Aubrey Lewis, Edward Mapother and the Maudsley

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Aubrey Lewis was the most influential post-war psychiatrist in the UK. As clinical director of the Maudsley Hospital in Denmark Hill, London, and professor of psychiatry from 1946 until his retirement in 1966, he exercised a profound influence on clinical practice, training and academic research. Many junior psychiatrists, whom he had supervised or taught, went on to become senior clinicians and academics in their own right. Although not a figure widely known to the public (indeed, Lewis shunned personal publicity), he commanded respect in other medical disciplines and among psychiatrists throughout the world. A formidable and sometimes intimidating figure, he had a passion for intellectual rigour and had little patience with imprecision or poorly thought-out ideas. More than any other individual, Lewis was responsible for raising the status of psychiatry in the UK such that it was considered fit for academic study and an appropriate career for able and ambitious junior doctors.

Comparatively little has been written of Aubrey Lewis's formative professional life, and, indeed, the Maudsley Hospital itself has been somewhat neglected by historians during the important interwar years. This essay is designed to address these subjects and to evaluate the importance of Edward Mapother not only in shaping the Maudsley but in influencing Lewis, his successor.

The Maudsley Hospital

The Maudsley Hospital was officially opened by the Minister of Health, Sir Arthur Griffith-Boscawen, on 31 January 1923.[1] The construction had, in fact, been completed

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[1] Bethlem Royal Hospital Archives (hereafter BRHA), C12/4, Mapother Box 13, *Order of proceedings on the occasion of the opening of the Maudsley Hospital.*

in 1915 but, in view of the need to tackle the epidemic of servicemen diagnosed with shell shock and other psychiatric injuries, it had been taken over by the armed forces and run as a subsidiary of King's College Hospital. Designated as a "neurological clearing hospital", patients were first admitted to the Maudsley on 6 January 1916 and continued to be treated under the auspices of the Royal Army Medical Corps until August 1919, when responsibility passed to the Ministry of Pensions.[2] Faced with an epidemic of shell shock and uncertain how best to treat sufferers, the authorities gave the Maudsley a key diagnostic and investigative role. As Mapother recalled, it "received patients suffering from neuroses and psychoses of practically all types, and after a sufficient spell of trained observation, distributed each man to another hospital according to his particular type".[3] In addition, it was to undertake research into the causes of shell shock. Frederick Mott, director of the County of London Asylums Laboratory at Claybury, moved his scientific team to the Maudsley to investigate the pathology of this puzzling disorder.

When the hostilities came to an end and the Ministry of Pensions assumed responsibility for the treatment of soldiers hospitalised with so-called "war neuroses", it was necessary to recruit a medical superintendent to run the Maudsley. They chose Edward

Figure 1: A formal portrait of Edward Mapother (1881–1940) taken when he was part-time medical superintendent of the Maudsley Hospital (Bethlem Royal Hospital Archives).

[2] Patricia Allderidge, 'The foundation of the Maudsley Hospital', in German E Berrios and Hugh Freeman (eds), *150 years of British psychiatry, 1841–1991*, London, Gaskell, 1991, pp. 79–88, p. 87.

[3] E Mapother, 'Discussion on functional nervous disease in the fighting services', *Proceedings of the Royal Society of Medicine*, 1936, **29**: 855–68, p. 859.

Mapother (1881–1940), a former asylum doctor with military experience, whose tough and pragmatic policy at the army's neurological hospital in Stockport had impressed them.[4] Chronic or resistant cases of shell shock presented real treatment conundrums, while at the same time raising compelling questions of aetiology and pathological mechanisms. Mapother recalled how his service patients had been assembled in front of the Maudsley on 11 November 1919 to mark Armistice Day. The veterans, he wrote,

> were lined up on the front drive awaiting the lorries which were to take them on a tour of the town. The end of the war was signalled by the maroons which had hitherto been the customary warning of an air-raid; "shell shockers" fell down in heaps on the ground.[5]

Although the Ministry intended that the Maudsley treat servicemen suffering from "severe neurasthenia", by December 1919 Mapother reported that "of the patients recently admitted about 90% are certifiable insane on admission" and were not voluntary. The restrictions and precautions that these psychotic veterans needed inhibited his ability to treat those with shell shock at a time when the waiting list numbered 67.[6] Facing spiralling costs for war pensions, the Ministry closed the hospital in November 1920, when Mapother returned to Long Grove Asylum as its deputy medical superintendent.[7]

Whilst the hospital operated under the auspices of the Ministry of Pensions, the London County Council (LCC) had been exploring the practicalities of opening the hospital for civilians in accordance with Henry Maudsley's original gift. Both Mapother and Mott provided staffing estimates and costs. In 1919, the Maudsley panel of the LCC's general purposes committee agreed that a part-time medical superintendent should be appointed for a period of six years. However, a general shortage of public funds compounded by a deep economic depression resulted in slow progress and it was not until March 1922 that Mapother was appointed as medical superintendent with a salary of £1,202 a year.[8] Aged forty-one, Mapother took on a role that was to consume his energy and interest until weakened health forced premature retirement.

Having experienced how difficult it had been to treat soldiers with psychological disorders and who had little motive to recover, Mapother made it a cardinal principle that no patient was to be admitted under section, nor would they be certified once in the hospital. All patients were voluntary and were free to leave on giving twenty-four hours' notice. Thus, a clear distinction was drawn between the Maudsley and the network of asylums that traditionally treated major mental illness in the UK. Mapother identified the following disorders as suitable for treatment:

> Neuroses (hysteria of various forms, neurasthenia, anxiety and obsessional states), and certain varieties of psychoses, e.g. mild phases of the manic-depressive type, psychoses associated with exhaustion, with pregnancy and the puerperal period, with post-infective states, with syphilitic

[4] 'Obituary Edward Mapother', *Br. med. J.*, 1940, i: 552–3.

[5] E Mapother, 'War neurosis', *J. R. Army med. Corps*, 1937, **68**: 39–40.

[6] Public Record Office (hereafter PRO), PIN15/55 Treatment of Neurasthenia, E Mapother to Colonel Sheen, Ministry of Pensions, 29 December 1919, and 9 January 1920.

[7] BRHA, C12/4, Mapother Box 14, R H Curtis to E Mapother, letter, 5 October 1939.

[8] BRHA, C12/4, Mapother Box 14, H F Keene to E Mapother, letter, 3 March 1922.

brain disease of the interstitial types, with alcoholism and other drug habits, with endocrine disturbances, and generally cases exhibiting mental symptoms associated with all forms of definite bodily disease.[9]

Accommodation was provided for 157 patients in six wards each of twenty-four beds, divided equally between men and women, together with a further thirteen private rooms for women.[10] Mapother took great care over the appointment of the nursing staff: six general nurses, a matron with both general and mental training, and four ex-Voluntary Aid Detachments (VADs) whom he had known during the war.[11] With the help of Sir Frederick Mott, Mapother chose the original medical staff, recruiting three men (Drs A A W Petrie, the deputy medical superintendent, W S Dawson and William Moodie) from the LCC Service and one woman (Dr Mary Barkas). In its first year of operation, the Maudsley treated a total of 1,012 patients of whom 462 were admitted.[12]

Figure 2: Frederick Mott (1853–1926), wearing the uniform of a major in the Royal Army Medical Corps, seated at his laboratory bench in the Maudsley. As director of the London County Council's Central Pathological Laboratory at Claybury, he conducted extensive research into the physiology of the central nervous system in relation to mental illness. In 1916, when the military authorities found themselves faced with the apparently insoluble problem of shell shock, Mott transferred his laboratory to the Maudsley to study its physical effects on servicemen (Bethlem Royal Hospital Archives).

[9] 'The study of insanity: opening of Maudsley', *New Statesman*, 24 February 1923, p. 594.

[10] 'Opening of the Maudsley Hospital', *Hospital and Health Review*, March 1923, p. 142.

[11] A A W Petrie, 'The early days', *Bethlem Maudsley Hospital Gazette*, 1960, 3: 8–10, p. 9.

[12] BRHA, C12/4, Mapother Box 14, Maudsley Hospital Medical Superintendent's annual report, year ended 31 January 1925.

Edward Mapother

The son of Dr Edward Dillon Mapother (1835–1908),[13] a professor of anatomy and former president of the Royal College of Surgeons of Ireland, Edward came from several generations of landed gentry.[14] Born in Merrion Square, Dublin, he was educated in England at University College School and University College Hospital. As house physician to Risien Russell, Mapother gained a lasting appreciation of neurology, which was later expressed in his plan to open a neurological wing at the Maudsley. Having completed his MD in 1908, Mapother then joined the staff of Long Grove Asylum, Epsom, as an assistant medical officer.[15] He had worked as a locum in various mental hospitals and found the work appealing despite its low status. Perhaps because psychiatry was not considered prestigious within the medical profession, Mapother then studied for a fellowship of the Royal College of Surgeons, achieving this in 1910. Curiously, he did not take his membership of the Royal College of Physicians until forty, describing it as his most difficult qualification. At Long Grove, Mapother found himself in distinguished company, including Hubert Bond, Bernard Hart and Henry Devine. Bernard Hart recalled that Mapother then had a reputation of being lazy;[16] this stood in stark contrast to his post-war career at the Maudsley when he over-worked to the extent of damaging his health.

Shortly after the outbreak of war in 1914, Mapother joined the Royal Army Medical Corps (RAMC) and served in France both as a surgeon and a medical officer attached to a field ambulance of the Lahore Division. In September 1915, deployed to an advanced dressing station during the battle of Loos, Mapother recalled seeing "something of the wholesale panic of large units, and a few cases of delirious shell shock".[17] After a posting to Mesopotamia where he caught dysentery, Mapother went to India to work as a surgeon but came home with sciatica in April 1917. He completed the three-month course in military psychiatry at the Red Cross Military Hospital, Maghull, before taking command of the neurological division of No. 2 Western General Hospital, Stockport.[18] Treating servicemen with a variety of post-combat disorders, including shell shock and disordered action of the heart (DAH), Mapother recalled taking a tough line:

> Seven hundred men passed through the two hospitals of which I had charge ... So long as the war lasted, I set my face rigidly against discharge from the army and a pension, which was obviously what most of them wanted. After the armistice it was impossible to get support for this policy.[19]

[13] 'Obituary, Edward Dillon Mapother', *Lancet*, 1908, **i**: 823.

[14] Aubrey Lewis, 'Edward Mapother and the making of the Maudsley Hospital', *Br. J. Psychiatry*, 1969, **115**: 1349–66, p. 1350.

[15] 'Obituary, Edward Mapother', *Lancet*, 1940, **i**: 624–5.

[16] Lewis, 'Mapother', op. cit., note 14 above, p. 1365.

[17] BRHA, C12/4, Mapother Box 14, E Mapother to J R Rees, letter, 18 November 1938, p. 1.

[18] Ben Shephard, '"The early treatment of mental disorders": R G Rows and Maghull 1914–1918', in Hugh Freeman and German Berrios (eds), *150 years of British psychiatry*, London, Athlone, 1996, pp. 434–64, on pp. 447–8.

[19] BRHA, C12/4, Mapother Box 14, E Mapother to J R Rees, letter, 18 November 1938, p. 2.

Mapother subsequently observed that one of the main difficulties preventing "the sane handling of war neuroses was the wave of sentimentality which swept the country – the disposition to regard as heroes all who joined the army".[20] This pragmatic approach endeared him to the Ministry of Pensions, which in August 1919, appointed him to run their special hospital for war neuroses in the buildings at Denmark Hill constructed to house the Maudsley.

Mapother had an enduring interest in war syndromes and the psychological problems of veterans. In March 1925, he was appointed psychiatric consultant to the Ex-Services Welfare Society (today called Combat Stress).[21] As such, he assessed veterans for their suitability for treatment in the Society's residential homes. From 1935 onwards, Mapother helped to organise annual conferences on "war neuroses", which drew together psychiatrists, senior members of the armed forces and pension officials.[22] His expertise in this area was acknowledged by the government in July 1939 when he was invited to join the Horder Committee – a select group of experts set up to debate the question of war neurosis, its treatment and any question of financial compensation.

Lewis and the Maudsley

On 29 June 1928, Aubrey Lewis began working at the Maudsley as a researcher, investigating sleep.[23] He had originally contacted Mapother when working at Queen Square and he applied for a position there because of the hospital's rising reputation. Lewis had not got far with this study when a vacancy for an assistant medical officer arose to which he was appointed.

Although Lewis spent the greater part of his professional career at the Maudsley, his route there had been a complicated one. An Australian, originally interested in anthropology, he had decided to apply in 1925 for a Rockefeller fellowship in psychology and psychiatry "with the special object of training the holder for studying the mental traits of the Australian aborigine". Thus, Lewis was initially drawn to psychiatry not for itself but as a way of enhancing his ability to undertake anthropological research.

Awarded a one-year Rockefeller fellowship in January 1926,[24] Lewis chose to study in the United States where a number of departments of psychiatry had been opened in the major medical schools.[25] In September 1926, he travelled to the Boston Psychopathic Hospital to work under Macfie Campbell. Between April and May 1927, Lewis was based at Dr William Healy's children's clinic at the Judge Baker Foundation. In June, Lewis went to the Phipps Psychiatric Clinic, Johns Hopkins University Medical School, Baltimore, to study under the Swiss neuropsychiatrist, Adolf Meyer, who was to exercise an important impact on his thinking.[26] Lewis attended Meyer's 9 a.m.

[20] Mapother, op. cit., note 3 above, pp. 862–3.

[21] Ex-Services Welfare Society Minute Book, 3, 31 March 1925; held by Combat Stress.

[22] Ex-Services Welfare Society Minute Book, 9, 3 June 1937, p. 61; 10, 7 September 1939, p. 78; held by Combat Stress.

[23] BRHA, C12/4, Mapother Box 14, Staff files.

[24] Norma S Thompson to Aubrey Lewis, letter, 12 January 1926; held by the Lewis family.

[25] Dr Clifford W Wells to Aubrey Lewis, letter, 8 January 1926; held by the Lewis family.

[26] Michael Gelder, 'Adolf Meyer and his influence on British psychiatry', in German E Berrios and Hugh Freeman (eds), *150 years of British psychiatry, 1841–1991*, London, Gaskell, 1991, pp. 419–35, pp. 431–2.

Figure 3: Aubrey Lewis (1900–1975) in Boston as part of his Rockefeller fellowship during 1927. From left to right: Professor Hartwell, unknown technician, A J Lewis, and Julia Denning (Dr Naomi Cream).

seminar and also treated patients (continuous narcosis, warm baths for anxiety states and even practised psychotherapy, which he judged not very successful). As a tutor, Meyer emphasised attention to detail, careful history taking and clarity of thought, though Lewis recalled that he was often difficult to follow perhaps because of language difficulties. Nevertheless, his grasp of the literature and intellectual honesty made Meyer an inspirational figure.

In August 1927, Lewis was awarded an extension to his fellowship so that he could spend three months at the National Hospital for Epilepsy and Nervous Diseases at Queen Square and a further three months in Germany. In London between October and December 1927, he worked with Gordon Holmes (1876–1965) as a clinical assistant. An aggressive and forceful personality, Holmes had built a reputation as consultant neurologist to the British Expeditionary Force during the war. With Henry Head, he had conducted pioneering research into the neurophysiology of sensory perception and the location of sensation. Although painstaking and a lucid thinker, Holmes soon became impatient with those who could not keep pace. Junior doctors who incurred his displeasure would be hit with a patellar hammer to the sound of his edict "Maybe I have to bang it into you".[27] Nevertheless, Lewis recalled that Holmes had been a conscientious tutor and he held his intellectual achievements in high esteem.

[27] John Howells interviewed by Hugh Freeman (1990), in Greg Wilkinson (ed.), *Talking about psychiatry*, London, Gaskell, 1993, pp. 207–29, on p. 213; J Purdon Martin, 'Reminiscences of Queen Square', *Br. med. J.*, 1981, **283**: 1640–2, p. 1641.

In Paris, en route for Berlin, Lewis obtained a letter of introduction to Professor Karl Bonhoeffer (1868–1948) in Berlin. When in Germany, he also studied under Karl Beringer and Mayer-Gross in Heidelberg. Lewis later recalled that Bonhoeffer's ideas had exercised the greatest influence on the development of his own philosophy of psychiatry. By proposing a fundamental distinction between endogenous and exogenous causes, Bonhoeffer proposed the existence of symptomatic psychoses. In contrast to schizophrenia or manic-depressive psychosis, these exogenous reaction disorders did not involve "a pathologic formation of certain functional systems" but were the result of "a reaction of inherently healthy brains to damages that have their onset during the course of life".[28] In the United States, similar ideas were explored by Adolf Meyer, who also had a significant influence over the Maudsley model of psychiatry.

Due to return to Adelaide in March 1928 to resume a career in academic psychiatry, Lewis met resistance. He was informed that it was unlikely such an opportunity would be created and that he should seek a position at the town's Parkside mental hospital.[29] While apparently remaining in London at the end of his fellowship, Lewis spent three months trying to find a more suitable post as it was a condition of his award that he return to Australia on its conclusion. In what must have been a low point in his life, Lewis then contacted the Rockefeller Foundation to request that they release him from this obligation. When it became clear that his training would not be used to great advantage if he were to return to Australia, it was agreed that he could remain in the UK. As a result, he decided to settle in his father's homeland. In London exploring his options, Lewis contacted Bernard Hart, consultant psychiatrist at University College Hospital. Over tea at the Royal Society of Medicine, Hart suggested that he apply to the Maudsley as the edge in training and research had moved there from the Bethlem.

Presumably to visit his parents, Lewis made a return visit to Australia in November 1930, working his passage on the *S S Otranto* as an assistant surgeon.[30] His merchant navy uniform subsequently found its way into his children's dressing-up box, though it had a final outing in the 1956 Christmas show at University College Hospital, which starred Jonathan Miller, son of the Maudsley psychiatrist, Emmanuel Miller.

Family and Education

Aubrey Lewis was the only son of George Solomon Lewis (1871–1931), a Jewish emigrant to Adelaide, South Australia.[31] George Lewis was the son of a carpenter and joiner formerly of Posen, Prussia, who had come to London by 1851 where he married the daughter of an established English Jewish family. One of eight children, George Lewis was orphaned at ten, and his relatives sent him to Australia in his mid teens where a married, older sister was living. He trained as a watchmaker and jeweller but never became wealthy. In Adelaide, he met Rachel Isaacs

[28] K-J Neumärker, 'Karl Bonhoeffer and the concept of symptomatic psychoses', *Hist. Psychiatry*, 2001, **12**: 213–26, p. 220.

[29] BRHA, C12/3, Lewis Box 10, C H Hacket, 'A few personal notes on the late Sir Aubrey Lewis' (typescript, 28 April 1975), p. 1.

[30] Certificate of Discharge, Aubrey J Lewis, 13 December 1930; held by the Lewis family.

[31] Information provided by Dr Naomi Cream, 14 December 2001.

(1866–1951), a prize-winning amateur elocutionist and teacher in the Hebrew school attached to the synagogue. She had been born in Tynemouth, though her parents also from Posen had emigrated to Australia when she was an infant. In August 1899, George Lewis married Rachel in the Adelaide Synagogue, and Aubrey was born on 8 November 1900.

Curiously for a person with a powerful academic bent, Aubrey Lewis did not learn to read until he was "six and a bit". Measles may have delayed his education as medical advice was then to avoid eyestrain. Being of modest means, George and Rachel Lewis tried to obtain financial assistance for their son's schooling at the prestigious Anglican St Peter's College in Adelaide on the grounds of a distant family connection with its Jewish benefactor, Benjamin Mendes da Costa.[32] Their application was turned down and Aubrey Lewis was sent to the Catholic Christian Brothers College, where he soon revealed a natural academic bent.[33] It is not certain when he decided on a medical career, though he had laid the foundations at school. In 1917, Lewis passed higher examinations in English literature, Latin, German, physics and inorganic chemistry; all were with credit apart from physics.

Lewis was a diligent and committed medical student. His passion for language was given expression as editor of the Medical Students Society's *Review* and as a regular participant in debates. Although the Adelaide Medical School did not have an outstanding reputation for medicine, it had appointed the distinguished anatomist and anthropologist, Frederick Wood Jones, who was to exercise a significant influence on Lewis's career.

After graduation in 1923, Lewis completed his house jobs at Adelaide Hospital, where a year later he was appointed as a medical registrar. His first ambition was to become a neurologist but having clinical contact with aborigines who came to the hospital for treatment, Lewis was drawn to anthropology. In 1925, under the influence of Wood Jones, together with T D Campbell he made detailed observations of twenty-six aborigines to record personality characteristics, colour of hair, eyes and skin, together with notes on ear formation and eyebrow ridges. The notebook kept by Lewis showed that he had recorded detailed accounts of people's dreams. While studying in the Adelaide public library as a schoolboy, Lewis had read the works of Freud. It is possible that this interest had been inspired either by Freud's *The interpretation of dreams* (1900), or *Totem and taboo* (1913),[34] which, in exploring the origins of the incest taboo, made reference to Australian aboriginals.

When Campbell and Lewis presented their findings at a meeting of the Royal Society of Australia in July 1926, they stressed that "it was impossible to perform valuable work among natives by hurried expeditions. Workers needed special training in research and must settle near the habitations of the aborigines and be patient and

[32] Naomi Cream, 'Revd Solomon Lyon of Cambridge, 1775–1820', *Jewish Historical Studies: Transactions of the Jewish Historical Society of England*, 1999–2001, **36**: 31–69, p. 68.

[33] Michael Shepherd, 'A representative psychiatrist: the career, contributions and legacies of Sir Aubrey Lewis', *Psychol. Med.*, 1986, supplement 10: 1–31, pp. 7–8.

[34] S Freud, *The interpretation of dreams*, vols 4 and 5 of *The standard edition of the complete psychological works of Sigmund Freud*, London, Hogarth Press, 1953; S Freud, *Totem and taboo*, vol. 13 of *The standard edition*, London, Hogarth Press, 1955.

painstaking".[35] Taking this message to heart, Lewis realised that he would need to study experimental psychology and applied to the Rockefeller Foundation to train in the United States.[36] However, a discussion with the Adelaide professor of psychology, whose interests lay in a philosophical direction, made it clear that if he were to pursue this training there would be no post for Lewis on his return. As a result, he decided to alter the focus of his study from psychology to psychiatry.

The Maudsley Model of Psychiatry

The first issue that Mapother sought to address was the low standing of psychiatry in medicine. Although a post-graduate qualification, the Diploma in Psychological Medicine (DPM), had been introduced, academic psychiatry had yet to emerge in the UK as a distinct discipline. There were so-called alienists who worked in large asylums treating major mental illness and small numbers of physicians with an interest in psychological questions who investigated functional somatic disorders such as railway spine and neurasthenia. Training and research remained ad hoc, proceeding according to the interests of particular consultants. Mapother believed that the only way to bring these diverse elements together and provide them with a structure, was to establish the Maudsley as a centre of clinical excellence.

Having recruited able and experienced doctors from the traditional asylums, Mapother insisted that permanent staff obtain their membership of the Royal College of Physicians to give the Maudsley medical credibility. Mildred Creak, the first child psychiatrist at the Maudsley, recalled that Mapother had urged her to obtain her MRCP. "Where I had come from", she recalled,

> They thought it quite good to get the DPM and I had no more thought of taking membership than of a degree in Greek history. He issued the idea as a firm ultimatum, and what a sound policy that proved, for we never lost sight (nor did he) of psychiatry as a branch of general medicine.[37]

Dr C P Blacker, who joined the Maudsley from Guy's Hospital in 1927, believed that he owed his appointment in part to his having obtained the MRCP. Both J S Harris, the deputy superintendent, and Lewis successfully sat the exam in 1929 at a time when the pass rate was rumoured to have been 10 per cent.

As regards doctrine, Mapother avoided a rigid adherence to any school of thought and firmly believed in advance through empirical research. The problem with psychiatry during the 1920s was that little hard evidence existed on which to build general theories. Because shell shock had been shown to be without neurological basis (despite Mott's earlier claim that the concussive and toxic effects of exploding gases caused microscopic haemorrhage),[38] the "organicists" had been forced to

[35] Press cutting 'Royal Society meets: Paper on Aborigines', 8 July 1926. These findings became Lewis first academic publication: T D Campbell and Aubrey J Lewis, 'The aborigines of South Australia: dental observations recorded at Ooldea', *Aust. J. Dent.*, 1926, **30**: 371–6.

[36] Institute of Psychiatry, Sir Aubrey Lewis interviewed by Michael Shepherd, *c.* 1970.

[37] Mildred Creak, 'The birth of child psychiatry', *Bethlem Maudsley Hospital Gazette*, 1961, **4**: 62–3, p. 62.

[38] Frederick W Mott, 'The effects of high explosives upon the central nervous system', *Lancet*, 1916, **i**: 331–8, 441–9.

retreat. Psychological explanations, sometimes distilled from psycho-analytic theory, had gained a little momentum from their apparent success in the treatment of so-called "war neurosis", though most of medicine remained unimpressed by these interpretations. The foundation of the Tavistock Clinic by Hugh Crichton-Miller (1877–1959) in 1920 reflected the small but growing interest in psycho-dynamic concepts.

It is far from certain that Mapother had a defined blueprint for academic psychiatry when he took command of the Maudsley in 1923. He was not aligned to any school of thought and had been educated in a spirit of sceptical empiricism. In essence, Mapother believed that the individual was a psychobiological unity to be dissected and classified at great risk. While Mapother recognised that schizophrenia and bi-polar effective disorder were different from neuroses and from organic brain disease, the distinction between neurosis and psychosis was not considered hard and fast and was regarded of limited diagnostic use. Mapother believed in the importance of hard facts, such as the precise amount of alcohol consumed by a patient. Although he encouraged a questioning attitude, Mapother disapproved of cross-discipline speculation about causation and the meaning of symptoms.[39] He was ambivalent about psychoanalysis.[40] Respectful of the writings of Freud and willing to employ a small number of psychoanalytically-orientated psychiatrists (such as W H de B Hubert), Mapother was highly critical of most psycho-dynamic hypotheses and regarded the Tavistock Clinic with disdain. He favoured organic factors in reaching clinical judgements.

Because of the difficulty in identifying hard clinical evidence to guide diagnosis and treatment and the need to demonstrate thoroughness, Mapother insisted that staff take scrupulous care over medical histories. As a trainee at the Maudsley, William Sargant recalled collecting over thirty pages of detailed information on one patient. In the absence of effective interventions, Sargant believed that such exercises gave "us a feeling that we were doing something for the patient by learning so much about him, even if we could not yet find any relief for his suffering".[41] Sargant also argued that the introduction of new treatments (insulin coma therapy, ECT, leucotomy and medication) removed the necessity for such history taking. Lewis, who was less impressed by some of these fashionable innovations, continued to insist that registrars gather extensive patient profiles during the 1950s and 1960s. Although he was certainly right to assume that the empirical justification for particular treatments was far from conclusive, it is less certain whether the meticulous detail that he demanded in the presentation of case histories was necessary. In part, Lewis may have used the procedure as a test to identify robust and motivated registrars.

As regards treatment, Mapother adopted a sceptical attitude to new interventions and followed the doctor's first dictum to do no harm. In the 1930s, for example, Sargant was keen to try cardiazol convulsions for resistant depression. Because cardiazol fits could produce anxiety and terror in the patient, clinical trials were not permitted at the Maudsley. Waiting for the absence of Mapother and his key deputy (presumably Lewis), Sargant recalled that he then persuaded Dr Sinclair, a visiting physician from

[39] Aldwyn Stokes, 'The teacher', *Bethlem Maudsley Hospital Gazette*, 1960, **3**: 10–15, pp. 12–13.

[40] Malcolm Pines, 'The development of the psychodynamic movement', in German E Berrios and Hugh Freeman (eds), *150 years of British psychiatry, 1841–1991*, London, Gaskell, 1991, pp. 206–31, p. 225.

[41] William Sargant, *The unquiet mind: the autobiography of a physician in psychological medicine* London, Heinemann, 1967, p. 36.

the Royal Melbourne Hospital, to administer the drug with apparent success. Insulin coma therapy was not introduced at the Maudsley until November 1938. The caution shown by Mapother in view of the serious medical risks to a patient undergoing such treatment was fully justified in 1957 by a controlled trial of coma induced by barbiturate compared with insulin.[42] Brian Ackner, Arthur Harris and A J Oldham found no significant differences in their efficacy for samples of schizophrenic and schizo-affective patients, and concluded that "insulin is not the specific therapeutic agent".[43] With the introduction of chlorpromazine and other neuroleptics, insulin coma therapy could no longer be justified.[44]

In wartime, when Maudsley staff were divided between Sutton and Mill Hill, the differences between the two schools of thought became apparent. In 1942, Louis Minski, medical superintendent at the former, also allowed Sargant and Eliot Slater to use ECT, insulin coma therapy and even to refer some servicemen suffering from post-combat disorders for leucotomies.[45] Lewis, as clinical director at Mill Hill, adopted Mapother's policy of critical restraint and commendably refused to allow any prefrontal leucotomies. Indeed, so incensed was he by the fashion of treating patients by this experimental method that Lewis wrote a stern editorial in the *Lancet* arguing that the efficacy of the operation should be the subject of thorough investigation by the therapeutic trials committee of the Medical Research Council.[46]

Because so many of Mapother's senior colleagues (Thomas Tennent, Lewis and Desmond Curran) had trained with Adolf Meyer (1866–1950), his ideas began to dominate during the 1930s. Swiss-born, Meyer had migrated to the United States in 1892, where as professor of psychiatry at Johns Hopkins University he proposed a unified vision of psychiatry that attempted to lift the study and treatment of mental illness to the level of all legitimate medical enterprise.[47] He argued for the full integration of mental institutions into the emerging university medical schools and hospitals. He offered a doctrine of psychobiology in which psyche and soma were considered different dimensions of the same entity. An individual's personality was to be the primary object of study. Meyer interpreted mental illness not as a structural defect of mind or body but as the lowering of a person's ability to function – a struggle that was bound up with his success in social relations. Instead of disease, Meyer, spoke in terms of maladaptation, or "maladjustment". Hence differences between normality and abnormality, between psychosis and neurosis were not absolute but shades of grey.

Meyer argued that the so-called functional psychoses (schizophrenia, manic-depression) were reaction patterns of the central nervous system and represented the interplay of three causal factors, heredity, physical disease and emotional development.

[42] Edward Shorter, *A history of psychiatry: from the era of the asylum to the age of Prozac*, New York, John Wiley & Sons, 1997, pp. 209–15.

[43] Brian Ackner, Arthur Harris, and A J Oldham, 'Insulin treatment of schizophrenia, a controlled study', *Lancet*, 1957, i: 607–11, on p. 611.

[44] M Fink, R Shaw, and F S Coleman, 'Comparative study of chlorpromazine and insulin coma in the therapy of psychosis', *JAMA*, 1958, **166**: 1846–50.

[45] Sargant, op. cit., note 41 above, pp. 54–5, 78, 97; William Sargant, and Eliot Slater, *An introduction to physical methods of treatment in psychiatry*, Edinburgh, E & S Livingstone, 1944.

[46] Editorial, 'Physical approach to the brain', *Lancet*, 1943, i: 404–5.

[47] Jack D Pressman, *The last resort: psychosurgery and the limits of medicine*, Cambridge University Press, 1998, p. 20.

Treatment was designed to ameliorate the patient's condition; guidance, re-education, occupational therapy and home visits by social workers were all encouraged in an attempt to improve the person's condition.[48]

Meyer found two significant allies in the implementation of his plan for psychiatry. The first was Thomas Salmon (1876–1927), chief medical officer of the National Committee for Mental Hygiene, and the second was Alan Gregg, the charismatic director of the medical sciences programme of the Rockefeller Foundation. Salmon, though a bacteriologist by training, had been recruited into the US Army to design a comprehensive system for the prevention and treatment of shell-shock cases following America's entry to the First World War.[49] Having studied British and French methods in detail, he set out to create a corps of neuropsychiatrists that would win the respect of other medical disciplines. After the war, he attempted to exploit the impetus given to the discipline by establishing or up-grading university psychiatric departments. In addition, Salmon strove to create a national system of medical facilities for veterans to treat war-related psychological injuries.[50]

In accord with its mission "to promote the well-being of mankind", the Rockefeller Foundation, the largest private charity of the day, had given medical science its highest priority. Within this strategy, psychiatry was identified as a primary target because it was regarded as "the most backward, the most needed, and the most probably fruitful field in medicine".[51] Under Gregg's direction, millions of dollars were invested in new departments of psychiatry and research institutes to create a new generation of neuro-psychiatrists grounded in the latest science. Gregg was attracted to Meyer's paradigm of "maladjustment psychiatry" because it offered to alleviate human suffering, raise medical standards generally and even provide a vantage point from which to guide human affairs. Against a pre-war background of strikes and poor labour relations, the Rockefeller Foundation sought ways of building social stability. Concerned to yield tangible results, Gregg gave the laboratory centre stage, in the hope that research might generate the evidence required to bring Meyer's psychosomatic medicine to fruition. His goal was to break down, through the funds at his command, the institutional, professional and conceptual barriers that had hampered the scientific investigation of mental illness.[52]

It was in this context that Mapother travelled to the United States in 1929. He visited the leading departments of psychiatry that flourished with the influx of funds from the Rockefeller Foundation. The gap, in terms of resources and ideas, between the finest American institutes (at Pennsylvania Hospital, Harvard Medical School, McLean Hospital, and the Hartford Retreat) and facilities in the UK was apparent. However, Mapother believed that the crucial difference was one of attitude: "the medical spirit dominating [psychiatry], and consequent pre-occupation with treatment and

[48] Gelder, op. cit., note 26 above, p. 427.

[49] Thomas W Salmon, 'The care and treatment of mental diseases and war neuroses ("shell-shock") in the British army', *Mental Hygiene*, 1917, **1**: 509–47.

[50] Pressman, op. cit., note 47 above, pp. 25–6.

[51] Ibid., p. 30.

[52] Ibid., p. 34.

research".[53] Whilst in the United States, Mapother met Meyer and returned with a respect for his ideas.[54]

Mapother came closest to summarising his philosophy in a presentation to the Royal Society of Medicine in November 1933 entitled 'Tough or tender: a plea for nominalism in psychiatry'.[55] In this, he argued that the lack of progress evident in "scientific knowledge concerning psychology and psychiatry" was due "to distraction from painstaking factual studies of the sort which Kraepelin initiated by the facile charms of animist speculation".[56] In contrast to tough-minded nominalism, Mapother was critical of tender-minded "conceptualism", which included idealism, spiritualism and recent developments in psychoanalysis. He defined nominalism as the view that "universals or abstract concepts are mere names without any corresponding realities". He considered that phenomena, or "the immediate products of perception", were the only objects of knowledge. Hence, Mapother defined the goal of science as "the production of formulae summarising the maximum number of past phenomena in the simplest, most concise and most frugal manner possible, and enabling us to foretell the sequence of future phenomena with the maximum economy of thought".[57] Observation must be scrutinised for bias and must ultimately lend itself to quantitative results.

Subsequently, Eliot Slater argued that Mapother had been insufficiently ambitious in setting his goals for psychiatry and his proposals failed "to give a satisfying picture of the human mind at work in trying to understand the world around, and it fails to give that kind of foundation which feels firm enough to step off from the unknown".[58] Mapother was critical of the psychology advanced by William McDougall, Freudian psychoanalysis and Bernard Hart's attempts to make both relevant to psychiatry. Following the ideas of Meyer and Salmon, he believed that the way forward was to develop psychiatry in conjunction with neurology; that the science of the brain was the only legitimate way to understand psychosis and neurosis. He stood in the tradition of John Hughlings Jackson, C S Sherrington, Henry Head, and K S Lashley, seeking out the secrets of human nature by experiment. Yet, Mapother was not a visionary thinker. As a pragmatist who relied on empirical evidence, he had little on which to base a broad view of psychiatric endeavour. It was virtually impossible, in view of the absence of effective treatments and investigative tools, to devise an achievable strategy for academic psychiatry during the 1930s. Not until the invention of advanced scanning techniques and the design of sophisticated statistical instruments could researchers begin to gather robust scientific data.

Nevertheless, Mapother may have held an overly narrow view of psychiatry and too readily rejected interesting hypotheses because of their associations or the institutions from which they originated. His closely-defined goals for psychological medicine yielded little in the way of tangible discoveries during the interwar period. Rather, Mapother's significant contribution was to create an institution and environment in

[53] Edward Mapother, 'Impressions of psychiatry in America', *Lancet*, 1930, **i**: 848–52, p. 848.

[54] Eliot Slater, 'The psychiatrist', *Bethlem Maudsley Hospital Gazette*, 1960, **3**: 7–10, p. 7.

[55] E Mapother, 'Tough or tender: a plea for nominalism in psychiatry', *Proc. R. Soc. Med.*, 1934, **27**: 1687–712.

[56] Ibid., p. 1689.

[57] Ibid., p. 1693.

[58] Eliot Slater, 'Early thinkers at the Maudsley', *Br. J. Psychiatry*, 1972, **121**: 591–98.

which research could flourish from 1945 onwards. He is rightly remembered for his statesmanlike achievements in establishing the Maudsley as a centre of excellence, inspiring a generation of clinicians and defining an atmosphere of integrity and expertise.

Academic Endeavour: An Institute of Psychiatry

Although the Maudsley Hospital became part of the University of London in 1924, Mapother was painfully aware that British psychiatry lacked an authentic research and teaching base, often forcing postgraduates to travel abroad to complete their training. During the late twenties, Mapother had himself toured a number of European psychiatric clinics to discover more about their treatment methods and research projects. He was also concerned that most psychiatric research in the UK was undertaken by clinicians in their spare time. This, Mapother believed, led to an "unduly optimistic" outlook but also prevented "the laborious observation and experiment that forms the basis of every progressive science". Full-time scientists were needed in dedicated research institutes, "protected against overloading with elementary teaching".[59] He thought that key researchers should be scientists, rather than psychiatrists, as they alone would have the technical understanding to push back the limits of knowledge.

Having conceived the need for an "institute of psychiatry and psychopathology" at the Maudsley, Mapother set about the monumental task of raising funds for a low status discipline with little scientific grounding.[60] In summer 1929, at the invitation of the Commonwealth Fund of America, Mapother had visited the leading psychiatric departments in the United States and Canada. Whilst in New York, he obtained an introduction to Dr Richard M Pearce, director of medical education at the Rockefeller Foundation. He appears to have received some encouragement, though Pearce died in February 1930. Mapother then contacted his successor Dr Alan Gregg to request that the Foundation consider a significant endowment for "advanced research in psychiatry and allied subjects". In particular, he believed that there was a great need for scientists to work in biochemistry, the anatomy of the nervous system, psychology and genetics.[61] Gregg appeared sympathetic and in June 1930 visited the Maudsley while on the trip to the UK.[62]

In the following year, Mapother made a formal application to the Rockefeller Foundation for financial support. Although the charity recognised that the Maudsley was "easily [the] most important institution [of British psychiatry] and can hardly be omitted", Gregg opposed the grant of a large endowment, though he was sympathetic to the idea of funding "a series of men for five-year periods to develop its research and training".[63] As a result, Mapother's proposal was declined in April "in favour of further negotiation with you upon the subject with a view to a less extensive and more gradual

[59] Mapother, op. cit., note 55 above, p. 1711.

[60] BRHA, C12/4, Mapother Box 13, 'Appeal for the endowment of an institute of psychiatry and psychopathology at the Maudsley Hospital' (typescript, March 1931), p. 9.

[61] BRHA, C12/4, Mapother Box 13, E Mapother to A Gregg, letter, 21 February 1930.

[62] BRHA, C12/4, Mapother Box 13, A Gregg to E Mapother, letter, 4 June 1930.

[63] Staff conference excerpt, 16 March 1931, Record Group 1.1, series 401A, folder 247, box 18, Rockefeller Foundation Archive (hereafter RFA), Rockefeller Archive Center (hereafter RAC).

development of research activities at the Maudsley".[64] Although Gregg wrote that it was the "economic crisis" of 1931 that had prevented them from funding an institute of psychiatry,[65] it appears that he held reservations about the Maudsley's academic credentials and, indeed, about the progress that might be achieved in the discipline.

However, Gregg was not dismissive of the Maudsley and wrote in May 1932 to propose that the Rockefeller Foundation fund two junior and one senior fellowships at the hospital. "Behind such a project as this", he observed, "lies the conviction that not enough good minds are going into clinical psychiatry and the related and contributory sciences of psychology".[66] One of these fellowships was used to offer William Mayer-Gross a post in 1934 when he fled Germany to escape Nazi persecution.[67] In addition, Eric Guttman and Alfred Meyer were beneficiaries of Rockefeller monies during 1935.[68] The arrival of these distinguished scientists at the Maudsley gave Gregg the confidence he needed to finance this relatively junior and untried teaching hospital. Believing that German research was of a higher calibre than that in the UK, officials at the Foundation considered that the presence of these émigrés would encourage promising home talent.[69] As a result, the Rockefeller awarded the Maudsley £9,000 over three years from 1935 to fund research. In 1938, the Rockefeller Foundation agreed a further £5,000 per annum for five years to be divided equally between laboratory and clinical research.[70] Eliot Slater believed that the arrival of three distinguished German psychiatrists broadened the vision of their UK counterparts: "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".[71] Whether or not it was the presence of émigré psychiatrists or the clinical and research efforts of Maudsley staff themselves, by March 1938 the hospital's reputation had been established. After a meeting with Daniel O'Brien, the Rockefeller Foundation's assistant director of medical services, Mapother wrote to Lewis to say that the charity regarded the Maudsley as "the cat's whiskers" and "would later be prepared to make a large capital endowment, e.g. a hundred thousand pounds".[72] Any doubts that had been held by O'Brien about Mapother's willingness to consider innovative research projects had also been dispelled.

Despite having launched an appeal in March 1931, Mapother never lived to see the Institute of Psychiatry become a reality. So committed to this project was Mapother that he left his entire income (with the exception of his home) to a trust fund set up to

[64] BRHA, C12/4, Mapother Box 13, A Gregg to E Mapother, letter, 13 April 1931.

[65] BRHA, C12/4, Mapother Box 13, A Gregg to E Mapother, letter, 11 December 1931.

[66] BRHA, C12/4, Mapother Box 13, A Gregg to E Mapother, letter, 13 May 1932.

[67] Aubrey Lewis, 'Edward Mapother and the making of the Maudsley Hospital', *Br. J. Psychiatry*, 1969, **115**: 1358.

[68] Aubrey Lewis, 'William Mayer-Gross: an appreciation', in *The later papers of Sir Aubrey Lewis*, Oxford University Press for the Institute of Psychiatry, 1979, p. 220.

[69] Lambert to O'Brien, letter, 8 January 1935, RG 1.1, series 401A, folder 251, box 19, RFA, RAC.

[70] BRHA, C12/4, Mapother Box 14, *Opening of the new buildings, forming the second extension of the hospital... 14 July 1939*, p. 3.

[71] Eliot Slater interviewed by Brian Barraclough (1981), in Wilkinson (ed.), op. cit., note 27 above, pp. 1–12, on p. 8.

[72] E Mapother to A J Lewis, letter, 15 March 1938; held by the Lewis family.

Figure 4: Frederick Lucien Golla (1878–1968), who succeeded Mott as director of the Central Pathology Laboratory at the Maudsley in 1923. Educated at Magdalen College, Oxford, Golla had completed his medical studies at St George's Hospital and undertaken research in neurology at the West End Hospital for Diseases of the Nervous System. In August 1914, he volunteered for military service, serving in the Royal Army Medical Corps. On demobilisation, Golla returned to St George's as a consultant physician, and gave the 1921 Croonian lectures on the physiology of neurosis. When the Maudsley closed in 1939, Golla became the first director of the Burden Neurological Institute in Bristol (Institute of Psychiatry).

finance psychiatric research and contribute towards the construction of a neurological wing at the Maudsley.[73]

In 1936, Mapother was appointed the first professor of psychiatry at London University, and at the same time a chair was created in the pathology of mental disease for Frederick Lucien Golla, who had succeeded Mott as director of the Central Pathological Laboratory of the London County Mental Hospitals in 1923. Golla had trained at St George's Hospital and undertaken research in neurology at the West End Hospital for Diseases of the Nervous System before volunteering for military service in August 1914. Posted to France with the Royal Army Medical Corps, Golla appears to have worked at the Maudsley in the latter stages of the conflict and certainly experimented

[73] BRHA, C12/4, Mapother Box 14, The will of Edward Mapother, 17 December 1935.

in Mott's laboratory where he became a disciple of his outlook and methods. In the immediate post-war period, Golla was appointed a consultant physician at St George's Hospital, then at Hyde Park Corner.

Despite undertaking important work on the location of cerebral tumours by electro-encephalography, the Maudsley laboratories did not win international acclaim during the interwar period. In part, this reflected the limited resources available to Golla; he had a staff of only four assistants, though he was able to call on the pathology laboratories set up in the various mental hospitals surrounding London. However, this outcome was also a product of the uneasy relationship that existed between Golla and the rest of the hospital. He operated a separate fiefdom and did not interact dynamically with his clinical colleagues. Indeed, according to Slater, Golla regarded Mapother's attempt to found psychiatry on neurophysiology and mental mechanisms as "doomed to frustration but also a kind of barbarism".[74] In his Croonian Lectures of 1921, Golla had attempted to establish that neurosis, far from being a psychogenic phenomenon, should be understood as a physical disability, a failure of organic equilibrium, which could be assessed by physiological methods.[75] In the way that Mott had sought to find objective signs for hypothyroidism and dementia praecox, he attempted to show that the psychogalvanic reflex, or electrical activity of the skin, could serve as a reliable indicator of neurosis. Once at the Maudsley, he embarked on a programme of research into the physiology and biochemistry of what were then termed the "functional psychoses" (schizophrenia and manic-depression). In one experiment, Golla found that a group of psychotic patients, including some diagnosed with schizophrenia, hardly responded to inhalation of an atmosphere containing 2 per cent carbon dioxide, while almost all the controls showed increased ventilation. This appeared to show a disturbance of respiratory regulation, which Golla believed might be connected with a defect of oxidative processes.[76]

It is uncertain what subjects Mapother considered to be the appropriate targets for the Maudsley to research. While in Oslo on his European tour, Lewis met Professor Gjessing who suggested that Mapother believed that schizophrenia was best studied in chronic patients confined to mental hospitals. Lewis thought that the acute forms of psychosis treated at the Maudsley were also worthy of study. Certainly to abandon them would not leave "much ... for the Maudsley on the somatic side since of the non organic conditions, the neuroses are not likely to show much on the metabolic side but more on the social side".[77]

Mapother was concerned by the failure to exploit the full potential of the hospital's laboratories, and wrote to Sargant in April 1939:

> There are a number of schemes which I am anxious to put through before I go ... The chief of these are the reorganisation of the medical staff, the acquisition of a really suitable successor to the post of director of the laboratory, and reform of the relations between clinical and laboratory

[74] Slater, op. cit., note 58 above.

[75] Alfred Meyer, 'Frederick Mott, founder of the Maudsley laboratories', *Br. J. Psychiatry*, 1973, **122**: 497–516.

[76] A Spencer Paterson, 'A personal memoir: 1931–32', *Bethlem Maudsley Hospital Gazette*, 1961, **4**: 65–9, p. 67.

[77] Aubrey Lewis to Hilda Lewis, letter, September 1937; held by the Lewis family.

staff, the agreement of the [London County] Council to the provision of a neuro-psychiatric wing and definite agreement by the Rockefeller Foundation to provide a large endowment (£100,000 or £200,000) for salaries for research personnel.[78]

Golla had retired in 1938 but the threat of war delayed the appointment of a successor and it was not until 1945 that Dr S Nevin took over as laboratory director.[79]

Mapother and Lewis

When Lewis arrived at the Maudsley in 1929, it remained relatively small-scale. Indeed, the entire medical and scientific staff could sit around a single table for lunch. By 1931, there were only seven full-time psychiatrists, together with two part-time doctors for out-patients, while Mapother himself was never fully employed at the hospital.[80] The doctors, including J S Harris (who had succeeded Petrie as deputy superintendent in January 1926), were relatively young.[81] Only Mapother and Blacker had seen military service during the First World War. Harris was said to have possessed great tact and took care not to provoke Mapother, while shielding junior colleagues. However, he could not protect them from the mid-morning case conferences when juniors were expected to present new admissions. Invariably, Mapother was delayed and many believed that much time was wasted having to wait and then listen to the presentations of others. Both Lewis and Blacker found these meetings irksome. Mapother would earlier have discussed new or problematic patients with Miss Walker, the matron, whom he met as soon as he arrived. It was thought that she exercised too great an influence, having the first opportunity to brief him.

Mapother was impressed by the youthful Lewis and appointed him a consultant in 1932 at the age of thirty-two. Because of his obvious intellectual talent and commitment to academic research, Mapother made him clinical director four years later. Although Lewis and his fellow consultants had little formal time for research, they succeeded in generating a growing number of papers during the 1930s. These publications gave the Maudsley a measure of international credibility, and two papers by Lewis were later regarded as classic accounts of depression.[82] By 1939, Lewis was regarded as Mapother's most likely successor as professor of psychiatry, though, given the fact that the LCC suspended the post for six years after Mapother's resignation, there could have been a suspicion that Lewis was not yet sufficiently experienced.

Lewis, in turn, had a great respect for Mapother, and subsequently wrote about him with affection. Mapother became an important role model for a number of young psychiatrists, including Sargant. Something of the post-war animosity between Lewis and Sargant may have been influenced by the latter's overt admiration for Mapother

[78] BRHA, C12/4, Mapother Box 14, E Mapother to W Sargant, letter, 14 April 1939.

[79] *Institute of Psychiatry 1924–1974*, London, Bethlem Royal and the Maudsley Hospital, 1974, p. 1.

[80] BRHA, C12/4, Mapother Box 13, 'Staff of the Maudsley Hospital from 1931'.

[81] BRHA, C12/4, Mapother Box 14, Maudsley Hospital Medical Superintendent's Report, 1 January 1927 to 31 December 1931, p. 1.

[82] A J Lewis, 'Melancholia: a clinical survey of depressive states', *J. ment. Sci.*, 1934, **80**: 277–8; A J Lewis, 'Melancholia: prognostic study and case material', *J. ment. Sci.*, 1936, **82**: 488–558.

Figure 5: Aubrey Lewis reading to his daughter, Naomi, while on holiday in August 1937, possibly at Frinton-on-Sea (Dr Naomi Cream).

and wish to be his true intellectual successor. Yet Mapother's shyness and the fact that he had no children of his own made him uneasy with the paternal aspect of the teacher-pupil relationship.[83] Although addressing his junior staff, he found teaching the DPM course stressful and was usually on edge before a lecture. Before major presentations, his nerves sometimes made him physically sick.

By 1931, when the Maudsley had 207 beds, its total staff had risen to 152, including 17 permanent doctors. In addition, a large number of trainee psychiatrists were employed, such that between September 1932 and May 1939 91 doctors had worked there. Many of the famous names of post-war British psychiatry had learned their clinical skills at the Maudsley under Mapother, including Harold Palmer, William Sargant, Eliot Slater, Maxwell Jones, John Bowlby, Dennis Hill,[84] together with a number of prominent psychoanalysts such as John Sutherland, later director of the Tavistock Clinic, and Wilfrid Bion.[85] One of the clinical assistants had been Dr Hilda Stoessiger, whom Lewis married in February 1934.

[83] Stokes, op. cit., note 39 above, p. 14.

[84] BRHA, C12/4, Mapother Box 14, List of staff of the Maudsley Hospital, September 1932 to May 1939.

[85] BRHA, C12/4, Mapother Box 14, Clinical Assistants, 1923–1937.

Table 1:
The patient population of the Maudsley Hospital (1923–30)

	Out-patients		In-patients			Total treated
	Adults	Children	Adults	Children	Private patients	
1923	850	44	418	8	36	1,012
1924	989	56	500	34	56	1,304
1925	1,252	57	598	42	48	1,566
1926*	1,147	61	581	45	71	1,505
1927	1,285	105	707	24	66	1,730
1928	1,605	144	693	39	64	2,225
1929	1,613	143	663	34	50	2,208
1930	1,746	165	671	40	58	2,394

Note: The total number treated is less than the sum of total out-patients and in-patients because some subjects initially seen in out-patients were subsequently admitted to the wards.
*Eleven months only.
Source: BRHA, C/12/4 Mapother Box 13.

North London Clinics

From the outset, the Maudsley was able to attract considerable numbers of patients (Table 1), suggesting that a substantial gap existed in the provision of mental health services. Although the in-patient population grew slowly (limited by the accommodation available), the number of out-patients more than doubled between 1923 and 1930. An analysis conducted in 1926 showed that the majority of patients (54%) had been referred by private doctors and only 15% had come from other hospitals with a further 3% from asylums.[86]

In addition, it was demonstrated how few of the Maudsley's out-patients lived in North London. Located in Denmark Hill, the hospital was regarded as inaccessible by many. In order to attract these patients, clinics were opened at Mile End Hospital, Bancroft Road, St Mary's in Highgate and at St Charles' Hospital in Ladbroke Grove. At first, Maudsley psychiatrists were sent to each of three clinics for one session a week, though demand saw this increased to two. Their chief role was assessment to select those suitable for admission to the Maudsley. Aubrey Lewis ran the Mile End clinic, Dr E W Anderson that at St Mary's and Dr Louis Minski worked at St Charles.[87]

Maudsley and the Tavistock

Although Mapother was prepared to consider psychoanalytical ideas, he was less tolerant of its institutions. In particular, he exhibited hostility to the Tavistock Clinic while remaining on reasonable personal terms with its medical director, J R Rees. It is said that Mapother, as London University's professor of psychiatry, resisted all attempts by Rees to gain academic recognition for the Tavistock as a post-graduate

[86] BRHA, C12/4, Mapother Box 13, Appeal for the endowment of an institute of psychiatry, p. 9.
[87] BRHA, C12/4, Mapother Box 14, Medical Superintendent's Report 1927–1931, p. 10.

institution.[88] Mapother appears to have held contradictory views about the Tavistock. When setting up his own psychotherapy department, for example, he had sent his clerk of works to the Malet Place premises of the Tavistock to find out how treatment rooms should be laid out and furnished. Yet Mapother is reported to have told Rees that he would rather see another "Maudsley" set up on the north side of the Thames than that the Tavistock's conceptual framework should flourish. He did little to conceal his disdain of much psycho-analytical theory, commenting on one psychiatric report with an interpretive slant that it was "damned Tavistockery".[89]

In April 1930, perhaps as a way of taking the sting out of Mapother's criticisms, Rees persuaded him to join the advisory board of the Tavistock Clinic. Yet a year later Mapother was to propose his resignation. The Tavistock had launched a major appeal to set up an Institute of Medical Psychology and some of the promotional publicity had upset him. As Mapother wrote to Rees:

> We are both trying to tap the same financial resources, and in so far as the supply forthcoming from these sources is necessarily limited, we are rivals ... I would much rather have my hands free and have no sense of any conflicting obligations.[90]

Rees maintained friendly personal relations with Mapother and visited him during his last illness. Mapother is said to have apologised "as a good Catholic" for his opposition and stated that he now regretted not having supported their university recognition. Rees believed that "Mapother, another 'principled' introvert, had felt lacking in medical support and was deeply envious of the numbers of post-graduates and various overseas visitors that flocked to see the Tavistock at work and to join our training courses".[91] This explanation seems implausible as the Maudsley was far larger than the Tavistock, had secure funding from the London County Council, and by the early 1930s was the UK's leading postgraduate psychiatric institute, attracting distinguished refugees from the Continent. By comparison, the Tavistock struggled to survive financially and its very future remained in doubt.

Mapother had genuine intellectual doubts about the validity of psycho-analysis as a theoretical system and effective clinical intervention. In a presentation to the Royal Society of Medicine in November 1939, Mapother criticised the

> tendency to universal statements and the absence of any attempt to produce statistical or quantitative evidence. [The] adoption of the observational method which from the start disqualifies its findings from consideration as science on account of the privacy of their collection and the impossibility of any verification.[92]

Lewis shared Mapother's mistrust of the Tavistock. During the Second World War when appointed consultant psychiatrist to the army with the rank of brigadier, Rees was able to appoint Tavistock staff and trainees to key posts within the military. Lewis was concerned lest the kudos and influence they gained should undermine the Maudsley's

[88] H V Dicks, *Fifty years of the Tavistock Clinic*, London, Routledge & Kegan Paul, 1970, p. 60.
[89] Desmond Curran, 'Mapother the man', *Bethlem Maudsley Hospital Gazette*, 1960, 3: 4–5, p. 4.
[90] BRHA, C12/4, Mapother Box 14, E Mapother to J R Rees, letter, 18 May 1931.
[91] Dicks, op. cit., note 88 above, p. 62.
[92] BRHA, C12/4, Mapother Box 14, 'An appreciation of Freud', speech delivered to the Royal Society of Medicine, November 1939.

leading role for research and teaching. For the future, it was important that Maudsley psychiatrists not only perform creditably within the civilian health service but also take prominent roles in the armed forces. Desmond Curran, Harold Palmer, R F Barbour and W H de B Hubert, amongst others, held senior posts in the army or navy. Gordon Holmes proved to be a powerful ally and supporter of the Maudsley cause. He had little sympathy for or understanding of psychotherapy, and profoundly disagreed with Rees over the treatment of servicemen suffering from so-called "war neuroses".

In the post-1945 period, Alan Gregg approached Lewis as professor of psychiatry to ask him to assist the Tavistock secure formal recognition from the University of London. Gregg considered it had developed a livelier intellectual agenda than the Maudsley and was keen to support its claim. Lewis found himself caught between not wishing to alienate one of his most important benefactors and having to promote an institution whose intellectual basis he questioned.[93]

Horder Committee: War Pensions

On 3 July 1939, when war again threatened, the Ministry of Pensions convened a conference under Lord Horder (1871–1955), honorary consultant physician to the Ministry of Pensions. Concerned that another epidemic of shell shock would deprive the military of manpower and cost the exchequer dear in pensions, a group of experts was gathered together. They included Sir Farquhar Buzzard, Sir Hubert Bond, Gordon Holmes, Bernard Hart, Mapother and various senior officials, including Dr J F E Prideaux (1880–1952), director of medical services to the Ministry of Pensions. Little agreement was reached at the first meeting. The neurologists had come to the German point of view that war neurosis did not exist and that symptoms were simply an expression of constitutional weakness. Prideaux, Hart, Holmes and Buzzard all argued that there should be no financial compensation for "war neurosis".[94] With his broad experience of treating servicemen and veterans, Mapother countered this view forcefully, arguing that exposure to intense or prolonged stress played an important role. "There were a number of cases", he declared,

> which arose solely from war service and showed no indication of previous abnormality. Justice required that adequate provision be made for such men ... To label a man as a constitutional neurotic though you could trace no evidence of it in his past history was unjustifiable.[95]

When Mapother refused to bow to the majority view, Horder decided to refer the question of war pensions to a second, smaller committee. Gathered in Mapother's rooms in Queen Anne Street, under the chairmanship of Buzzard, it consisted of Hart, Prideaux, Air Vice-Marshal Richardson, Dr Bolus of the Ministry of Pensions and Mapother. The debate continued and Mapother argued that "eventually most [cases of war neurosis] recover" and some patients did not even apply for a pension.[96] As a result, he proposed that all servicemen diagnosed as neurasthenic should be retained

[93] Institute of Psychiatry, Sir Aubrey Lewis interviewed by D L Davies, *c.* 1970.

[94] Ben Shephard, '"Pitiless psychology": the role of prevention in British military psychiatry in the Second World War', *Hist. Psychiatry*, 1999, **10**: 506–7.

[95] PRO, PIN15/2401, 1B, Minutes of the Horder Conference, 3 July 1939.

[96] Ibid., 14A, Report of the meeting of 31 July 1939.

in the armed forces until the end of the hostilities when they could be assessed.[97] The small minority that deserved a pension could be compensated, while allowing time to treat promising or mild cases. Mapother was not uncritical of ex-servicemen and their representatives. He had observed how financial compensation tended to hinder natural recovery processes and was not always in the best interest of the veteran. Mapother succeeded in persuading the Ministry to adopt a pragmatic policy, which allowed an opportunity for treatment and postponed the pension issue without offering undue encouragement to claimants. After the administration and development of the Maudsley, this was perhaps Mapother's second greatest achievement.

Closure of the Maudsley and Death of Mapother

In August 1939, shortly after the completion of the private patients' wing and children's department (it is uncertain whether they were occupied until after the hostilities), the Maudsley closed.[98] Because London was assumed to be the target of an intense bombing campaign, the staff were divided between two hospitals located in the

Figure 6: Aubrey Lewis (left) and J S Harris, deputy medical superintendent of the Maudsley Hospital. They are standing in front of the newly-constructed private patients' wing, possibly at the reception on 14 July 1939 to mark its completion (Dr Naomi Cream).

[97] Ex-Services Welfare Society Minute Book, 6 (7 September 1939), p. 86; held by Combat Stress.
[98] BRHA, C12/4, Mapother Box 13, E Mapother to D P O'Brien, letter, 29 December 1939.

outer suburbs of London. One party under Louis Minski, and including Eliot Slater and William Sargant, went to Belmont Hospital, Sutton. The other group, under W S Maclay as medical superintendent and including Aubrey Lewis, A B Stokes, W H Gillespie, Mildred Creak, Eric Guttman and Maxwell Jones were sent to the converted public school at Mill Hill. They were joined by Emilio Mira, formerly professor of psychiatry at Barcelona University, whose accounts of the effects of air-raids during the Spanish Civil War had proved timely. Mira and Lewis occasionally played chess until the former's departure for Argentina. Designed to treat civilian psychological casualties of aerial bombing, both hospitals were deliberately located close to the action but in positions of relative safety.

Mapother suffered increasingly with asthma and pulmonary fibrosis of the lungs. He had often tried to go abroad during the winter months to escape respiratory infections. Following the closure of the Maudsley, he resigned as medical superintendent on 31 December 1939. With his impending retirement and health concerns in mind, Mapother had explored the possibility of leaving the UK to work for the Rockefeller Foundation.[99] Ironically, Mapother's death in March 1940 came at a time when he was at the height of his professional power. He had exercised a significant influence on the policy for dealing with soldiers, their treatment and eligibility for war pensions. The expertise of the Maudsley appeared to have been recognised by the authorities, and members of staff were given key appointments.

Despite his forbidding exterior, Mapother inspired considerable affection amongst his colleagues. Two psychiatrists, recruited into the Royal Navy, wrote spontaneously to the *Lancet* in April 1940 to express their appreciation of their former "chief":

> No-one can think of Mapother's teaching without thinking also of his quick Irish wit ... "What did you think of that presidential address, sir?" one of us asked him. "Pontifical superficiality", he replied. He gave great credit to Freud, but his over-enthusiastic followers sometimes got short shrift ... He had too an endearing absent-mindedness as when he joined in the clapping of his own speech on sitting down at a medical meeting.[100]

Lewis contrasted Mapother's "slight build, restless movements, and sometimes his troubled breathing" with his sharp intellect, characterised by "a touch of legal inquisition" and his wit, which "served as an astringent partner to his zest for controversy".[101] According to Desmond Curran, Mapother was "a very serious person, quite incapable of relaxing". As a result, "his general tension", Curran wrote,

> made him appear somewhat forbidding. He was certainly not a man with whom anyone would have dreamt of taking liberties. This may all sound rather unattractive, but I do not think anybody who worked at the Maudsley with Mapother did not regard him with deep admiration ... He was a man of invincible courage and complete integrity.[102]

Mapother had a combative side, though apparently without malice. Blacker recalled a quarrel, which led to his giving a month's notice. Shortly afterwards, the two were reconciled. "It was when we were both apologising", Blacker recalled,

[99] O'Brien to Gregg, letter, 19 April 1939, RFA, RAC, RG 1.1, series 401A, folder 216, box 19.

[100] 'Dr Mapother', *Lancet*, 1940, i: 671. The authors were apparently Desmond Curran and Denis Williams.

[101] Lewis, 'Mapother', op. cit., note 14 above, p. 1365.

[102] Curran, op. cit., note 89 above, p. 4.

that I first beheld the thaw. He looked straight, searchingly and half humorously at me and smiled most engagingly – as if he were thinking what fools we both were, but that nevertheless we should make allowances for each other. Suddenly I found myself much drawn to him.[103]

According to Sargant, who visited him shortly before his death, Mapother believed that the war had destroyed his life's work at the Maudsley. The hospital stood empty and the new private patients' block had never been occupied. His ashes were scattered in the hospital gardens where he had often walked with colleagues.

What, then, had Mapother achieved? He had succeeded in establishing a specialist psychiatric hospital with a growing international reputation for treatment and teaching. Golla argued that a lack of funds and an intransigent university had deflected Mapother from the original aim of Maudsley and Mott that the hospital should be a centre for the intensive study of mental illness. This, he believed, had led Mapother to follow "a more therapeutically dramatic and assertive career that in the view of many somewhat detracted from its utility as a home for research".[104] Certainly, the Maudsley's research record was not impressive but, as Lewis discovered on his tour of the Continent, this was a reflection of the general state of psychiatric knowledge. Nevertheless, constrained by limited finances, the Maudsley remained small-scale in comparison with the leading American and European institutes. More, perhaps, could have been done to promote the institution, particularly overseas. When in Stockholm, Lewis met Dr Wigert who had the idea that the Maudsley was simply a "clearing house". Lewis thought that visitors had not been given sufficient attention and remarked that wherever he went in Europe, the "heads of clinic, quite often famous or busy men, would give up two or three hours to show me around or talk to me".[105] Mapother was only part-time at the Maudsley and probably gave public-relations activities a low priority.

Wartime: Mill Hill

Under Maclay and Lewis, occupational and social psychiatry was the goal of Mill Hill EMS Hospital. Aerial bombardment was a serious concern in the approach to war as large numbers of civilian casualties were expected. Some psychiatrists predicted that psychological cases would outnumber physical injuries by two or three times.[106] As a result, the government planned to open a number of specialist hospitals in the outskirts of London, located within the sound of air-raids to prevent the development of evacuation syndromes. When the mass civilian psychiatric casualties failed to materialise, Mill Hill found a new role treating servicemen. Lewis outlined the strategy in a letter to Daniel O'Brien of the Rockefeller Foundation:

The concentration of all effort syndrome cases here with Paul Wood from the Post-Graduate Hospital, Boyd from the Surgical Unit at Bart's and of course Guttmann, Maxwell Jones, Stokes, Fraser and other Maudsley people (including two psycho-analysts) on the staff, gives us an extraordinary good chance for careful investigation of an important psycho-somatic problem

[103] C P Blacker, 'Mapother memorial', *Bethlem and Maudsley Hospital Gazette*, 1960, **3**: 5–7, p. 5.
[104] F Golla, 'An appreciation', *Lancet*, 1940; **i**: 625–6.
[105] Aubrey Lewis to Hilda Lewis, letter, September 1937; held by the Lewis family.
[106] Richard M Titmuss, *Problems of social policy*, London, HMSO, 1950, pp. 338–9.

from many angles; the other Maudsley people at Sutton will probably have similar chances with concussion cases.[107]

An "effort syndrome unit" of 150 beds was set up at Mill Hill under the joint directorship of Paul Wood, a cardiologist, and Maxwell Jones, a psychiatrist.[108] At first, the unit was run along conventional hospital lines but Jones soon began to appreciate the value of educating patients with functional somatic disorders and then moved towards creating a therapeutic community.[109] The lecture approach was abandoned in favour of discussion and the traditional barriers between doctors, nursing staff and patients were lowered, though not eliminated.[110] Groups, largely of an educational character, were held three times a week and average admissions were six to eight weeks. In addition, programmes of physical exercise and occupational therapy were provided.

Four psychologists were employed, including Hans Eysenck, funded by the Rockefeller Foundation, and J C Raven who attempted to screen psychologically vulnerable soldiers. Using Penrose–Raven Progressive Matrices, a pre-war test designed to measure innate intelligence, he sought to identify unsuitable recruits on the basis that neurotic men had less consistent scores over time.

By early 1941, it had become apparent that many servicemen diagnosed as psychoneurotic, who had responded well to treatment, relapsed on return to their original units and duties. As a result, they were discharged into civilian life where, if their symptoms endured, they would be a burden on the state. At the suggestion of Lewis, the so-called "annexure scheme" was introduced by the War Office in May 1941.[111] This involved making an assessment of a soldier's abilities and skills so that he could be assigned to a suitable job thereby preventing further breakdown or discharge from the armed forces. As part of their occupational therapy, service personnel assigned to the annexure system were sent to Hendon Technical College for instruction in four-week courses. These were either clerical (typewriting, book-keeping, records management) or in mechanical and electrical engineering.[112] A follow-up investigation in 1943 found that 60% of men who had been treated for psychoneurosis and who otherwise would have been invalided were retained under the annexure scheme and of these 83% had performed satisfactorily in their new military roles. Rees observed of the scheme that it had "helped to maintain the man-power of the army and to ensure that certain jobs are well done by men whose employability is limited, so releasing other fitter men, but also it should be of some value to us in planning for the treatment and disposal of the chronically neurotic men and women in civilian life".[113] Around 10,000 servicemen were retained in the forces under the scheme, which was ended in August 1945.

[107] A Lewis to D P O'Brien, letter, 20 January 1940; held by the Lewis family.

[108] BRHA, C12/4, Mapother Box 14, 'The Medical Superintendent's report on the organization and work of Mill Hill Emergency Hospital to December 31 1940', p. 2.

[109] D W Millard, 'Maxwell Jones and the therapeutic community', in Hugh Freeman, and German Berrios (eds), *150 years of British psychiatry: 1841–1991*, London, Gaskell, 1996, pp. 581–603, pp. 583–5.

[110] Maxwell Jones, et al., *Social psychiatry: a study of therapeutic communities*, London, Tavistock Publications, 1952, pp. 2–3.

[111] Robert H Ahrenfeldt, *Psychiatry in the British Army in the Second World War*, London, Routledge and Kegan Paul, 1958, pp. 155–9.

[112] Aubrey Lewis and K Goodyear, 'Vocational aspects of neurosis in soldiers', *Lancet*, 1944, **ii**: 105–8.

[113] J R Rees, *The shaping of psychiatry by war*, London, Chapman & Hall, 1945, p. 41.

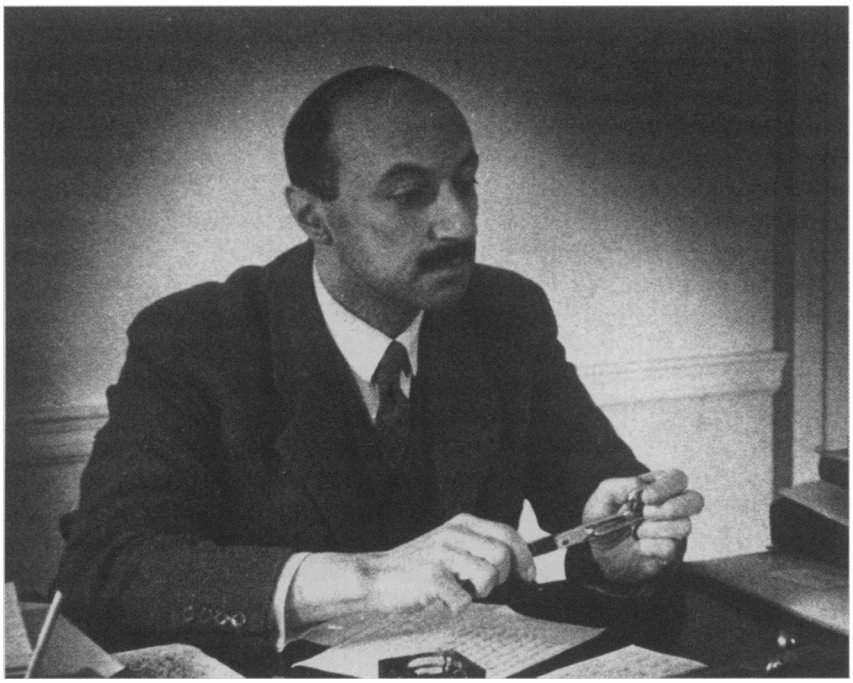

Figure 7: A formal portrait of Aubrey Lewis dating from 1942 when he was clinical director at Mill Hill EMS Hospital (Dr Naomi Cream).

Aubrey Lewis, as clinical director at Mill Hill, repeatedly urged the careful collection of statistics so that clinical work could be properly evaluated. Maclay, supported by his deputy Stokes, was reluctant to alter established routines and was generally mistrustful of anything which involved the military. In July 1943, for example, Lewis expressed dissatisfaction "with the energy and pertinacity shown in respect to getting follow-up returns, particularly those after one year".[114] Similarly, in February 1944, Lewis raised the question of the inadequate filing and retrieval systems for patient records, which limited the ability to undertake representative research.[115] Although Jones occasionally supported Lewis in committee debates, he made little attempt to employ statistical methods. A paper he co-authored with Lewis, published in the *Lancet* in June 1941, compared the symptoms and behaviour of 35 patients returned to full duty with 35 discharged from the forces. As the authors noted, "comparison of small groups in respect of individual symptoms and features is not the most satisfactory way of discovering what chiefly decides the outcome of an illness such as this".[116] In

[114] BRHA, Mill Hill EMS Hospital, Medical Committee Minutes, 8 July 1943, p. 28.
[115] Ibid., 10 February 1944, pp. 66–7.
[116] Maxwell Jones and Aubrey Lewis, 'Effort syndrome', *Lancet*, 1941, i: 813–18, p. 818.

subsequent papers, however, Jones simply quoted individual case studies to support his claims with no objective measures.[117]

Despite the difficulties he had encountered with the record system, Lewis was able to conduct one of the few follow-up studies of the war. During 1942, in an attempt to discover the lasting effects of treatment at Mill Hill, he led a team of psychiatric social workers who visited 120 servicemen between four and twelve months after they had been discharged from the forces. Lewis described the results as "disturbing" as the men had gone downhill as a group: "they were less usefully employed than before, earning less, less contented, less tolerable to live with, less healthy".[118] He discovered that fifteen were unemployed and a further seven in the ARP [Air Raid Precautions] so that 18% were not in gainful work. Only 50% could be classed as "socially satisfactory in respect of work and otherwise". These findings led Lewis to the pessimistic conclusion that "some neurotic soldiers, discharged from the army when they are no longer of any use to it, are not in civilian life as useful or as healthy as they were before they joined the army".[119] This evidence also suggested that the psychological problems experienced by servicemen were not as amenable to therapy as many contemporaries had claimed.

Because Mill Hill had been set up to treat promising but well-established cases of "neurosis", the number of referrals fell towards the end of the war and by September 1944 they had 200 empty beds. Cases of acute combat stress were treated in the field (and if referred to the UK went to Northfield) so Mill Hill found itself looking for a new role. The hospital's treatment expertise was considered suitable for British prisoners-of-war who were slowly being liberated as the Allies advanced through northwest Europe and Italy. In May 1945, the decision had been taken to close Mill Hill and transfer patients to Dartford Hospital, which would then operate as a POW rehabilitation centre, treating the most psychologically disturbed.[120] Under Maxwell Jones, it operated for a year and admitted 1,400 servicemen. By July 1945, most of Mill Hill had closed and plans were well advanced for the re-opening of the Maudsley on 1 September. As clinical director, Lewis did not transfer to Dartford but returned to the Maudsley, which had remained unoccupied throughout the war, to take up his former post.

The war also provided Lewis with the opportunity to write one of his most influential publications. In 1937, he and Mapother had co-authored the section on 'Psychological Medicine' in Price's *Textbook of the practice of medicine* and four years later a new edition allowed Lewis to make it his own.[121] Aware that he could influence a generation of medical students, Lewis took great care over its presentation and his lucid and inspirational account attracted the interest of many young doctors. Revised and updated, it remained a classic summary of the parameters of clinical psychiatry and

[117] Maxwell Jones, 'Emotional catharsis and re-education in the neuroses with the help of group methods', *Br. J. med. Psychol.*, 1948, **21**: 104–10.

[118] Aubrey Lewis, 'Social effects of neurosis', *Lancet*, 1943, i: 167–70, pp. 168–9.

[119] PRO, AIR2/5998, A Lewis, 'An enquiry into some social effects of neurosis' (typescript, 16 January 1943), p. 3.

[120] BRHA, Medical Committee Minutes, 3 May 1945, pp. 136–7; 17 May 1945, p. 142.

[121] Aubrey Lewis, 'Psychological medicine', in Frederick W Price (ed.), *A textbook of the practice of medicine*, Oxford University Press, 1941.

was, in effect, a statement of Lewis's own philosophy. "A biological foundation may be assumed for the syndromes with which psychiatry works", he wrote, while diversity

> can be due to a combination of single hereditary causes and to the effect of each individual's special environment throughout his life upon his development and behaviour ... Part of the psychiatrist's business is to discover how this interplay has led to the present illness. The interplay, moreover, is sufficiently varied in the course of each patient's life to make prognosis and the effect of treatment a matter of individual study, rather than of summary inference from the diagnosis, once made.[122]

In retrospect, Lewis believed the war had exercised a damaging influence on the development of the Maudsley. Although it had stimulated interest in the treatment of neuroses, rather than psychosis, he thought the creation of two schools of thought (social and occupational psychiatry versus aggressive physical methods) hindered post-war unity. In addition, the professorship of psychiatry had lain unoccupied for six years, creating a vacuum in research and training.[123]

At the beginning of 1942, encouraged by Lord Horder, Churchill had expressed his suspicion of the growing role of psychiatrists and psychologists in the armed forces. To forestall any precipitate action by the prime minister, the War Cabinet set up a ministerial committee under the chairmanship of Sir Stafford Cripps, the Lord Privy Seal, to investigate their role. Cripps' conclusion that "there was no substance in the criticisms made of the psychologists and psychiatrists in the Army" prompted the setting up of an advisory committee to co-ordinate the work of the three services and "to study its methods with a view to their post-war application".[124] In September 1942, an expert committee under the chairmanship of Sir William Wilson Jameson (1885–1962), was set up and its members included D K Henderson, F C Bartlett, A W P Wolters and Aubrey Lewis.[125] In July 1945, with the war drawing to a close, Brigadier H A Sandiford, director of army psychiatry, was concerned about the dramatic loss of psychiatric expertise that would follow the return to peace. As a result, he proposed the creation of an "Advisory Committee on Army Psychiatry".[126] With the support of Major-General Alex Hood, its first members comprised D K Henderson, G W B James, Aubrey Lewis and J R Rees, chaired by the director of army psychiatry. Functioning over the next twenty years, Lewis remained an influential member of the committee.

Lewis: Psychiatric Perspective

The interwar period had been a difficult time to practice as a psychiatrist. Little was understood about the relationship between neurophysiology and mental illness, there was no really effective anti-psychotic or anti-depressant medication. Treatment included restraint, sedation and occupational therapy together with a limited range of dynamic psychotherapies.

[122] Ibid., p. 1835.

[123] Institute of Psychiatry, Sir Aubrey Lewis interviewed by D L Davies, *c.* 1970.

[124] PRO, PREM4/15/2, December 1942.

[125] PRO, AIR2/5998, Minutes of the Expert Committee on the Work of Psychiatrists and Psychologists in the Services.

[126] PRO, WO32/13462, H A Sandiford, Army Psychiatry Advisory Committee Minutes, 5 July 1945.

During the early 1930s, it looked as though eugenics might hold the solution for psychiatry. Faced with crippling and chronic mental illnesses, such as schizophrenia for which both cause and cure were unknown, Lewis was attracted to prevention through the voluntary sterilisation of families with an established history of major mental illness. When Germany passed legislation in 1933–4 compelling the sterilisation of people with a range of mental illnesses, Lewis offered measured criticism of the proposals.[127] Concerned by the compulsory nature of the programme and the fact that carriers of certain diseases had to be "reported for sterilization, even though his illness is past and he has for many years been quite healthy", Lewis also questioned how accurately certain disorders could be diagnosed.

When it subsequently became clear that eugenic ideas had been hi-jacked by the Nazi party to pursue overt racial discrimination, Lewis was forthright in his condemnation. In an editorial published in the *Lancet* in 1933, he argued that a number of distinguished physicians and geneticists had allowed political beliefs to cloud their medical judgement, thereby showing "a disregard for the individual human being, and a willingness to act upon racial prejudice". "Upon these misstatements and exaggerations ...", Lewis wrote, "there is being constructed a system of compulsory interference with the liberty to propagate, the total effects of which ... can scarcely be other than bad".[128]

During the 1930s, a number of radical solutions were proposed for the treatment of major mental illness, including epileptiform convulsions induced by pentetrazol and later by electric shock, surgery (prefrontal leucotomy), and hypoglycaemic shock induced with insulin. Although most of these novel, physical treatments were pioneered abroad, one of their most enthusiastic advocates was William Sargant, subsequently a stern critic of Lewis's approach. Sargant had come to the Maudsley having himself suffered from a mental collapse. Dr G W B James, consultant psychiatrist at St Mary's, had recommended Sargant to Mapother.[129] At the Maudsley, Sargant became a devotee of Mapother and argued that the appointment of Lewis as his successor "profoundly changed the hospital's character". Sargant claimed to be the true inheritor of the Mapother legacy, though, as this essay has shown, this was far from the case. In 1936, Sargant began to use amphetamines for depression, insulin treatment for schizophrenia two years later, and while in Harvard on a Rockefeller fellowship was introduced to leucotomy,[130] a technique he subsequently employed on servicemen suffering from resistant post-combat disorders. Having returned to the Maudsley after wartime work at Sutton, Sargant resigned in 1948 to take charge of the department of psychological medicine at St Thomas' Hospital. Although Sargant wrote that the cause was over access to beds at the Maudsley, the matter remains obscure, as Lewis never discussed the matter in public.

In sharp contrast to these physical remedies was psychoanalysis, which required patients to lie on the couch for five sessions a week. Lewis, disillusioned by the

[127] Aubrey Lewis, 'German eugenic legislation: an examination of fact and theory', *Eugenics Review*, 1934, **26**: 183–91.

[128] Editorial, 'Eugenics in Germany', *Lancet*, 1933, **ii**: 297–98, p. 298.

[129] 'Obituary, W W Sargant', *Br. med. J.*, 1988, **297**: 789–90, p. 789.

[130] 'Obituary, William Walters Sargant', *Lancet*, 1988; **ii**: 695–6, p. 695.

worst excesses of eugenics, was not impressed by either extreme physical or psychological approaches. Felix Post observed that "Lewis didn't believe much in treatment" largely because most at that time were ineffective. "He was not enamoured of ECT and certainly not of insulin coma. Lithium, he, and Shepherd too, thought dangerous nonsense".[131] Nevertheless, because there was so little empirical evidence on which to build, Lewis believed that it was important to advance on a broad front. Consequently, Lewis encouraged clinical initiatives, such as psychotherapy, in which he had little personal faith. As a social psychiatrist, he favoured the gathering of information and less damaging interventions (such as continuous warm baths, occupational therapy and vocational training) until such time as more effective interventions were discovered. As his *Times* obituary stated, Lewis "had less sympathy with those who dedicated themselves to relieve the plight of sick individuals than with those who, standing back from the clinical struggle as he did, tried to advance knowledge of the subject".[132]

As regards diagnosis and clinical training, Lewis was strongly influenced by Meyer. He emphasised extensive history-taking, leading first to a diagnosis and then to an understanding of the patient as a unique individual. Life charts were used to show relationships with social or psychological events and episodes of mental disorder. Cases were formulated in a way that reflected Meyer's psychobiological approach with its emphasis on multiple causes combined with Emil Kraepelin's nosological system.[133] Thus, a diagnostic formulation was made first, followed by an aetiological statement in which the evolution of the personality and that of the illness were traced along psychobiological lines.

Lewis never attempted to state a general theory of psychiatry. When asked by Eliot Slater why he had avoided such an enterprise, Lewis replied that "there was such an abundance of theories that it was not necessary to find a new one or adopt one of the old".[134] Although Slater regarded this as "his greatest weakness as a scientific worker", time has perhaps proved Lewis right. In the absence of conclusive evidence about causation and even treatment, it would have been premature to have made unequivocal statements about the nature of mental illness. Lewis knew only too well how previous movements, such as eugenics, or charismatic figures, such as Freud, Egas Moniz or John F Fulton, had fallen from grace.

Lewis: Personal Style

Although he rarely showed anger, Lewis could intimidate trainee psychiatrists and even senior colleagues. D L Davies recalled the "awe and sometimes the fright he seemed to induce" in junior doctors. A registrar at a case conference who had not learned by heart the family history of a patient would soon find himself exposed. Lewis would question him until it had become clear that his knowledge was lacking.

[131] Felix Post interviewed by Brian Barraclough (1988), in Wilkinson (ed.), op. cit., note 27 above, pp. 157–77, on p. 167.

[132] *The Times*, obituary of Sir Aubrey Lewis, 22 January 1975, p. 14.

[133] Gelder, op. cit., note 26 above, p. 432.

[134] Quoted from Michael Gelder, 'Sir Aubrey Lewis's contributions to psychiatry', *Br. J. Psychiatry*, 1976, **128**: 33.

"Are you sure that you asked the right question?" Lewis would remark. If he began to drum his fingers on the desk then it was a sure sign that the presentation was not going well. Anthony Storr, who was Lewis's first senior registrar on the newly-created professorial unit, recalled of his two years there: "Once you had suffered the experience of presenting a case at one of his Monday morning conferences, no other public appearance, whether on radio, TV or the lecture platform, could hold any terrors for you".[135]

Lewis was a scholar of considerable erudition and encyclopaedic breadth. He read widely and could, for example, distinguish between different editions of German textbooks. In fact, he read psychiatric literature not only in its original German but also in French and Italian. When he took the London MRCP examination there was a requirement to translate a passage either from Greek, Latin, French or German and Lewis was proud to have completed all four.[136] Lewis was also scrupulous in the use of language, about which he cared greatly.[137] As a result, he developed a formidable skill in detecting errors of thought. For Lewis case material was an intellectual challenge and an opportunity to improve the academic capacities of others. Throughout his career Lewis wrote for academic journals, though the character of his output changed.[138] During the 1930s and the war years, he undertook original research in epidemiological and social psychiatry. When the teaching and administrative demands of his professorship imposed limitations on his ability to study large patient groups, Lewis focused on re-evaluating and synthesising the work of others, continuing to write in his retirement.

Some thought him unfeeling in his Socratic pursuit of information. In fact, Lewis was driven by a desire to get things right and an almost obsessional need for accuracy and detail. He was genuinely surprised by the effect his questioning had on doctors. He was equally puzzled why juniors rarely gave him drafts of their work to read and did not seem to appreciate that his criticism could undermine self-confidence. Although some colleagues believed that he lacked empathy, Hilda Lewis, his wife, wrote that he did not "bear grudges and he accepts people as he finds them without any moralising or crusading spirit, but only a desire where professional duties lie to help them think clearly".[139]

Once appointed professor with its heavy teaching commitment, Lewis reduced his patient caseload, though he continued to conduct weekly ward rounds on the metabolic unit until retirement. Most of his clinical work was conducted through the supervision of his registrars. During the 1930s, when he was responsible for a ward and the Mile End out-patient clinic, Lewis had extensive patient contact. Slater recalled his work with a Jesuit priest who was tormented by obsessions: "Aubrey spent hours and hours and hours talking to this priest. They shared a common fund of arcane knowledge,

[135] 'Obituary, Anthony Storr', *Psychiatric Bull.*, 2001, **25**: 365.

[136] Shepherd, op. cit., note 33 above, p. 10.

[137] Gerald Russell, 'Obituary of Michael Shepherd', *Psychiatric Bull.*, 1996, **20**: 632–7.

[138] Aubrey Lewis, *The state of psychiatry: essays and addresses*, London, Routledge and Kegan Paul, 1967; Aubrey Lewis, *Inquiries in psychiatry: clinical and social investigations*, London, Routledge and Kegan Paul, 1967; *The later Papers of Sir Aubrey Lewis*, Oxford University Press for the Institute of Psychiatry, 1979.

[139] Lady Hilda Lewis to Dr C P Blacker, letter, 5 July 1966; held by the Lewis family.

because Aubrey himself had been brought up in a Jesuit school; he knew all the Jesuitical ways of looking at things, and he could talk to this Jesuit fine".[140]

Lewis had a small group of trusted colleagues, including Dr C P Blacker (1895–1975), who also became a family friend. An Etonian, Blacker had been decorated while serving in the Coldstream Guards during the First World War.[141] He subsequently studied medicine at Oxford and Guy's Hospital, qualifying in 1925. Blacker was briefly a post-graduate student at the Tavistock where he took an interest in psychoanalysis before joining the staff of the Maudsley in 1927.[142] With responsibility for the two acute wards, Blacker had an argument with Mapother over the quality of a case history written in haste, and offered his resignation.[143] Although the two resolved their differences, Blacker left the Maudsley. Nevertheless, he and Mapother often went to boxing and all-in wrestling competitions where they vied to predict the winner. When the smoky atmosphere began to aggravate Mapother's asthma, they went to out-of-door promotions.

As secretary of the Population Investigation Committee, Blacker wrote several papers on eugenics and shared the general fear of the declining birth rate.[144] He strongly advocated a policy of encouraging families identified as healthy, intelligent, socially-useful and free from "genetic taints" to have large numbers of children.[145] Yet, in the absence of effective treatments for major mental illnesses, Blacker also advocated voluntary sterilisation for "a small group of antisocial, backward, and highly fertile people who form about 10% of the population – the so-called social-problem group".[146] During the Second World War, at Lewis's suggestion, Blacker conducted a detailed survey of out-patient referrals to assess the epidemiology and nature of "neurosis" in England and Wales. Designed to inform the shape of post-war psychiatric services, it provided Lewis with some of the data he needed when setting up training and patient facilities.[147] Blacker returned to the Maudsley in 1946 at Lewis's invitation where he worked exclusively as an out-patient consultant.

Apart from their genuine friendship, Blacker seems to have provided Lewis with support and a sense of comradeship in the competitive and highly-charged atmosphere of the Maudsley. Because of Blacker's friendship with Mapother, Lewis may also have valued him as a link with his former mentor. Perhaps he provided an outsider with a sense of Englishness as Blacker was "Eton, Oxford and the Guards", a heroic soldier and something of an eccentric, who would occasionally offer his patients peppermint humbugs. Apocryphally, Lewis was once asked whether he would choose to

[140] Slater, see note 71 above, p. 8.

[141] John Blacker (ed.), *Have you forgotten yet? The First World War memoirs of C P Blacker MC, GM*, Barnsely, Leo Cooper, 2000.

[142] Dicks, op. cit., note 88 above, p. 36.

[143] Institute of Psychiatry, C P Blacker interviewed by Sir Aubrey Lewis, *c*. 1970.

[144] C P Blacker and D V Glass, *Future of our population*, London, Population Investigation Committee, 1938, pp. 19–25; C P Blacker, 'The medical causes of infertility. How can they be investigated?' *Medical Press and Circular*, 1937, **195**: 1–14.

[145] C P Blacker, *Eugenics in prospect and retrospect*, Glasgow, Hamish Hamilton, 1945, pp. 24–5.

[146] C P Blacker, 'Neurosis and the mental-health service', *Lancet*, 1946, **i**: 279–81, p. 281.

[147] C P Blacker, *Neurosis and the mental health services*, London and New York, Humphrey Milford, Oxford University Press, 1946.

spend an evening at dinner with a distinguished Nobel laureate or an earl of indifferent intelligence. He is said to have replied that the company of the aristocrat was preferable.[148]

Lewis shunned personal publicity.[149] As D L Davies recalled, Lewis was an "unassuming man as no one could doubt when meeting him any morning in well worn hat and raincoat, hurrying up Denmark Hill from the tram – later the bus – which had dropped him at Camberwell Green".[150] Some argued that Lewis might have adopted a higher public profile during the 1950s and early 1960s when psychiatry met hostile criticism from the press and patient groups. As his *Times* obituary commented, "he had great determination and courage, but he rarely defended his position".[151]

Lewis took little interest in sartorial smartness. He had a stock of pale blue, utility shirts, which some took to be airforce issue on account of his appointment as civilian consultant in psychiatry to the RAF. Lewis lived modestly in Barnes where he would do his own carpentry, building bookcases for his extensive library. He did not covet the trappings of greatness but presumably believed that his writings and teaching would speak for themselves.

The Post-War Years

In 1946 Lewis was appointed professor of psychiatry at the University of London, only the second person to hold the post. It was decided not to combine the chair with the post of medical superintendent as in the days of Mapother. It was probably judged that the teaching, research and administrative demands on the professor were too great to allow him to manage the clinical aspects of the hospital as well. Accordingly, Lewis set up the professorial unit with its own ward and out-patient clinics so that he and his juniors would have a steady supply of cases for research and training.

Some have seen 1948 as a turning point in the fortunes of the Maudsley. First, it became part of the newly created National Health Service. Secondly, the merger with the prestigious Bethlem Royal Hospital was concluded, providing the Maudsley with access to a generous endowment fund and substantial in-patient facility. Thirdly, Aubrey Lewis succeeded in persuading the British Postgraduate Medical Federation, a school of the University of London, to take financial responsibility for the Maudsley Hospital Medical School, renamed as the Institute of Psychiatry; Mapother's dream had become a reality.[152] Finally, Lewis also obtained finance from the Medical Research Council to set up the Unit for Research in Occupational Adaption, later known as the Social Psychiatry Research Unit.[153] He served as its honorary director while Morris Carstairs, the assistant director, was responsible for its daily running.

The achievements of Lewis in building up the clinical, teaching and research reputation of the Maudsley in post-war Britain lie beyond the scope of this essay. Suffice

[148] Dr Charles Rycroft interviewed by Edgar Jones, 7 May 1998.

[149] Lady Hilda Lewis to Dr C P Blacker, letter, 5 July 1966; held by the Lewis family.

[150] D L Davies, 'Memorial address for Sir Aubrey Lewis given at the Liberal Jewish Synagogue, St John's Wood' (typescript, 17 April 1975), p. 2.

[151] *The Times*, obituary of Sir Aubrey Lewis, 22 January 1975, 14.

[152] *Institute of Psychiatry 1924–1974*, op. cit., note 79 above, p. 2.

[153] Kenneth Rawnsley interviewed by Brian Barraclough (1987), in Wilkinson (ed.), op. cit., note 27 above, pp. 98–133, on p. 107.

it to say, that he succeeded in raising its status to international excellence and in turn lifted the standing of psychiatry within the UK medical profession. The survey he had conducted of Continental psychiatry during 1937 and his experience of treating and researching servicemen during the Second World War were crucial in forming his strategy for the Maudsley. They provided him with an intellectual framework and a clinical perspective that were to serve well into the 1950s. Thereafter, increasing specialisation and the flowering of internationally renowned department heads resulted in the institution developing a momentum of its own.[154]

Lewis had much in common with Mapother and indeed wrote about him with affection and regard. As heads of the Maudsley, they both had

> a contempt for humbug and pretension and ... a zest for controversy about matters of principle. Both were rationalists, distrustful of orthodoxy and appeals to authority; and to both the reification of universals was like a red rag to a bull. They both had a remarkable capacity for work ... [were devoted to] the healthy growth of the hospital and medical school, and the furtherance of psychiatry as a reputable branch of medicine, founded on sure evidence and equally regardful of the well-being of the individual and well-being of society.[155]

The quotation is in fact by Lewis and written of Maudsley and Mapother; it applied perhaps even more accurately to Mapother and Lewis themselves.

When asked to summarise what he believed was "Maudsley psychiatry", Lewis observed that the term had both positive and negative connotations. It could be used pejoratively to imply a lack of psycho-dynamic understanding, but he believed that it also represented practices that were empirically based, that avoided extremes but which were assessed critically using statistically validated research. Lewis thought that the particular strengths of the hospital and institute lay in social and epidemiological psychiatry.[156]

Lewis retired in 1966. He died on 21 January 1975 having suffered from Parkinson's disease for a number of years. Dennis Hill, his successor at the Maudsley, wrote the following appreciation:

> Lewis will be remembered above all for his educational achievements, but his philosophical essays and studies will be read for a long time ... He had absolute integrity of character. The exercise of his formidable intellectual powers sometimes left an aggressive impression, but this belied his humanity. His friendship was sparingly given, but many were devoted to him. His shyness hid his real concern for others, but not always his mischievous sense of humour ... The debt which psychiatry owes him is immense.[157]

[154] Maarten Derksen, 'Science in the clinic: clinical psychology at the Maudsley', and Michael Rutter, 'The emergence of developmental psychopathology', in G C Bunn, A D Lovie and G D Richards (eds), *Psychology in Britain: historical essays and personal reflections*, Leicester, BPS Books, 2001, pp. 267–89, 422–32.

[155] Aubrey Lewis, 'Mapother memorial, a final word', *Bethlem Maudsley Hospital Gazette*, 1961, **4**: 155–6.

[156] Institute of Psychiatry, Sir Aubrey Lewis interviewed by D L Davies *c*. 1970.

[157] 'Obituary, Aubrey Julian Lewis', *Lancet*, 1975, **i**: 288–9, p. 288.