Ten books

BY ROBERT CAWLEY

The first book is a novel, *Dr Bradley Remembers*, by Francis Brett Young (1938).

I was born and brought up in Birmingham and of course became very familiar with that city and its surroundings, including to the north-west the Black Country, that grim, sulphurous, intriguing clutter of heavy industry: fiery furnaces, belching chimneys and mining. To the west and south there were sudden transitions into gentler landscapes, the Clent hills in the foreground and the Worcestershire countryside stretching beyond. When you crossed the Severn at Bewdley or Bridgnorth or Stourport, you approached south Shropshire and Housman's blue remembered hills: Abberley and Clee, Wenlock Edge, the Long Mynd. On this progress the place names too changed their character – Dudley, Sedgley, Oldbury, Upper and Lower Gornal, gave way to Far Forest, Cleobury Mortimer, Hopton Wafers, Ludlow and Leintwardine, Clun and Knighton and on again to the Welsh Marches. Some said the quickest way out of the Birmingham conurbation was a bottle of gin, but we knew better. Half an hour on a train or a little longer on a bus or a good pull on a bicycle, could put us well on our way to some of the most hauntingly beautiful English countryside. If housebound, we could take the journey, spiced with human interest, in one of Brett Young's books.

Francis Brett Young was a successful novelist of the 1930s. Many of his stories were set in and around the Black Country, and in several the main protagonists were doctors: for he himself had become a doctor at the North Bromwich Medical School, where he qualified in 1907. The city of North Bromwich was Birmingham, of course – just one of the many places which appeared in some of his books with thinly disguised aliases, but identical geography and human life. He wrote with gentle irony and charm and poetic sensitivity. In the late 1930s as I entered my teens, I read and enjoyed and sometimes re-read many of his novels. *Dr Bradley Remembers* was memorable and I believe lasting in its effect. In addition to its beautiful depictions of the topology of the region, its syntax and accents and the dignity of its labour and the corruption of some if its iron-founders and doctors, it turned my mind to the possibility of one day studying medicine.

Dr Bradley spent his boyhood in Lesswardine in Shropshire and qualified at North Bromwich Medical School in 1887. He worked as a general practitioner for 50 years in Sedgebury, a small remorseless township of pit and factories in the Black Country. In 1937, after his evening surgery on the very day of his retirement at the age of 75, he sat by the fire and recalled his past, or a very great deal of it, its humours and passions, fulfilments, frustrations and tragedies and back-breaking work – that is what the story is about: 745 pages of it with, to my mind, not a redundant passage. Its dedication is:

> To The Rt Hon David Lloyd George OM whose Invalidity Insurance Act gave greater dignity and security to the General Practitioner in 1913.

I first read John Ryle's *The Natural History of Disease* in its second edition (1948) after I had graduated in zoology and before I started reading medicine in 1950. This book, too, had a powerful persuasive effect on me. All but four of this collection of Ryle's lectures and addresses, 37 in all, date from his years as a physician at Guy's Hospital (1920–1935). Laced with clinical descriptions, they promulgate the view that the physician is in effect a naturalist: one who seeks after the truth of things by observing natural phenomena, and carefully recording the results, classifying the data and exploring and analysing the affinities, regularities and contrasts in the tradition of Darwin, T. H. Huxley and Gilbert White. The physician's task is to study the natural history of disease in man, and also the natural history of man in disease: attention to ecological aspects of the genesis and effects and outcome of disease is necessary for naturalistic study, as are the personal experiences of sick people. "More than half of practical medicine is psychology" said Ryle: therefore human psychology should take its place alongside anatomy, physiology and pathology.

Ryle's emphasis on naturalistic study, combined with his immensely humane and perceptive descriptions of disease states, set out with lucidity and grace, appealed enormously to me as a biologist and sharpened my thoughts about possibly reading medicine. I think this work, more than any other, shaped my career. Later I learned about Ryle's life, with the several frustrations he experienced – all this I found very moving. He qualified at Guy's in 1913, served in the Royal Army Medical Corps during the First World War, and in 1920 was appointed a physician on the staff of Guy's. Soon he became renowned as a superb physician, deeply knowledgeable, meticulous in his attention to detail, and always sensitive to the feelings and suffering of his patients. In his hospital and private practice he was a huge success, much in demand. As a teacher and as a research worker he was equally admired and received many honours.

In 1935, aged 46, to everybody's amazement, he accepted the Regius Chair of Physick at the University of Cambridge. Seemingly he had found his practice exhausting, leaving him little time to develop his interests in working for a "renaissance in medicine". He was less than enchanted by the development of 'clinical science' by his contemporary Sir Thomas Lewis, with its emphasis on basic science and laboratory work supplementing, and seeming set to take precedence over, work at the bedside. He hoped that medicine would move towards disciplined studies of man and his environment – social, economic and political – and of his subjective experiences in health and illness. At Cambridge he set up a productive department, but the emphasis in medicine was steadily progressing towards the laboratory. He became interested in the possibilities of socio-political work, and a few years later he stood unsuccessfully as an Independent Progressive candidate for Cambridge University, urging the furtherance of social and educational reforms, the better promotion of health and a fairer distribution of the burdens of the country between the well-to-do and the poorer classes. Among his other commitments he returned to work at Guy's during the Blitz, and although his health began to fail he continued his relentlessly hard work as a clinician and voluntary worker. In 1943 he left clinical work to establish an Institute

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for Social Medicine at Oxford, saying that he wished to increase the opportunities of aetiological study and prevention by working with statisticians and medical social workers and people in the public health and occupational medicine services. In the post-war years social medicine became established as an important medical discipline. However, clinical science and experimental medicine by then had the upper hand. The agenda for scientific work in social medicine were complex and diffuse. Ryle died in 1950, aged only 60, and by then social medicine was showing signs of beginning to lose its way, later to be replaced by 'community medicine' and more recently by the much older concepts of 'public health'. Ryle left behind an unparalleled reputation as a physician, teacher and creative thinker in the broad field of clinical medicine, and as a visionary whose passions were out of step with the times.

So, when I had completed my PhD, I set about making arrangements to enter medical school. This proved difficult for a number of reasons, one of which being that I had no money. My request to defer payment of fees until after qualification was granted, and I was fortunate enough to be given a part-time research fellowship (thanks to Professor Tom McKeown) in the social medicine department at Birmingham, which paid for my keep. I set out on this hazardous course at the age of 26 and qualified five years later. On my way though, when I became a clinical student, and still more when I was house physician to the Professor of Medicine (1956), scientific medicine had started on the great advances which have accelerated to the present day. Laboratory studies had developed to the extent that their new investigative methods were important accompaniments to bedside examination, and new technologies were steadily proliferating. The Medical Research Society and its journal *Clinical Science* had recourse to methods, analyses and influences which belonged to a different world from those of Drs Bradley and Ryle. Social medicine had no clinical component and was becoming a sophisticated statistical and epidemiological discipline remote from practical medicine. I think these were the main reasons why I chose to enter psychiatry. I may have been influenced during my time as an obstetrics clerk, when I observed (a) that any obstetrician, doing his or her round of any postnatal ward at a speed appropriate for the very busy people of the world, pausing briefly at each bedside to inform the incumbent that she and her baby were 'doing fine' would regularly and without exception provoke a flood of tears; and (b) that a subsequent ward round carried out by an uninitiated person (myself), consisting of a couple of simple questions and five minutes listening to each patient (spending perhaps 1–1.5 hours) seemed invariably to settle things, at least for the time being. Nobody else seemed to have noticed that – although plenty have done since. What other experiences influenced me I do not know, but I became firmly persuaded that the human or interpersonal side of medical practice would be my destiny. I have never regretted that decision.

My third choice is tripartite – the collected papers of Aubrey Lewis, comprising *Inquiries in Psychiatry: Clinical and Social Investigations* and *The State of Psychiatry: Essays and Addresses*, published in 1967, and *The Later Papers of Aubrey Lewis* published in 1979.

When I started my postgraduate training at the Maudsley, it was more or less *de rigueur* that registrars should read at least some of Aubrey Lewis's published work, to be found in the journals themselves or as well-thumbed inclusions in the reprint files of the Institute of Psychiatry's library. The 1967 volumes were published by the Maudsley Junior Common Room of the day as a tribute to Sir Aubrey on his retirement. They include his main writings between 1930 and 1966. The later book includes papers written between 1961 and his death in 1975. As a collection they provide a wide-ranging view of aspects of the history and philosophy of psychiatry and of the current state and activities in British academic psychiatry over 40 years. Sir Aubrey was famous for his brilliant, quick and critical intellect, the seemingly infinite span of his knowledge, his inclinations to scepticism (in the best sense of that word), the accuracy and lucidity of his writings (although it was compacted and far from easy reading by today's standards). The content was not to everyone's taste (see for example Erwin Stengel's (1968) review in the *British Journal of Psychiatry* of the 1967 volumes) and many found his style of teaching rather fierce and intimidating. I was one of the many psychiatrists who were deeply influenced by, and ever grateful for, having him as a mentor.

In learning about clinical methods I was much influenced by Adolf Meyer's psychobiology, the principles of which were supported by Aubrey Lewis and several other teachers at the Maudsley. Meyer (1866–1950) whose major work was at the Phipps Clinic of Johns Hopkins University in Baltimore, was an extremely influential psychiatrist in the USA, and perhaps even more so in the UK because of the propagation of his approach by David Henderson and Aubrey Lewis. The psychobiological style of practice involved recognising the uniqueness and central importance of the individual: comprehensive history-taking to obtain a detailed biographical study of the patient and show the temporal patterns of developmental factors, life experiences and social and environmental factors. A life-chart facilitated this process. It was then possible to view the patient's specific strengths and failings and assets and resources in a so-called distributive analysis and synthesis, and to develop a treatment programme consistent with these. Much emphasis was placed on a pluralistic approach, utilising the skills of a multi-professional team in both investigation and treatment. Meyerian psychobiology contrasts with present-day concepts such as biological psychiatry (which seeks out and manipulates somatic mechanisms) and the so called biopsychosocial approach (which signifies a vague aspiration rather than a method). As a biologist (and perhaps because of Drs Bradley and Ryle) I was very attracted by psychobiology (the Meyerian version of which had to be modified to include the actions and interactions of genetic mechanisms). Adolf Meyer certainly deserves a place on my list of authors. The trouble is that in his *Collected Papers* and other writings he was so extremely discursive as to be virtually unreadable. Noting, therefore, that the book itself influenced my career less than his lasting contributions as conveyed by other teaching I received, I cite Meyer's *Salmon Lectures*, compiled by E. E. Winters and A. M. Bowers, posthumously published as *Psychobiology* (1959).

My fifth title is Karl Jaspers's *General Psychopathology*, 13th edition (1963). It is one of those works which evokes extremes

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of intellectual and emotional response, and to me it is a monumental achievement. My attention was focused on it as soon as it was published, as I was asked to review it – this seemed a challenging experience for a recently appointed consultant. I was humbled by noting that its author was barely 30 when the first edition was published in 1913. So I read it pretty thoroughly and felt, for the first time in my life as a psychiatrist, fairly well at home when considering the huge extent and fascination of psychopathology, whether denoting the description of morbid experiences or behaviour, the possible psychological antecedents or psychodynamic mechanisms supposedly responsible for the morbid experiences, or the study of as yet unknown pathological processes affecting the brain. Subjective experience *v.* objective phenomena; form *v.* content; the psychology of explaining *v.* that of understanding; process *v.* personality development and so on. "Only when the biological aspects have been clearly distinguished can we proceed to discuss what essentially belongs to men . . . we found that psychopathology comes to be . . . also one of the humanities". So we proceed to the need for 'metaphysical understanding' and the foothills of existential philosophy, in which of course Jaspers later became a leading figure. To me when I first read it, it was heady stuff. It still is – I wonder what Dr Bradley or Dr Ryle would have said about it. Despite its often periphrastic style and too many words, I hold it to be a profoundly important book.

Sixth on my list is R. D. Laing's *The Divided Self: A Study of Sanity and Madness*, published in 1960, which I read, I think, two years later. It has become a famous book, although it is still unknown or unread by many psychiatrists young enough to know better. Laing was not the first to expound the value, and indeed necessity, of heeding the existential aspects of psychiatry, but at the time he was the most lucid. I found it very persuasive: an eye-opener.

> "It may be maintained that one cannot be scientific without retaining one's 'objectivity'. A genuine science of personal existence must attempt to be as unbiased as possible . . . . It is unfortunate that personal and subjective are words so abused as to have no power to convey any general act of seeing the other as a person . . . but imply immediately that one is merging one's own feelings and attitudes into one's study of the other in such a way as to distort our perception of him. In contrast to the reputable 'objective' or 'scientific', we have the disreputable 'subjective', 'intuitive' or . . . 'mystical'. It is interesting, for example, that one frequently encounters 'merely' before subjective, whereas it is almost inconceivable to speak of anybody being 'merely' objective".

Not surprisingly, therefore, in *The Divided Self* a series of case descriptions is used to make the point, which by its nature is difficult to reason about and objectify, and therefore so easy to trivialise or ignore in the literature (indeed I suspect it vaporises altogether when you try to make it fit into the generalised propositions of science). I was professionally seriously influenced by this first book of Laing's – and not only in my dealings with people with schizophrenia. It represents a style of working and trying to empathise, and perhaps those who can't do it can't recognise that they can't. However, the existential or ontological approach should indeed supplement rather than replace the objective methods. I feel no sympathies whatever with Laing's later publications and involvement with anti-psychiatry. But I believe his first published work deserves lasting recognition.

I was profoundly impressed and affected by Henri Ellenberger's *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (1970), which I read, not from cover to cover, but probably almost in its entirety during the ensuing two or three years. It is a magnificent book: scholarly, comprehensive, objective and most attractively written. The author traces modern psychotherapy to its ancestry in primitive healing, its emergence in the mid-18th century with the exorcist Father Gassner in conflict with the physician Mesmer. Sigmund Freud and psychoanalysis do not come into the picture until page 418 (of 900). In the words of the opening paragraph of the introduction:

> "An interpretation of facts and systems is proposed, on the basis of an evaluation of the socio-economic, political, and cultural background, as well as of the personality of the pioneers, their environment, and the role of certain patients".

This is exactly what was needed, and these aims are brilliantly realised.

For Number 8 on my list I had no hesitation about the author, but some difficulty in naming the book. For many years I have been an admirer of the talks and writings of Isaiah Berlin. His sane, reasoned, informed analysis of some of the deepest problems and dilemmas of political philosophy and the history of ideas which have shaped individuals and societies have given me cause for hope to balance my gloom about the apparent total want of sapience in the human species during this terrible century. It would take me years of study to grasp the full sense and implications of Berlin's contributions to 20th-century thought. I have read many of his essays and addresses, published individually or – in the past 20 years – brought together in the several volumes edited by Henry Hardy. Three of Berlin's pervasive themes have the greatest interest to me: two concepts of liberty; the divorce between the sciences and the humanities; and the pursuit of the ideal – the latter being one of several essays in which he advocates moral and political pluralism. Although I read the essays with these titles many years ago, they have conveniently (for my present purpose) converged, with many others, in the latest of Henry Hardy's anthologies, *The Proper Study of Mankind*, Isaiah Berlin, 1998.

In the paper on the separateness of the sciences and the humanities, and elsewhere, Berlin comments extensively on the thinking of Giambattista Vico, the Neapolitan philosopher of the 17–18th century. Vico asserted that in our efforts to understand human history, activity and thought, we depend on human mental processes far removed from empirical science and have to turn to the great literature of the world. I believe this is still true, and further that this category of mental processes is an important component of the psychiatrist's work (I once wrote a paper on this topic, but it was not very good and failed to make its point). With Vico, Berlin and a great many others, I believe that if we are seeking human understanding, we do well to turn to imaginative literature. I have always been most profoundly influenced by the great works of fiction, and must therefore have these represented in my list of 10 books. It has been desperately difficult to choose one single work to cite here. It is a matter, almost, of selecting an emblem. I choose Joseph Conrad's *Heart of Darkness* (1902). It is a work of the most powerful imagination: a narrative of a solitary physical journey, a psychological and symbolic and

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mystical journey, a journey, the voyager says on return "to the furthest point of navigation and the culminating point of my experience . . . . It seemed to throw a kind of light on everything about me – and into my thoughts".

I conclude, as I started, with a modern novel which represents a unique influence on my career. *Faces in the Water* by Janet Frame was published in 1962. She started writing it – to some extent following my suggestion – while she was discharged from several months in-patient care at the Maudsley and continued seeing me as an out-patient. I reveal no secrets. My name appears in her autobiography and elsewhere. For years we have been good friends and are no longer patient and doctor. This work is not so much a novel as an autobiographical fragment recording her seven years in asylums in her native New Zealand where she was diagnosed, consistently and wrongly, as having schizophrenia and received over 200 applications of electroconvulsive therapy, unmodified and similar insults, narrowly avoiding a leucotomy. Then, through the influence of one perceptive person, she obtained her freedom and was directed to London and the consulting room of Dr Michael Shepherd at the Maudsley. I was Shepherd's registrar at the time of her admission (1958), and she remained my patient until she returned to New Zealand. *Faces in the Water* represented the end, for her, of a new beginning and was written within a few months. John Mortimer, reviewing it in *The Observer* (11 February 1962), described it as "not a novel but a long and completely successful poem in prose . . . . With writing at this level anything which might be recognised by Mr Balchin or Mr Maugham as a plot would come as an unreal intrusion". Frame has subsequently written many novels and some poetry and an autobiography (condensed into a successful film, *An Angel at My Table*, 1990) and received countless prizes, honorary degrees and decorations: her official biography is now being written by a well-known writer and academic.

Of course we all learn much from our patients: my experience is a very particular illustration of this axiom. Elsewhere I have written about Janet Frame's contribution to the education of a psychiatrist. From our first meeting on the day of her admission to the Maudsley in 1958, I was caused to reflect on hitherto unseen worlds: the necessary limitations of psychiatric nosologies, the supreme importance of the patient's inner experience, the evanescent nature of the boundaries between knowledge and imagination, and much else. Aside from all that, *Faces in the Water* can be read as a chapter in the history of 20th-century psychiatry. Frame makes no value judgments, she simply reports what happened. She could have been voicing the experiences of hundreds of cohorts of psychiatric patients.

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