

## From the Editor's desk

By Peter Tyrer

## Elemental particles of disease and imagination

I was once asked at school to write an essay on the science of genius. I had no idea how to do this and finished up describing the persistent, but initially unproductive, stubbornness of Marie Curie in pursuing her quest for new elements. In short, I concluded that she discovered radium through tedium and this equation constituted genius. But I was probably not alone in getting it wrong. When we consider people with special talents we forget about science. Bernard Shaw often wrote about himself as a genius (this may have been self-mockery but I think he really did believe he was more talented than Shakespeare) and constantly ridiculed scientists as discoverers of the obvious. Shaw, after putting Newton's work on gravity summarily to bed, an idea 'which might have occurred to anyone who had seen an apple fall', added, 'Newton was no farther off the scientific target in his attribution of infallibility to Archbishop Ussher than most modern biologists and self-styled scientific socialists in their idolatry of Darwin and Marx. The scientist who solves the problem of the prophet Daniel and John of Patmos, and incidentally of Shakespeare and myself, will make a longer stride ahead than any solver of physical problems'.<sup>1</sup> It is fair to add that Shaw was not at his best when he wrote this preface to his play at the age of 91 and, unlike Henry Rollin (Tyrer, p.360), was probably running out of steam. Yet he was right in illustrating a kind of Cartesian split between the attitudes people have towards disease and its opposite, exceptional talent. The former is the stuff of science and discovery; the latter the stuff of Art and genius, and just to make sure science does not interfere, Art is spelled with a capital A. But the elemental particles of disease are in the same frame as those of genius, and although the rarity of brilliance may prevent the firmness of conclusions we make with larger groups, they are nonetheless there and potentially capable of study. Kyaga *et al* (pp.373–379) link them elegantly in their large study of creativity, and the size and scope of their study appears to confirm earlier suggestions that bipolar disorder is within the same spectrum as creative talent<sup>2–4</sup> and that schizophrenia follows not very far behind.

Exceptional people are subject to the same biological laws as the rest of humanity and I do not think it demeaning to suggest that Francis Thompson's magnificent Hound of Heaven<sup>5</sup> was probably influenced at least as much by drug-induced serotonergic activity (Cox *et al*, pp. 391–397; Nutt, pp. 353–354) as by his native talent. Just as blood pressure can be linked to white matter intensity in the elderly brain (Colloby *et al*, pp. 404–410), cannot the musical talents of Mozart and Beethoven be linked to neurotransmission in the auditory cortex without such a suggestion being regarded as the most laughable form of reductionism? If we pretend that those who are highly creative are automatically a class apart from the rest of us, we only fool

ourselves; their problems and talents intertwine and we are not always able to distinguish them. Jamison (pp.351–352) advises us percipiently to always keep a regular watch on the 'thin partition between disease and imagination', and as in early life this partition is very fuzzy indeed<sup>6</sup> it is best to err on the side of caution. To do otherwise can lead to serious error. When the New Zealand writer, Janet Frame, was waiting for a prefrontal leucotomy in Seacliff Hospital, South Island, in 1954 for symptoms that nobody could properly understand, she was only spared the surgeon's knife by the physician superintendent, Dr Blake Palmer, suddenly noting that she had just won a prize for her writing. 'I've decided that you should stay as you are. I don't want you changed', he told her, and the operation was cancelled. Psychiatrists need to remember this and make the right decisions when they meet their next mute inglorious Miltons with early symptoms of disorder that, if left untreated, may lead to the work of genius.

## Learning through debate

We have long had occasional debates in our journal. Although we have had some sparkling ones in recent years<sup>7–9</sup> and the potential for more,<sup>10</sup> we know that there are many dilemmas in practice that need to be exposed further. We have appointed Ben Goldacre, columnist for *The Guardian* but also a psychiatrist, as a Debates Editor to help us in choosing the right subjects for this section, and we are only too keen on members and other readers making suggestions for suitable debates. The best way of caring for patients with dementia is an obvious topic and we have a challenging preamble in this issue (Lawrence *et al*, pp.417–422; Sampson *et al*, pp.357–359) with conclusions that need to be tested. A good debate is participatory; it entices the reader into greater involvement and may even encourage you to take sides. So please let us have your suggestions; we both want and need to be at the heart of clinical practice.

- 1 Shaw GB. *Buoyant Billions: A Comedy of No Manners*. Ayot St Lawrence, 1949.
- 2 Jamison KR. *Touched with Fire: Manic Depressive Illness and the Artistic Temperament*. Simon & Schuster, 1993.
- 3 Wells J. The Bipolar World Within Us. *Br J Psychiatry* 2009; **194**: 235.
- 4 MacCabe JH, Lambe MP, Cnattingius S, Sham PC, David AS, Reichenberg A, et al. Excellent school performance at age 16 and risk of adult bipolar disorder: national cohort study. *Br J Psychiatry* 2010; **196**: 109–15.
- 5 Thompson F. The Hound of Heaven. In *Poems*, 1983.
- 6 Parker G. Predicting onset of bipolar disorder from subsyndromal symptoms: a signal question? *Br J Psychiatry* 2010; **196**: 87–8.
- 7 Wolpert L/Fonagy P. There is no place for the psychoanalytic case report in the *British Journal of Psychiatry* (debate). *Br J Psychiatry* 2009; **195**: 483–7.
- 8 Isacsson G, Rich CL/Jureidini J, Raven M. The increased use of antidepressants has contributed to the worldwide reduction in suicide rates (debate). *Br J Psychiatry* 2010; **196**: 429–33.
- 9 Kingdon D/Young AH. Research into putative biological mechanisms of mental disorders has been of no value to clinical psychiatry (debate). *Br J Psychiatry* 2007; **191**: 285–90.
- 10 Fergusson DM, Horwood JL, Boden JM. Abortion and mental health (letter). *Br J Psychiatry* 2009; **194**: 377–8.