for example, held the post for a fair while; Julian Blackburn, who took a Chair in Canada; Harris and other people like Miss Keir, so that the work was done. I think that what happened was that more time was spent by the psychologists in clinical psychology and helping in the treatment and investigation of patients than in research which was what had been hoped would be their main interest. Professor Spearman had been a fellow student and friend of Professor Mapother when they were at UC together, I think, and so Professor Mapother asked Spearman if he had any promising students or any of his associates who would care to come and solve some of the problems in psychiatry which were crying out to be tackled. He particularly drew attention to the Korsakoff psychosis and the necessity for applying methods such as Spearman had at his command for investigating it.

A woman called Miss Studman came here and another psychologist called Pinard, a South African of Dutch extraction. Pinard studied perservation and published some excellent papers on that subject and on obsessional disorders among other conditions. Miss Studman worked away on memory and fluency, I think, so that there was a certain amount of psychological research, though not any great volume of it because of the circumstances under which it had to be done.

As for social workers, this was one of the fields in which Professor Mapother's contact with the Commonwealth Fund was very important because they were prepared to put up money to have a training course for mental health workers established in London. It was clear that this could best be accomplished by a joint activity of the Maudsley and the London School of Economics. A lot of other people hoped to obtain some of the prestige or advantage from getting some such responsibility devolve upon them and Gillespie, in particular, tried very hard to have Guy's made the teaching centre for these people. However, at any rate at the outset and for some years, it was restricted to this place and I was responsible for the psychiatric teaching of the social workers, acting as a sort of go-between and tutor. Miss Ashdown conducted the more social side of the matter. It was a very interesting development, for me at any rate. I enjoyed the teaching side of it very much and we had groups of students coming here, some of whom later tackled research problems. One such was Miss Galloway who was one of the

most brilliant of the students we had, a very intelligent and able woman and she made several studies which had been published, some by herself and some jointly with me and one or two with other people, Minski, or Anderson, I think. She subsequently married Professor Jackson who was from Edinburgh and hasn't been concerned with psychiatric social work for some years. Miss Ashdown was very active indeed and not only as a teacher, at which she was superb; although she was greatly hampered in her movements by arthritis which she had in a very severe form, nevertheless, she did do a great deal of visiting for some years for me in regard to the study of obsessionals that I was interested in.

I still have enormous protocols which she collated, and I suppose now that I am retiring I ought to be analysing the data, for I once got into hot water because of the paper I had written about obsessional disorders. I promised to publish the material which did not appear in the paper in question, but which arose from these home visits that Miss Ashdown had paid on my account. I haven't published it yet, so it is high time, I suppose, that I turned my attention to it. Be that as it may, the social workers were an undoubted addition to the place, much more obviously so than the occupational therapists who came in increasing numbers. They were agents of one kind and another but it wasn't always easy to persuade oneself that what they contributed to the care of patients could properly be called therapy. It was kindness and help and all that, but to place it on the same footing as medical treatment seemed sometimes to be rather ill-judged.

In spite of all this activity I suppose that this institution compared with say Boston and Baltimore, and Berlin and Heidelberg was still very small?

Yes, of course it was. It was starved for cash. The only money which it had for research and teaching was a tiny bequest from Henry Maudsley and what could be extracted from the Rockefeller Foundation and the Commonwealth Fund. The Commonwealth Fund was generous in the first place, enabling us to have one or two Germans or Americans. We had a man called Peoples who had learned about benzedrine and amphetamine and he worked on that topic here. But the grants from the Commonwealth Fund were small. Then came the Rockefeller grant for three years, then another for five years, but that was all there was for the sustaining of research which must necessarily be expensive.

To buy a little piece of apparatus costing £5 was a matter which one had to discuss at length and go to the highest court of authority in order to get approval and there were, I think, no grounds for criticism of the staff who were already here or who came here, that they weren't producing as much as the

corresponding staff in places like Heidelberg or Johns Hopkins. They had to engage in so much other activity, clinical etc., that they couldn't be expected to give themselves wholeheartedly to their research.

Of course it's no criticism of the staff. It is, I suppose, a reflection on the differing recognition of the subject in different countries. I wonder whether at this time there was already discussion of the expanding function of psychiatry which has been so remarkable a feature of the post-war development in this country?

Yes, I think everybody subscribed to the view that we were being starved of facilities we ought to have, particularly by those observers who had been abroad. As you have gathered, several of the people here had been in America and then after the Germans came they heard about what was going on in Germany so that there was a general awareness of the necessity for a much larger number of people and much better facilities than were available. But I don't think that outside this little circle of psychiatrists there was very much awareness of these things. I don't think that the general body of doctors, particularly those in position of influence, considered psychiatry needed to be given its head more generously. That came more with the Goodenough Committee as a later development.

Of course, the London County Council had steadily expanded the number of people whom it supported here. The LCC did so as a result of an intense campaign on the part of Professor Mapother who was indefatigable in putting the arguments strongly. On looking through some of the letters he wrote and documents he produced, memoranda and so forth, I found there was a flood of these. He did succeed in getting the London County Council to put its hand deeper into its pocket for support of work here. But even so, it wasn't enough. These memoranda continued during the war. It is surprising when one looks back on it to see how in years like 1942, when things were looking rather black, various memoranda were being poured out about the future of psychiatry and the staff of the Maudsley Hospital. It was very much in the minds of people like me, I suppose, that when the war was over there must be some better provision for psychiatry than it had enjoyed so far. These documents were addressed to Bernard Hart and Sir Francis Fraser, because they were running the Emergency Medical Service, and Sir Wilson Jameson and Sir Alan Daley and all the other bigwigs who could control things. They went forward and finally the opportunity came for submitting a lengthy document to the Goodenough Committee whose recommendations did carry great weight with the people who were in a position to provide the material resource as well as to give support in other ways than material.

But this, you would say, was mainly following on from the crusading spirit that Mapother brought to the subject?

Yes, I think it is impressive to see the kind of memorandum Mapother was writing somewhere about 1937 and '38, pleading, for example, for a neuropsychiatric wing or a neurological wing which would enable the somatic side of psychiatry to be pursued more closely. He identified that with neurology, and he was very well aware of the importance of the sustaining sciences like neurophysiology. He made efforts to attract people who would carry through studies of the endocrine aspects of mental disorder, which he was convinced was important, and so people like Guttmann were approached to find out if they would like to come.

Rockefeller money was used for supporting research in alcoholism, which was another of Professor Mapother's keen personal interests, and Grace Eggleton was working on a Rockefeller grant given for the study of alcohol tolerance and metabolism. So there was a great, not so much a crusading spirit as a fairly clear-eyed awareness of what was required and the directions in which development ought to take place. That was very much in regard to research. I think with regard to teaching it was rather different. But nobody could have foreseen at that time the immense expansion of teaching facilities that came with the establishment of the National Health Service and the structures that went with it. At that time if a man wanted to have training in psychiatry, just before the war, he had to be content to receive a fairly low salary and to work very hard on the clinical side. None of the authorities cared whether he was receiving systematic instruction or not, a situation that I suppose now obtains in quite a number of mental hospitals where people pick things up if they can in a sort of apprenticeship relationship which is the best that can be hoped for.

And did this foresight include the notion of a postgraduate Institute in the sense that we know it now?

It was clearly understood that there were great advantages, almost superlative advantages, in being exclusively postgraduate, not having it mixed up with teaching at a different level and of a different sort from teaching aimed at undergraduates. That was fully understood. That it should be an institute, or indeed it should be a collection of people of Professorial status pursuing the major areas of psychiatric concern, that was also well understood. The degree to which that has been achieved is, I think, much greater than anybody expected or hoped. But the general plan was of that sort and was not original to anybody here, because it represented the kind

of set-up that had been well established at the *Forschungsanstalt* in Munich. Everybody that was acquainted with conditions on the Continent knew this. It had been what stimulated Frederick Mott on his return from a trip abroad in 1907 or thereabouts to write an article about what was desirable and what he had seen. He gave this article to Henry Maudsley who then wrote to him saying that he would be prepared to put up £30,000 for the creation of a place of this kind. If you read the paper that Henry Maudsley wrote about that time you can see these ideas expressed by him. So that one can't say that one person had the crusading spirit or the foresight to understand these things. It was generally understood that the need at the time in so complex and diverse a subject as psychiatry was for a multi-faculty institute almost.


The teaching side, as I say, was less well thought out and recognised. Until then the general plan here

had continued to be the one that I have just been talking about. You picked up what you could as best you could, as you went along. The view was that if you had a good training in general medicine, with your MRCP and so on, you should be able to acquaint yourself with psychiatry by doing it *ambulando*. The idea of a more systematic training, covering the ground effectively, hadn't really been grasped. I remember being asked towards the end of the war, or perhaps it was just after the war, how many young doctors we ought to have here, the sort of men called supernumerary registrars, housemen, SHOs. Previously the number of doctors here had been something like ten or 12, by the time war began, perhaps 14 and a few part-timers, and I, greatly daring, said I think there ought to be 40. Shortly afterwards when asked again I put it up to 60, a number that seemed to be most audacious at that time, most audacious.

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