*In Conversation with Eliot Slater**

The following is the second part of Dr Barraclough's interview with Eliot Slater. Part I appeared in last month's *Bulletin*.

ES As I was saying, there weren't a tremendous number of jobs going around. Why, for instance, didn't I become a professor?

BMB Yes, I have wondered that.

ES Because there weren't any professorships worth having. There was one in Edinburgh and one in London. When other professorships did come along eventually, I found they were terrible jobs organizing psychiatry in new towns so to speak, where nobody cared about psychiatry and you would have to fight tooth and nail for everything. You would have to be an empire builder. It wasn't my line at all. No, there weren't jobs available. Freddie Meyer had to go for a time to Barnwood House in Gloucester with Fleming. Eric Guttmann was actually interned for a time. The Maudsley closed down. It just became Mill Hill and Sutton. Anyway, after the war Mayer-Gross and I proceeded to write this book. He wrote most of it. I had to turn his Germanic English into English. I wrote chapters of my own, some of which were an awful sweat; the chapter on law, for instance, was a frightful toil. We both began to get stale and thought we really must have more help and we asked Martin Roth to come in and write the organic stuff. It worked very well indeed and the book came out in 1954.

BMB Were there any competitors for it at the time?

ES The textbooks available at that time were either not very comprehensive or not all that good. The American ones were mainly full of Freud, or Adolf Meyer's psychobiology. Henderson and Gillespie was rather an old-stager. Curran and Guttmann had come out in 1949 but was meant principally for beginners. The best textbooks available were in German, especially Bleuler and Bumke. I believe there were excellent textbooks in French, for instance by Henri Ey; but I could never read French psychiatry.

BMB Do you think they were an influence for the good?

ES The Mayer-Gross—Guttmann—Meyer influence was as far as I am concerned profoundly to the good. I think it enlarged the vision of British psychiatry tremendously. It gave a lot of people a lot more to think about. It taught them to pay close attention to their patients, to sift, to discriminate.

BMB Was it only the subject matter of research or a new approach?

ES I think the effect of these Germans upon me and some others was to promote enthusiasm. You really became enthusiastic about the subject in which you spent your every day. In point of fact, that degree of acute interest antedated their arrival. I can remember first arriving at the Maudsley Hospital and being completely overwhelmed with curiosity by a young nurse from one of the mental hospitals who was possessed with the Devil. The Devil compelled her to write screeds of stuff and then God would stop the Devil and there was a sort of colloquy between God, the Devil and her going on. It was, of course, a lot of hysteria, but some of the ideas coming out were very strange. I was completely fascinated by it, I was staying there up on the ward, writing it all down, up to 10 o'clock at night before going home. That kind of thing. I remember we had a very high level Jesuit priest, tormented by obsessions. This was in Aubrey Lewis's ward. Aubrey spent hours and hours and hours talking to this Jesuit priest. They shared a common fund of arcane knowledge because Aubrey himself had been brought up in a Jesuit school you know, and he knew all the Jesuitical ways of looking at things, and he could talk to this Jesuit fine. The Jesuit eventually left the hospital just as obsessional as ever. It was a big change from the absolute apathy in the county mental hospital I had come from to the enthusiasm I found at the Maudsley. I must not put it all down to the Germans, but they provided a whole lot of new outlooks.

BMB How did the Maudsley become so lively a place, was it a German influence at secondhand, because people had been there?

ES No, it was Edward Mapother looking around for the brightest young people he could find in British medicine, and inviting and persuading them to come there. He made a great effort to get Desmond Curran to come. When Aubrey Lewis turned up from Australia on an anthropological study year, Mapother was very struck, as of course one would be, by his intellectual abilities. Mapother got him to go over to America and spend a time with Adolf Meyer and then come back to the Maudsley. He was later made its Clinical Director. Before I ever came near the Maudsley I was told there was this place, that in psychiatry the Maudsley was a place where one wouldn't be ashamed to go. I originally wanted to be a neurologist. I had seen wonderful demonstrations by James Collier at St George's Hospital, and I was fascinated by the crossword-like accuracy with which one could pinpoint lesions. So I tried to train myself

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

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into neurology and to get to Queen Square, but Queen Square wouldn't have me. They looked at me the first time I applied for a house physician job, but said 'Come again another day'. Then I thought I will go and get some psychiatry; I went to see Mapother, who said 'Sorry, we haven't got anything at this time, but keep in touch'. So I took a job in a provincial mental hospital and got a princely salarly of £350 a year and keep, which was very worth having. From there I tried for a second time at Queen Square; but now, of course, I was tarred with a dirty brush, and they would not look at me. After six months I could not stand it any longer and felt I must leave, for the sake of my soul. I wrote to Mapother and he took me on as a locum. That is how I came to the Maudsley and that is how he picked up people. He collected people who had a good record in medicine. He loved to have people who had the MRCP. He wanted to make his staff respectable in the eyes of medical teaching in London. And he succeeded.

BMB Did you go there to do research?

ES The Maudsley? No. Yes. I don't know, I must have had some sort of idea about doing research because when I wrote to Mapother I said 'there's no research going on here'. And he thought this was super, I suppose. Here was a young man who wanted to do research, and at the Maudsley he had this fellow Lewis, who was telling everybody 'Come on now, you have got to do a bit of research'. Everybody had to do something. We had Tuesday evening meetings after the day's work was over, and you would stay and have an evening meal and then you'd go and sit in Lewis's room. It was Lewis who said I must provide something interesting for one of these meetings, and suggested hypnagogic hallucinations as a subject: How many people have them? What are they like? And I proceeded to make an enquiry among the patients about whether they had any hypnagogic hallucinations. And after this the more I did of delving and researching, the more I liked that kind of activity.

BMB So Lewis was the main influence, at least to begin with, in directing your attention to research?

ES Yes, he was emphatically. We must give him that credit very much.

BMB And he did it with other people as well?

ES Yes.

BMB And he continued to do it I suppose until retirement?

ES Eventually he had a devastating effect on enquiring minds. At one time, in the early years of his professorship at the Maudsley, he was found quite crushing by some of the registrars when they presented cases at his conference. I don't think that considering what they had in the way of bright people the Maudsley research record is very good, at any rate in the early years. I wouldn't like to say what it is like now. But in Lewis's early years, the post-war years, there wasn't a lot of new thought going on. It was not that Lewis was not stimulating but he was so sceptical. If you thought up any idea he would find reasons for debunking it. You can't go on researching if you are just debunked.

BMB What about other influences in the '30s on your developing interest in research?

ES Well, I suppose the critical thing for me was finding I liked playing with numbers. And then going and getting myself a statistical training.

BMB Where did you get that?

ES At the School of Hygiene and Tropical Medicine. I only had about six weeks of it, but I learned a lot of stuff. There was a lot of work on incidences and prevalences, on birth rates, death rates, national statistics. But they also gave you a training in small sample statistics. It was that, of course, that was invaluable in psychiatry. They used to give us lectures and then set exercises and we would sit at a desk, about a dozen or fifteen of us, with a little mechanical calculator in front of us, and work out tables and come to results and they would be checked. My great teacher was R. A. Fisher. I absorbed his book *Statistical Methods for Research Workers*, and when problems came up which I didn't know how to handle I would write to him at his journal office—he was Editor of the *Annals of Eugenics*. He was always helpful. He was a great saint in my mind.

BMB I once remember reading a paper you had written, about admission rates or discharge rates in British mental hospitals that you had got from the Board of Control, and you ended up . . .

ES 'These statistics are not absolutely useless.' The journal was the *Annals of Eugenics*. When Lionel Penrose took over the editorship he disliked the term 'eugenics'—Galton's idea—so much that he got it changed to *Annals of Human Genetics*. The article was published there. It was great fun. Lewis said to me, 'Why not try to duplicate the work that has been done in Germany': finding out what the risks are for members of the general population to get this, that and the other psychiatric disorder. I got permission to go into the medical and surgical wards at King's and obtained information from people having their appendix out or having a hernia done. But this was a biased population too. Lots of these people were neurotics and only in hospital because of neurosis. The incidence of psychiatric disorder in their relatives was much too high. Then it occurred to me that one could make use of the Board of Control data, the central statistics, and I got permission to see them. But, of course, the official diagnoses were out of date: primary dementia, systematised and non-systematised delusion insanity, etc. But I suppose it was the

first big thing I wrote. It started off with an idea of Lewis's, not of mine.

BMB What happened next in your research career?

ES I went to Germany on a Rockefeller fellowship. After that I went up to the Medical Research Council and said what about doing research on twins. They said 'Yes'. They gave me a grant and I spent a couple of years or so going around the London County Council mental hospitals, collecting twin cases. If a patient was reported to be one of twins, I had to go into the case in depth, which meant going off and doing the fieldwork myself. Very laborious and taxing. When the war came, this work hadn't been completed, but after the war the MRC agreed that I finish it off and polish it up. I got James Shields to come and do it. It was such a relief that he could visit the relatives instead of me, and knock on their doors and get them to answer questions, rather like being a politician, worming your way into people's homes.

BMB Where did the idea for the twin method come from?

ES It was around. When I went to Germany, I spent a year at Munich and met Klaus Conrad. He did a wonderful piece of research into the monozygotic and dizygotic twins of epileptics. It was a model of perfection technically. You could say I took the twin idea from the Forschungsanstalt für Psychiatrie in Munich. I made a very good friend there, Bruno Schulz, who taught me a lot on genetical methods in psychiatry. When I came back, I got the MRC grant and did the twin job, and then came the war. I went to Sutton and started doing things on the soldier population there: patterns of marriage with Moya Woodside, and fascinating things like that. And then picking and delving became something that had to be part of my life wherever I went. When I went to Queen Square as psychiatrist to the National Hospital, I was keen to pursue research there, which wasn't so easy. They didn't like it there. They wanted good clinical work and top level teaching. I started off at Queen Square with every sort of encouragement from people like Carmichael. But gradually things went wrong. I got at cross purposes with my colleagues. Looking back, I can't blame them. For instance, I refused the job of Dean. Of course that was very bad. If you are on board a ship and the captain says you will be the officer who will receive the guests when we have our great gala day, you are then the officer who receives the guests, there is no help for it. I wasn't playing fair by the chaps. There were certain things I wasn't at all keen on that they wanted me to do. Lectures on psychiatry, for instance, struck me as a ghastly thing to have to do. What I really enjoyed was having teaching rounds or conferences on my own patients. The young housemen—not all that young, some of them were getting on—were wonderful people to teach, and to be taught by. The interesting thing was that the really bright, brightest of the bright, were the young house physicians who were going to be accomplished general physicians. These young people told me about everything that was going on in medicine, and were constantly keeping me up to the mark.

What happened eventually was a sad storm. The Mental Health Research Fund had some money with which they wanted to endow an academic unit at one of the hospitals. I put in an application which they agreed. It was going to be an appointment for a senior lecturer, working in my department. It would have been the top of my ambition to make a small academic psychiatric unit at the National Hospital. This was battled in the hospital's Medical Committee for about a year, and they turned it down. I felt that was too much for me and I sent in my resignation. But I think if I hadn't blotted my copybook, neurologically speaking, I might have got their support.

BMB Do you think their refusal was a personal matter?

ES I think in a way, we were such different sorts of people, the more senior physicians and I. Another thing which must have irritated them very much was when I did a follow-up on National Hospital cases diagnosed as hysteria and found a big loading of organic disease had been missed. It was not a good thing.

BMB I don't suppose it could have been entirely personal or there would now be a larger psychiatric component at Queen Square.

ES When I left the National, I asked the MRC to give me another couple of sessions in the Genetics Unit, and they kindly agreed. Jerry Shields was very active, though he was confined to a wheel-chair after an attack of polio. I was collaborating with him, and with Valerie Cowie on mental subnormality. We had guest workers from America, Australia and the Far East. Ming-Tso Tsuang took a PhD with us. Our biggest acquisition was Irving Gottesman, who brought outstanding ability, new ideas, technical aids and finance into a most productive collaboration with Jerry Shields. They took up twin work where I had left it off. When I was approaching retirement, the MRC had to consider what to do with the Unit. They decided it must be closed down, but also that the twin work under Shields should go on. So Jerry was transferred to the Institute with MRC support, and Irv Gottesman came over regularly from the USA to continue work with him.

BMB Do you think that psychiatry will disappear as a specialty, one part being taken up by the neurologists or physicians and the other being done by psychologists and social workers?

ES No, I don't. Perhaps it is because I have always thought of myself as a psychiatrist, I haven't thought

of myself as being a geneticist or an MRC man or this and that, and it seems to me such a fascinating field. You can approach it from physical medicine with human and humane interest and find such an enormous lot to do. I can't think that the psychologists are as well placed, and certainly not the sociologists. A lot of them are totally misled by bogus ideas. The psychologists are better than the sociologists, who get their ideas from social knowledge which is knowledge about societies and groups, not about individuals. And I think they go completely adrift when they come up against individuals. They have these dogmas, that a child's best place is with his mother, for instance. Even when the child is running away at every possible opportunity they still send him back. As for the neurologists, I have no hope for them at all. I think the neurologists could only advance if they really became neuropsychiatrists. If you are interested in brain function you must pay attention, a great interest, to the top level functions of the brain, that is the speech, emotional reaction, communication with other people at the highest level.

Brief Impressions of Psychiatry in China

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Sir Desmond Pond's talk on 'A Visit to the Far East', published in the *Bulletin*, November 1980, included an outline of psychiatric practice in China today. I too was in China last year and was fortunate enough to visit two of its largest psychiatric hospitals, and it seemed to me that there might be a place for my own brief and informal impressions. Of the two hospitals, one was in Peking (or Beijing as it is now officially referred to), and the other in Shanghai. In China, most psychiatric hospitals are separate from the general People's Hospitals, and tend to be located in the suburbs. They are divided into acute hospitals and sanatoriums for the more chronically ill patients.

Both the hospitals which I visited were acute hospitals. I was made very welcome by the Directors, both of whom spoke English and were clearly very familiar with 'Western' psychiatry, including the *British Journal of Psychiatry!* Both hospitals served a staggering catchment area of between 8 and 10 million people, for which they each had approximately 1000 acute beds, together with a back-up sanatorium with approximately another 1000 beds for the more chronically ill patients.

The doctors working in the hospital are divided into psychiatrists, whose training and duties seem reasonably similar to ours, and medical assistants (or assistant doctors) who attend medical school rather than medical college, and whose training comprises three years. There are also 'barefoot doctors' whose training consists of a few months instruction, and who function chiefly in the community. I was told that at the present time between 30 and 40% of the Chinese psychiatrists are female. Multidisciplinary teams of psychiatrists, medical assistants, psychologists and nurses seem to be the rule. Stories which have filtered through about doctors having to take their turn with the wardchores (cleaning, making beds, etc) are apparently true, but happily this is no longer the case. At one time most formal training of doctors and psychiatrists stopped altogether, and many eminent specialists and professors were expelled from their universities and clinics and sent to work in the paddy-fields. Most medical colleges were closed down altogether until 1970, when they re-opened to provide drastically shortened three-year courses. Today it is different, and doctors are once more receiving a full medical education.

In both the hospitals I visited the staff and the patients seemed very satisfied with the service provided. Minor administrative differences were immediately obvious to the 'Western' eye, for example, sexual segregation on the wards, and uniforms for everyone, white tunics for the nurses and patients, and white coats for the doctors. Another striking difference was how busy everyone seemed, none of the apathy so common among psychiatric patients at home being apparent. Everyone was out of bed (I believe a very strict line is taken!), and busy at occupational therapy, except for a handful of very acutely ill patients. The weather in China in summer is warm, and in the hospital in Peking occupational therapy was taking place in a central courtyard, in the open air. The occupational therapy which was taking place was reminiscent of the work in a rehabilitation or assessment unit, that is to say that the emphasis seemed to be on packing or manufacture of marketable objects (such as boxes, dolls, and stringbags), rather than on free creativity or abstract discussion. However, the patients seemed to be enjoying themselves, and to gain confidence and self-respect from this exercise. I was told that most of the boxes were used in the hospital (for example as containers for ampoules), while other objects such as the bags are sold outside. The patients receive no payment for their work (the explanation given was that they were already receiving social security), and the money made from the sale of these articles is used to buy things for the hospital. Psychiatric hospitals (and most other hospitals), are financed by the local government or occasionally by a commune, and the patients either pay nothing at all for their treatment, or they pay a small amount towards the cost of their food, drugs and accommodation. The employer, whether Government, commune or factory, also makes a contribution towards this.