

In Conversation with Eliot Slater*

[Brian Barraclough interviewed Eliot Slater, CBE, in February 1981. The following is an edited version of this interview. Part II will appear in next month's *Bulletin*.]

- BMB I thought we might start with your editorship of the *British Journal of Psychiatry*.
- ES I was elected at the Annual General Meeting of the RMPA in 1961. Fleming, who was the existing Editor, was in bad health and wasn't able to carry on with the work. I don't quite know how my name came up. Somebody approached me and I was very pleased to do it because I felt it was something I would very greatly enjoy doing. I felt that it was something I could do.
- BMB Had you any previous experience as an editor?
- ES None. I remember discussing the job of an editor with Arnold Carmichael who was the Editor of the 'green rag', the *Journal of Neurology and Psychiatry*. It later changed its name to the *Journal of Neurology, Neurosurgery and Psychiatry*. I said my idea was to get a lot of helpers, let them do what they liked to do and just collate it and gather the threads. There should be many advisers so you could always have a paper vetted by somebody in whose field it lay. Carmichael said 'Oh no, that isn't the way to do it. What you want to do is to have two good friends and the three of you decide everything.' But I thought that isn't the way I'd do it.
- BMB And what about the *Journal's* name?
- ES The *Journal of Mental Science* had already taken on a subtitle, *The British Journal of Psychiatry*, thereby pre-empting it from being gobbled up as a title for any new psychiatric journal by the Tavistock Square publishing house. When they published a psychiatric journal of their own, it couldn't take that name.
- In due course I went down to Fleming's house in Gloucester with a suitcase and took the papers that he hadn't been able to deal with. Then I got on with the job of going through the pile, and started to think of people who could be invited to come in as assessors.
- BMB What was the standing of the *Journal of Mental Science* then?
- ES Pretty low, but like the famous plum pudding, it did have the odd plum. Good papers got published now and again even if it published a lot of rubbish. By getting a lot of help we raised the standard. Assessors only got half a dozen or so papers in the course of a year, or if they were lucky up to a dozen, and this wasn't impossible for anybody. And people liked doing it. One or two said 'sorry' after a couple years,

*If any of my facts are wrong, I apologize and hope that anyone who knows better will supply a correction—ES

'I have had enough' or 'I'm getting too busy'. But as a rule they like to go on for the term.

BMB What journals published psychiatry then?

ES Well, one didn't try to go to American journals, like the *American Journal of Psychiatry*. I don't think you would have got much chance of being accepted if you did, but the *Lancet* and *BMJ* took the odd paper, so did the *Journal of Neurology and Psychiatry*.

BMB How do you explain the success of the *British Journal of Psychiatry*?

ES I suppose it filled a vacuum. I think you are right in thinking there wasn't a lot of space to get your papers published. But also people weren't writing for publication much. The idea of writing papers for the young man who is building a career is modern, I think.

BMB How often did the *Journal* come out?

ES At first, two-monthly, six issues a year. It was a big adventure to go into monthly publication. That was possible because the readership went up so much, the subscriptions from overseas increased no end. And there was plenty of stuff coming in too.

BMB For how long were you Editor?

ES A bit over eleven years. I took it up in the middle of 1961 and I finished at the end of 1972. I went on as acting Editor when the College was formed because I was ineligible to be Editor. I was too old.

BMB Would you like to say anything about your time as Editor?

ES I enjoyed it no end. I loved the work, and it was never difficult for me. Edward Hare followed me and did it very conscientiously, but he never enjoyed it like I did. I regard myself as a bad organizer, but there was no trouble about organizing that show as far as I was concerned.

BMB You concerned yourself with the papers published in the *Journal* rather than the general production?

ES I paid attention to the production in the sense of what kind of printing we were getting, what kind of paper we should use, what our format should be. The wonderful new golden cover that was going to attract attention in all the scientific libraries, and how the advertisement income was organized and so forth. I wasn't as enthusiastic about that but I covered it more or less. I put any sticky things to the Journal Committee. But the thing that interested me was the stuff that came in and how it could be produced and how people could be encouraged and not squashed. I remember one young man sending a paper in. He got an awful brush off from the assessor who said 'no, this is unacceptable, he doesn't know how to write a paper'. I was all in favour of open editing. The style in those years was 'we regret we are unable to accept

your paper for publication', no more, no explanation, nothing. I thought 'this isn't the way to do things' and I nearly always sent a copy of the report of the assessor to the author. Sometimes a piece would be cut out if it was too painful or rude, but as a rule the author got an unvarnished opinion. Anyway, on this occasion I sent back the report from the assessor complete. It may not have been unkind, but it was quite annihilating. The wretched young man from a provincial hospital wrote back to say that he was greatly obliged to have this report because he realized now that writing papers was not for him and he would never try it again. And I said 'My God, that's not the way to do things!'

BMB Was the colour of the cover your idea?

ES I can't say, but I fell for it. The idea was that if you went into a library, and instead of all the dull grey and brown you saw this golden yellow thing staring at you, you'd have to pick it up.

BMB Do you think of any papers published during your editorship as being especially remarkable?

ES I remember a long paper that came from America. It was about monozygotic twins who had been specially selected as discordant in respect of the American diagnosis of schizophrenia and were taken in under observation in the National Institute of Mental Health. A huge amount of work was done on them. I thought the selection was illegitimate. The twins were picked to be discordant. They weren't from any known or limited population. It was anybody the authors could find in the whole of America whose parents were willing for their offspring to come under observation in the research centre. But one couldn't suppress the data; I accepted this paper for publication but I wrote to the authors and pointed out the defects in selection. Another thing I think of is the work by my colleagues at the National Hospital on the schizophrenia-like psychoses of epilepsy. I was determined to publish the whole of this, however egoistic it looked, and take up 70 pages of the *Journal* to put it all out in grand array—total lack of false modesty.

BMB Well, you had a good time with the *Journal*.

ES I did indeed.

BMB And thought you achieved something?

ES Well, the *Journal* improved in quality and status in my time; I think it was partly because of what I did, but very largely because of what all the other chaps did. A lot of people worked on it. It was a big co-operative effort of British psychiatrists.

BMB Let's continue on publishing and talk about the two books you are so well known for.

ES Those I wrote with Willi Mayer-Gross and Martin Roth on the one hand and Will Sargant on the other hand.

BMB Which would you like to start on?

ES The one with Will Sargant was the one to get off the ground first in 1944. This was built up on his experience of active treatment, and what some people would call an adventurous approach to treatment in psychiatry. I liked this approach. I liked his way of working with patients.

He and I got to be very friendly. He would come to me with problems about how to make his points, or for criticism of points he wanted to make, and I collaborated with him. But he was the leading spirit. He was always thinking of new ways of treating people. When I first went to the Maudsley there was practically speaking no treatment at all.

BMB You are talking now of before the war?

ES Yes. I went to the Maudsley in 1931. The most appalling thing was the chronic melancholics, often people of most excellent personality, sunk deep in a depression which nothing could move. People have no idea now of what that illness could be. It never gets anywhere near that stage now. But then there was absolutely nothing.

BMB It would be worthwhile if you could recall the features of the chronic melancholic before ECT.

ES The involuntional melancholic would be a thin, elderly man or woman, inert, with the head lifted up off the pillow. There were some sort of Parkinsonian-like qualities, mask-like face sunk deep in misery, and speaking in a retarded way. If you could get them to say anything it would be something about how hopeless things were, how they were wicked, doomed to disease, death and a terrible afterlife, if there was one. And there wasn't anything you could do except to try to make them sleep, try to get them to take some food, tube-feed them if they were refusing food, which happened frequently. If they were very retarded and inert then they were reasonably safe from a suicide attempt. If they began to improve, or were at an early stage of the illness, you had the risk of a desperate suicidal attempt. A lot of the patients who came into the hospital were in that condition, and quickly went on to suicidal caution. Even then we had suicides. I remember a man in the male acute ward, with its own enclosed garden, who was found to be dying. His stomach at postmortem was full of yew leaves. The beds were wheeled out into the garden, and his bed had come under a yew tree. He had assiduously chewed up these leaves and swallowed them. None of us knew the yew is poisonous. I don't know what its alkaloid* is, but it killed him all right. Poor Edward Mapother, our Medical Superintendent, went into a panic about this getting into the newspapers, and getting to County Hall. Staff were sent

*Taxine.

next thing to cut that tree down. It was a very handsome yew tree, which shouldn't have been there, admittedly.

The pleasanter sort of case, of course, was the manic or hypomanic, where you could get some rapport. The schizophrenics would go into any kind of state. We might give them some form of sedation. We tried out the Swiss treatment of continuous narcosis for a week or fortnight. This is a dangerous treatment if it's done really properly, with sixteen hours of deep sleep a day. We didn't have any short-acting barbiturates then. We had phenobarbitone and medinal; but they were long-acting and in a heavy dosage, as for continuous narcosis, they were dangerous. Bromides, paraldehyde and, by injection, morphine and hyoscine—we had to do our best with them, and with physical measures such as the continuous bath. Sulfosin was tried out on schizophrenics, but with no good results.

Then, before the war, along came first convulsive therapy with cardiazol and then insulin treatment. Both of them, of course, have achieved a bad name. But there was absolutely no question in my mind that insulin coma therapy would produce a remarkable remission in acute schizophrenics who, in the ordinary way, one couldn't expect to do anything but go bad. Will Sargant was an enthusiast, and he and Russell Fraser, who went off into general medicine, managed the Villa as an acute treatment centre. What happened there was most encouraging; it was really quite wonderful. Then came Cerletti and Bini and electroshock; and then electroshock under sedation; then under anaesthesia with an antispasmodic, and the modern form of treatment. There was absolutely no question about the revolution in treatment. A few cardiazol epileptic fits are horrible to witness, but for the involutional melancholics the response was almost miraculous. So I arrived in psychiatry at a time when one was quite hopeless and helpless practically speaking. Before these advances the only treatment where you could really do something was the malarial treatment of general paresis. A breed of mosquitoes was kept at Horton Hospital and they were brought around if you got a GPI. I saw quite a few GPIs in my early days but you don't see them now; penicillin has done its work. With the neurotics one did the sort of psychotherapy that suited one's personality. Quite a few people, of course, went and got some sort of analytic training, but there wasn't much of a move towards psychoanalysis at that stage. The big surge towards psychoanalysis came after the war.

BMB What kind of psychotherapy suited you?

ES Perhaps what you might call commonsense psychotherapy, trying to find out what was hurting this individual and how it could be influenced by

persuasion, by making some intervention or suggesting some intervention. I was never a depth explorer.

BMB Shall we get back to how Sargant and Slater got written.

ES Sargant said 'Come on you, you must write the introductory chapter and the section on psychotherapy in conjunction with physical treatment.' He would write everything else, and I would have to take it and see what his line of thought was and improve it in logical progression and coherence. When he first started to write, his English was not good. He went on writing, and got to be a good writer in the end. His paperback books are very good.

BMB When did it first come out?

ES Before the end of the war, in 1944. Will was very keen that it should be on the market soon. He wanted it priced low so that his big message should get to the world. As he saw it, this was a very big message. He is the son of a Methodist minister and he is an evangelist for the good way of doing things. He would sacrifice himself to help his patients. He is one of the few people who really would do almost anything to help the patients he thought could be helped. I once talked to him about this and I asked him if there were any limits to this. He said 'Oh yes, indeed, if I come to the conclusion that I can't help somebody, then that's that. I have to go on to someone else whom I can help.' So he keeps things within a reasonable measure. But he is a great enthusiast. He got this book published quickly and it was of course very influential. I always feel it was because of the popularization of physical methods of treatment in psychiatry that Britain was saved from following America down the psychoanalytic path. *An Introduction to Physical Methods* we called it. It contained every item of knowledge that we had. But an 'introduction' it was, gone on a very long way since then. When physical treatments started, it was purely a guess. Somebody tried it, malaria, cardiazol, insulin. The convulsive treatment of mental illness was started because Meduna thought that epileptics didn't get schizophrenia. Sakel was allowed to try insulin coma at the Vienna clinic. I saw insulin coma there before it was being done anywhere else. I thought to myself this is a lot of poppycock. Because they discovered that malaria cured GPI, they think they can do another miracle cure. I regarded the whole issue with contempt. But I changed my mind when Will Sargant and Russell Fraser took it up.

BMB Do you still believe insulin is a useful treatment in schizophrenia?

ES There is no point in giving it because there are other treatments.

BMB I was thinking of the controlled trial of barbiturates and insulin.

ES I could never quite believe that trial because deep sleep therapy had not proved successful in schizophrenia. But insulin therapy was replaced by phenothiazines. They proved to be the effective treatment.

BMB But I thought that controlled trial of insulin coma and barbiturate coma which was published by Brian Ackner put a finish to the use of insulin.

ES I don't know. I wouldn't say that's all wrong but I'm doubtful about it. Nobody's gone on to give barbiturate coma to schizophrenic patients as a systematic treatment, so in a way he was comparing insulin coma therapy with non-therapy and I am firmly convinced that insulin coma therapy was quite remarkably successful in cases which would have been utterly hopeless in the pre-treatment era. Good clinical judges thought so. Mayer-Gross was a superb clinician. He had absolutely no doubt about what he was seeing. When you see things happen under your eyes, it is very difficult to say it's all chance.

BMB Well I suppose that applies particularly now with ECT being under such heavy criticism as being a useless treatment and investigations to find out whether it is the anaesthetic or the convulsion which causes the improvement. What you are saying is that people were so ill in the '30s and were not going to get better.

ES The involuntional melancholics I was talking about might take six months and then start getting better, twelve months or fifteen months. If they went on much longer than that they went into a chronic depressive state which was immovable. But I think that in the mental hospitals they did take electro-shock into the wards for people who had been certified as suffering from chronic melancholia for years and still got results. I think the anti-ECT campaign is ideologically directed in the main, that is to say it is by people who believe that psychic illness is the product of psychic causes and to intervene along a physical line is a form of assault and they are not going to believe it does any good. But there have recently been controlled trials on ECT which show it does have an effect.* Anyway the way it is done now is pretty harmless.

*See WEST, ERIC D. (1981) Electric convulsion therapy in depression: a double-blind controlled trial. *British Medical Journal*, 31 January, 355–57.

BMB You mention William Mayer-Gross.

ES Willi Mayer-Gross was one of three German Jewish refugees who came to us about 1934 when things were getting impossible for the Jews in Germany. Mapother organized it with Rockefeller help. It was one of the most far-sighted things he ever did; and it has made a historic difference to British psychiatry. The other two were Eric Guttmann and Alfred Meyer, who was—and still is—a world-famous neuropathologist. Mayer-Gross was rather short, powerfully built, very extraverted, a ball of energy. Eric was long and thin, elegant, aquiline. Freddie Meyer was the most slightly built. He was sensitive and retiring, one of the kindest and gentlest souls I ever met. Freddie went upstairs to work in Golla's laboratory; the other two were with us in the wards. All three would come to lunch with us. They were an immense addition to our society, which was a warm intimate one in the years before the war. Mayer-Gross was greatly respected as a clinician of the German phenomenological school. The idea was that if one couldn't do anything to cure schizophrenia, at least let us study it. What is the form of thought disorder, what kind of ways does a delusional idea appear in the mind of a schizophrenic, and so on. And that was one way to save one's soul, because it was soul-destroying not to be able to do anything for patients. Mayer-Gross came with a whole world of subtle clinical observations to instruct us in, and taught us above all to talk to our patients in an attempt at getting an understanding of the way their minds were working. I got on very well with him, and with the other two as well. Eric Guttmann gave me endless help in my own work. But Willi Mayer-Gross said 'Come on, let's write a textbook of psychiatry for England, for the British'.

BMB That was before the war was it?

ES It can't have been before the war. During the war Mayer-Gross went to the Crichton at Dumfries.

BMB Why did he do that—an extraordinary thing to leave London?

ES Because he had to find a job. And he was offered a job there. The hospital was keen and progressive, and he would have his own house and a reasonable income to live on. I don't think he was at all keen to leave London itself, but he adjusted himself to it very well. The fact is there weren't a tremendous number of jobs going around.