

MEDICAL PRACTICE

Contemporary Themes

Psychiatry and natural history*

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This paper is a not-too-serious look at normal and abnormal mental phenomena, seen through the eyes of a psychiatrically trained naturalist. For many years, I have earned my living as a practical sociologist, politician, and administrator. But I have been unable to escape, indeed I have not wanted to escape, from my early upbringing as a clinical physician and organic psychiatrist. I trained in psychiatry at Bethlem, the Maudsley, and in the Royal Navy under Surgeon Captain Curran. I hesitate to say that psychiatry has helped me. Often it has been necessary to keep quiet about my murky origins. But the psychiatry of normality has provided me with a hobby, which has added greatly to the interest of trying to deal with humanity, supposedly for its own good.

For the past 200 years, there have been close links between medicine and natural history. Doctors, in both town and country, at home and abroad, have observed and recorded the world of nature with skill and assiduity. Edward Jenner, in his notebook of 1787, records his careful observations on the awful behaviour of the cuckoo.¹ It was known, even then, that the cuckoo tends to lay its eggs in the nests of birds of the kind in which she herself was reared, and that the eggs are coloured appropriately. She specialises in, say, reed-warblers, or robins or wagtails. Like other criminals she has a more or less fixed *modus operandi*.

Jenner showed three things: firstly, that the female cuckoo mated with several males in the course of the year—that is, she

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was polyandrous; secondly, her favourite choice of nest was that of the dunnock or hedge-sparrow, despite the fact that her eggs did not resemble those of the dunnock; thirdly, when the baby cuckoo was two to three days old, it threw out of the nest the eggs or young of the dunnock. This was done backwards, by getting the egg or nestling onto its rump. Until then, it was thought that the mother cuckoo ejected the eggs and young of the real parent. Jenner's paper went to the Council of the Royal Society, but they were doubtful about his observations; so they asked him to watch and think things over for another year. This he did, and next year the paper was accepted.

It was understandable that the techniques of the naturalist should spread over into the development and practice of medicine. Indeed, until the 1930s, almost the whole of the great corpus of medical knowledge had been built up by careful clinical and pathological observation. Although the observations were sometimes few in number, and incapable of statistical treatment, an enormous number of them were correct. Thus Osler's *Principles and Practice of Medicine* was little more than good human natural history. Good observation can be valid science. Indeed, often it is all that is needed. Statistics are a valuable tool when large numbers of observations have to be dealt with. But clear-cut findings can be clear in themselves. It was Bradford Hill who first taught me that statistical treatment of the obvious is a waste of time. It is practised nowadays only because many people endow statistics with mythical powers of verification.

A more important source of error in descriptive medicine and pathology has been drawing faulty inferences. These, often from the want of anything better, have been treated as though they were true, and used as guides to clinical behaviour. So, in the age of "naturalist" medicine, diagnosis and prognosis, based on observation, were far in advance of therapeutics, based as it was largely on hypothesis. There are five phases in the work of the naturalist (as opposed to the experimental scientist): observation, description, nomination (or naming), classification, and application. Each of these is worthy of examination.

Observation

Observation depends ultimately on the quality of the observer. Observers vary in their skills, their sensitivity, and their capacity to pick out what is relevant. In the past 200 years, the best observers of human nature have often been novelists. The better they are, the more general is the recognition of the validity of their observations. The French description of the hysterical personality as "Bovarism" is a tribute to Flaubert. It could be matched by the "hypomania" and "flight of ideas" of Mr Jingle, the forgiving kindness and gentle optimism of Mr Pickwick, the earthy common sense of Sam Weller, and the understanding self-sacrifice of Mrs Gaskell's Miss Matty (at Cranford). It is important not to undervalue the non-scientifically trained creative writer as a contributor to human natural history. There is nothing wrong with observation "at second hand," even when its results are dressed up in literary form. But single observations must be repeated, and single observers checked and re-checked.

In ordinary field natural history, a multiplicity of observers is accepted as the rule. Jenner used his small son to watch cuckoo's eggs while he got on with his practice. Field surveys of birds make use of amateur bird-watching enthusiasts. Sloppy techniques, such as, I am afraid, were employed by Mass Observation in the 1930s and '40s,* render results valueless. But the use of observer panels, each member of which knows his or her role precisely, is a valuable way of studying human behaviour. They have been used successfully for nearly 40 years by the BBC, and we used them on a large scale in Home Intelligence during the war.

In Home Intelligence, our job was to advise the government, week by week, of the state of home morale and public opinion. In each of the 13 Civil Defence regions we had an intelligence officer, who recruited a panel of over 200 observers, a quarter of whom were contacted weekly. Each was asked a series of open questions: what were the four main topics of conversation among the public during the past week, majority views and minority views, reactions to local events, local troops, and local air-raids, shortages, causes for complaint, reactions to government campaigns, rumours, etc. We had to weld the 13 resulting regional reports into a coherent whole, so that we could tell the government by Thursday morning what Britain was thinking up to Monday night. Our reports gave a far more accurate picture of opinion than could be gained from parliamentary debates and questions, distorted as these were by party coloration and extreme personal views and opinions.

QUALITY IN OBSERVATION

To illustrate the importance of quality in observation, let me quote from three very shrewd observers. Leslie Isenberg² is a lady doctor and, at 26, the youngest contributor to a most interesting new book called *My Medical School*. "Medicine," she says, "is all about patterns—the look of an old lady in heart failure, the way a sick child lies, the pain of peritonitis; these patterns take a lifetime to learn." In my experience, this is true not only of medicine, but of administration as well. A good administrator, like a good physician, gets steadily better with experience; when difficulties occur or disaster strikes, he has been there before because the patterns recur.

My second observer is a lieutenant-general who has fought and won a number of battles, and lost one of them. He is also, perhaps, the best describer of battles alive today. I knew him when he was Black Rod in the House of Lords. Sir Brian Horrocks³ is the son of a doctor in the RAMC. He is a direct, straightforward, highly intelligent man, who was for years completely intellectually idle. Under tremendous pressure from his father, he eventually got into the staff college, Camberley, at the fifth attempt. On leaving, he was most disappointed to be sent to a desk job in the War Office. I now quote from his book, *A Full Life*: "MS2—the department to which I was sent—was responsible for all promotions of regimental officers from second lieutenant to lieutenant-colonel. We had access to the confidential reports which were rendered annually on each officer in the army. Usually three senior officers report on each individual. Sometimes the reports were short and terse—for example, a distinguished cavalry commander who wrote: 'I would hesitate to breed from this officer.' It is extraordinary how, over the years, the same characteristics tend to appear, although the reports are rendered by different people."

Again, in my experience, Horrocks is right. For any one individual, patterns of normal behaviour are amazingly constant. In 1945 I won

*The Mass Observation organisation of today is a conventional market-research organisation employing normal statistical methods, of which I have no criticism.

an election in Barnet using an election address of the utmost respectability, characterised by apparent modesty and understatement. In 1950, my opponent, Mr Reginald Maudling, told me afterwards that he assumed that I would do the same, which I did. Accordingly, he modelled his election address on the *Daily Mirror*, and won by 10 500 votes. His address may or may not have helped him. I quote this only to show the predictable constancy of my behaviour.

My third observer is an anatomist turned RAF bombing-raid planner. Professor Solly Zuckerman,⁴ now Lord Zuckerman OM, became preoccupied with the effects of air-raids because of a study he did to decide whether blast affected the lungs by internal or external pressure. It was, in fact, external pressure which caused the damage. This led to his studying the effects of individual bombs on Hull and Birmingham for the Home Office and the Building Research Station. He could then reverse the process, and start to advise the RAF on how to do the maximum of harm to the enemy per 1000 lbs of bombs delivered. As soon as our desert advance started, Zuk and his team were there looking at actual effects, which were often very different from official expectations. His advice was simply based on factual surveys, which soon convinced Mountbatten, Eisenhower, and Tedder, but not "Bomber" Harris and his American opposite numbers.

In his book *From Apes to Warlords*, Zuckerman says this: "We were building up a 'natural history of war and destruction'. . . . To those with firm preconceptions, our findings were vastly unpopular. . . . They would go to any lengths to suppress them. . . . some even thought I had hypnotised Tedder. . . . I soon encountered an almost universal reaction to any new proposal, however soundly based on science and common sense—the NIH—not invented here—syndrome." Here we have a doctor-biologist, behaving as a doctor-biologist expects to do, then encountering the resistance which is the lot of every radical innovator in human affairs, as it has been in medicine. Lister spurned by the medical establishment, Florey rejected by the MRC, Beveridge loathed by Churchill, all illustrate the same theme. This "almost universal reaction" described by Zuckerman as the "NIH syndrome" is good and accurate human natural history, which is easy enough to recognise.

But diagnosis does not tell us how to deal with the problem. There is only one answer I know; that is by sticking it out longer than the opposition. In my experience, truth and right prevail in the long run, but the run can be very long indeed and the harm done en route can be very great.

Naming

In natural history, observation and description are followed by naming. Zuckerman appears to have thought up the phrase "NIH syndrome." A good name crystallises a description; it is a convenient mental shorthand. Such names are useful working tools, and have a definite educational and propaganda value. As a result, the phenomenon described gets general and widespread recognition—for example, "battered baby syndrome." In conventional natural history, names have been very important. The eighteenth-century lepidopterists called themselves "Aurelians" after the Italian word for chrysalis. This name has not stuck. But many of their splendid names for butterflies and moths have become a part of the language—the Swallow Tail, the Purple Emperor, and the Camberwell Beauty or Mourning Cloak (the name they use in America). Sometimes there have been slight changes, as for example when the "Red" and "White Admirables" have become "Red" and "White Admirals."

One of the problems in building a new town is to help it to develop the character that an old town achieves over the centuries. As a small contribution when we were building Harlow, I suggested that we should get away from stereotyped public-house names and use instead the names of butterflies and moths. There were two qualifications. Each name should trip well off the tongue. "I'm just popping round to the Peacock" sounds all right, but not "I'm off for a quick one at the Scorched Carpet," or the "Common Shark," or the "Rannock Sprawler." The second qualification was the need for a double entendre so that there could be the butterfly or moth on one side of the inn sign and the other meaning on the reverse side. So in Harlow you will find the "Large Copper" with a policeman on the reverse, the "Small Copper" with an old-style 3d bit, the "Garden Tiger" with a tabby cat, and the "White Admiral" with Collingwood who was Admiral of the White at Trafalgar. At the Town Centre is "The Painted Lady," whom there is no need to describe, save to say that she is charming.

To students of near-normal and normal mental natural history, some of these "shorthand" names have a special interest.

MUNCHAUSEN'S SYNDROME

This condition was well known to most hospital casualty officers before it was described by Richard Asher⁵ in 1951. But he christened it; also its subvariety, the Walter Mitty syndrome. Its essence is obtaining a hospital bed by fabricating symptoms of severe organic disease. In the Walter Mitty syndrome, the patient is the hero of a splendidly simulated high drama. Such people are basically feeble, hysterical, psychopathic drifters, with lively but limited imaginations and a minimum capacity for normal achievement.

GANSER'S SYNDROME

Ganser's syndrome,⁶ otherwise known as hysterical pseudodementia, was named in 1898. The classical description is "psychiatric malingering to obtain preferential treatment in prison." I recall a typical Ganser in a Navy officer who wrote to his wife and mistress and put the letters in the wrong envelopes—and ran his ship aground in the same week. As is often the way, his Ganser led on to a true schizophrenic psychosis. President Nixon tells us that he contemplated feigning insanity—that is, throwing a Ganser—to try to frighten the Russians, a most alarming and dangerous expedient. Simulation of mental illness by well-balanced, intelligent prisoners may achieve their release without ill effect to themselves. Thus it was with Lieutenants Jones and Hill, escaping from a Turkish prisoner-of-war camp in the first world war. The story is told by Jones in his book *The Road to Endor*.⁷

GRANDE HYSTÉRIE DE CHARCOT

The extraordinary behaviour, including epileptiform convulsions, in young women, induced by the great Charcot at the Salpêtrière (with, incidentally, the cream of Parisian society as an audience) are beautifully described by Dr Axel Munthe in *The Story of San Michele*.⁸ Here was a purely man-made disorder, superimposed on immature hysterical personalities. Constant repetition of these demonstrations produced an irreversible agitated dementing psychosis. The distance between grande hystérie and Munchausen's and Ganser's syndromes is narrow. To quote from Mayer-Gross, Slater, and Roth⁹: "As Kinnier Wilson has remarked, the ability to feign an epileptic fit, which was at one time widespread among soldiers, tramps, and beggars, is now a dying art." But grande hystérie still persists in relatively unsophisticated communities in Africa and America—often in a highly emotional religious atmosphere.

EPIDEMIC TRENDITIS

This was christened in 1976 by Myer Goldman¹⁰ of Liverpool. He defines it as the wish or determination to be "trendy, with it, or in the swim." At its best, trenditis is no more than being in the fashion or keeping up with the Joneses or the other students. Its malignant form is, however, a very different matter, which can prove fatal to the victim and others, and can ultimately lead to tragedy on a vast scale. Its essence is a retreat from reason, a violent proclamation of belief, bullying of those who refuse to say black is white, murder, and self-destruction. The disease is as old as the hills, yet right up to date. The Children's Crusade and the Dancing Mania were fatal mainly to the participants. It was otherwise with witchcraft trials, whether organised by the New England puritans, Hitler, or Stalin. The so-called "permissive society" is just another new tyranny, imposed on us by some very second-rate philosophical radicals.

Other names suggested for malignant epidemic trenditis¹¹ are: Sheep's disease; crowd madness; the silly syndrome; the "lie down and be counted" syndrome; and emperor's new clothes disease. One particularly violent form is frequently manifested by the extreme left in politics. It occurs, but is not nearly so obvious, in the extreme right. I call it Gadarene disease or the lemming syndrome. It will be remembered that lemmings are singularly vicious little animals if stopped on their road to self-destruction. The lesson of all this is simple. Hysteria can easily become epidemic, if we allow it to go unchecked and to pay off. Its enemies are patience, firmness, reason, and humour. Above all, one must "keep on keeping on." Strength of character, right up to the hemlock, the cross, or the concentration camp seems to win in the end. But the battles of Stalingrad, El Alamein, and D-day were also fought ultimately against malignant

epidemic trenditis. At the present stage of human development, force is still a necessary corollary to virtue and wisdom.

This brings me to yet another new shorthand name.

THE PONTIUS PILATE SYNDROME

This is characterised by a tendency to wash one's hands of responsibility when the going gets rough. It is because the Pontius Pilate syndrome is an almost universal human characteristic, in greater or lesser degree, that malignant epidemic trenditis can make its way in the world. The problem for ordinary mortals is one of judgment. We cannot intervene in everything or we become completely ineffective. We must judge when and where to stand firm. And if we fail, we may remember that there is no disgrace in temporary strategic retreat.

THE INSTITUTIONAL NEUROSIS

This was described and christened by Russell Barton¹² in his book of that name in 1959. I am inclined to regard this as one of the nodal points in the history of psychiatry. What he did was to crystallise a growing realisation that most chronic psychoses, other than senile psychoses, were man-made and preventable and, indeed, partly reversible. Perhaps, for propaganda reasons, he was right to term this a neurosis. I am inclined to put it the other way round, and to emphasise that psychoses, no less than neuroses, can be environmentally produced and on a massive scale.

Personal nomination

I must plead guilty to having invented a number of these shorthand names myself (including, incidentally, the Pontius Pilate syndrome.) In each instance, I was aiming at describing observed phenomena succinctly, without resorting to elaborate hypotheses about causation.

My first effort in this direction was:

THE SUBURBAN NEUROSIS

I used this term to describe anxiety states in young married women who had moved from the poorer parts of the great cities to suburban homes for the first time.¹³ They were friendless, underoccupied, and endowed with few internal resources to make a life of their own. After the war, the phrase came into vogue again, but this time as "new town neurosis." Strangely enough, by then I was actively concerned with building the new town of Harlow. Here, at any rate, vigorous social planning cleared up "new town neurosis" among the ladies within two years of their arrival.

THE PSYCHOPATHIC TENTH¹⁴

This was a bad description of a genuine condition. I was trying to indicate that every large group contained a much smaller group of potentially neurotic and psychotic people. Whether these potentialities manifested themselves overtly depended on the extent of the potentiality and the strength of the external stress. I got on to this because at the time I was director of Home Intelligence and was responsible for studying the effects of bombing on civilian morale. We noticed that the use of deep shelters and the nightly trek out of repeatedly bombed cities seemed to affect about a tenth of the population. A tenth was a fair estimate for those affected by the limited bombing to which we were subjected. With massive area bombing, the figure is higher.

In the early 1960s, Sidney Chave and I¹⁵ were able to measure the psychiatric potential in another connection in our surveys of Harlow New Town, an LCC housing estate, and a decaying London borough. For our findings we devised a new and better descriptive name.

THE SUBCLINICAL NEUROSIS SYNDROME

In each of the three areas studied, we found that the neurotic potential amounted to about 30% of the population. Most were not attending their doctors, but direct questioning revealed a cluster of

symptoms that correlated well with other behaviour differences. Those symptoms were: mild depression, undue irritability, "nerves" or excessive nervousness, and insomnia. In the course of a year, one-third of this group attend their doctors for overt neurosis. For the remaining 70% of the population, only one in fifteen are seen by the doctors for neurosis. This contrasts with the findings of R H McGregor¹⁶ that 15% of the patients on his list in Hawick account for 50% of all illnesses seen. It seems as though, just to make things diagnostically difficult and thoroughly unfair, we neurosis-prone people are also the most prone to organic illness; and some of us are the "accident-prone" as well.

THE PRESENILE MECCANO SYNDROME¹⁷

This is a neat little behaviour pattern that occurs in recently affluent middle-aged gentlemen, who have lusted after the biggest Meccano set of all since childhood, and at last find themselves able to indulge. In two cases out of three, the victims were voyeurs only, content to gaze at their Meccano through cellophane wrappings. The third victim (myself) has never constructed a single model, but delights in taking the children's and grandchildren's models to pieces and putting the nuts and bolts, cogs and rods, etc, back in their proper drawers. We are all three hypomanic obsessives, and almost pathologically tidy in our work. I am an innate tidier-upper on a massive scale. It is built in, genetic, and, I hope, harmless. It can, however, be intensely irritating to those I tidy up.

THE MULTIPLE-BOOKCASE SYNDROME¹⁸

This is a tendency to construct, and to go on constructing, bookcases. I leave a trail of them about the world, ranging from rough-and-ready chip-board jobs to a perfect reproduction of Mr Pepys's own bookcase now in the City Hall of St John's Newfoundland. With this goes an incorrigible tendency to have books or papers or pamphlets bound or re-bound, in cloth or calf or vellum. Both tendencies have been going on since I was 12—that is, for 55 years—and neither shows signs of abating. Both were also exhibited by my father and paternal grandfather.

When one starts looking for them, it is surprising how many stereotyped patterns of behaviour can be found in everyday life. Sometimes they are mere curiosities. But they can be intensely important. Ni Bevan often displayed what I call "the Road to Damascus syndrome," a capacity for sudden and complete conversion to a new (and opposite) point of view. Three times I was able to exploit this, greatly to the public benefit in each case. The Mary Poppins syndrome, the desire to include nasty but beneficial medicine in every dose of soothing syrup, is something I am displaying in this paper.

The Salmon syndrome is a tendency some people have to swim against the stream. Put such people down in any milieu and they will automatically be against the government, or the establishment, or whatever is the accepted pattern of the day. Such innate perversity does not seem to indicate an unhappy childhood or parental bullying; but it is often seen in generation after generation. Karl Marx, Charles Darwin, Malcolm Muggeridge are all typical Salmon. It is the Salmon syndrome which keeps humanity alive and kicking and, I hope, prevents the creation of 1984s. The danger in this game of nomenclature is that if you "give a dog a bad name" it will stick. Still worse, is the belief that by altering a name you have really achieved something worth while.

Classification

After observation, naming, and description comes classification. This is a process to which nature is almost infinitely susceptible. Classification is an admirable way of sorting out existing knowledge. But in this field, as in so many others, it is possible to have too much of a good thing. The patterns of behaviour dealt with by psychiatrists have been subjected to two major classificational assaults: (i) that of Kraepelinian description; (ii) that of Freudian hypothesising. Both these processes have been of considerable value. But both have been pressed far beyond their original descriptive limits, so that phenomena have been forced into intellectual strait-jackets as rigid as those of the Inquisition.

KRAEPELINIAN PSYCHIATRY

This was Linnaean in its precision. It was a fine product of typical Germanic obsessional thinking. In my view, it marked the beginning of scientific psychiatry. The first time I realised its limitations was in the Navy, when we decided to write up our private diagnostic cards for every patient. We soon realised that almost all honestly descriptive diagnoses were multiple—mania with paranoid and hysterical features; depression with obsessional and some schizophrenic features; schizophrenia with paranoid features; confusion with hysterical and schizophrenic features—and so on.

It followed that one could score each of these basic reactions, from those of complete normality to gross psychosis: 1-2, normal; 3-4, pathological, but not psychotic; 5-6, psychotic. In shorthand, the reactions could be recorded as M, D, S, P, H, and O. Such diagnoses were purely descriptive. They hypothesised nothing in the way of causation. But they did enable me to write up the story in a long paper in the *Lancet* entitled "Mental illness as a clue to normality."^{19 20}

This technique of description can be applied to large groups. This I did in two papers called "The Mind of the Russians"²¹ and "The Mind of the Americans."²² The former was used as a basic text by the American intelligence services. Within practical psychiatry, a major effect of Kraepelinian classification was to enforce medical expectations on the patients. When I was learning psychiatry, endogenous depressions lasted two and a half years, give or take six months. Kraepelin said so; we knew he was right; and so it turned out. Two-thirds of all schizophrenics were demented; and what Kraepelin said went.

My eyes were opened when I visited Dr A Pool's 280-bed clinic at Oldham. In 1955 he was claiming that almost no Oldham patient ever needed to be transferred to the massive and forbidding Lancashire mental hospitals. His treatments were, to say the least, unusual—hypnotism and musicotherapy among them, patients lulled to sleep with soft music and aroused by Sousa marches. But by then he had broken through the Kraepelinian net. The victory was really won by Russell Barton with his book on institutional neuroses.

FREUDIAN PSYCHOPATHOLOGY

The Freudian, or rather the psychoanalytical, classificational assault went far beyond description and nomenclature. It concerned a type of speculation that is more akin to philosophy than science. Freud and his successors devised a delightful series of hypotheses and assumed (or appeared to assume) that they were true and of universal application. They also invented an extremely catching nomenclature: the unconscious mind; the ego, the super-ego and the id; the psychopathology of everyday life; the Oedipus complex; narcissism, etc. The results of this assault have been far more noticeable outside psychiatry than inside it. Inside psychiatry, the continuous checking of results in controlled series has shown the limitations of analytical psychotherapy. At the same time, organic treatment, helped by simple social psychotherapy, has been strikingly successful.

Outside psychiatry, speculation and application of psychoanalytical hypotheses have run wild. Imaginative writers have seized upon the new possibilities of character exploration, without considering the qualifications of the theory or its limited validity. Suppression of the ego has become a crime. The super-ego has been dismissed as irrelevant. Sublimation has been forgotten. The indulgence of the animal instincts has been hailed as the route to mental health and physical happiness. I cannot find any other explanation for the excesses (as I think them) of the permissive society, than half-baked and ill-informed generalisations based on Freudian psychopathology, coupled with epidemic trenditis. So mankind has to relearn the virtues and pleasures of, and indeed the necessity for, the simple disciplines of hard work, service to others, humility, and a sense of humour and proportion.

Application

I come now to the last of the "phases" of natural history, that of application. Human natural history, like pure science itself, is primarily a matter of interest. I pursue it as a matter of curiosity, because it is "fun to find out." But I also hope that it resembles Faraday's baby, likely to be of immense practical value in the future. As an administrator in large organisations, a university, a new town corporation, a hospital, a health service or part of a health service, I

have found it of some value in two directions. Firstly, it has helped in the assessment of capacity among applicants for appointments and in the assessment of merit in those up for promotion and reward. Secondly, it has helped me to deal with, or at least to understand, deviations in behaviour by individuals or groups.

ASSESSMENT OF CAPACITY

Conventional academic achievement is, in my experience, an excellent measure of higher IQ. Occasionally, it is wrong, especially with good people who get "thirds" for extraneous reasons—for example, love affairs. But, by and large, "firsts" are first class. Specific talents can be assessed only by observing performance. This applies to music and the other performing and creative arts, languages, forensic and political skill, and manual dexterity, as in surgery and wood-carving. My Tavistock friends, during the war, were always emphasising the difficulties presented by those with high "v" and low "g"—high verbal dexterity and low general intelligence. Such people can be most successful in some jobs—for example, those concerning salesmanship. But in higher administrative or intellectual appointments, they are disastrous. Fortunately, such people seldom deceive an experienced academic examiner.

I find that I have made my greatest errors in assessing energy output or basic vitality. Outstanding energy is an invariable feature of all the great achievers. Laziness is sometimes praised in theory; what is usually being referred to is a capacity for picking out essentials and working hard at them, while leaving the inessentials alone. I am convinced that we should, and shall in due course, develop an EQ or energy quotient, which will be found to have a metabolic basis—and great prognostic importance. I find that EQ is related to, but not identical with, persistence. I also find that both are extremely constant over time for any one individual, even in those who show cyclical hypomania and mild depression.

Common sense and judgment are remarkable in that they enable those with limited IQ to achieve greatly. Their essence is the capacity to evaluate and to pick out essentials from non-essentials. Curiosity is a specific mental feature, unrelated to anything else. Linked with a low IQ it can be deceiving; it is also irritating in the extreme. Linked with medium or high IQ, it can be transmuted into police detective work or scientific activity. But without persistence, curiosity does not get one very far. Sense of humour makes life better for all of us. It is the great social lubricant, the great enemy of pomposity and self-importance. Capacity to laugh at oneself is almost diagnostic of high IQ. A real sense of humour is usually linked with kindness and understanding; it must not be confused with wit, which can be hard and wounding. Humour that emerges naturally in an interview usually operates in the candidate's favour.

It is in the area of assessment that classification on an M, D, S, P, H, and O basis is sometimes valuable. In jobs in which creative vigour is essential, a measure of hypomania, together with enough, but not too much, O is needed. In maintenance jobs, where the prime need is to keep things going, I find it best to appoint a slightly depressed schizoid!

DEVIATIONS OF BEHAVIOUR

Individual deviations are not too difficult to cope with. When a group is concerned the problems seem to move into uncharted territories. Once attitudes of defiance and counter-defiance have been struck, the original *casus belli* is soon lost. Entrenched positions are taken up, and trench warfare can be very prolonged indeed. The inevitable crises in institutional life usually have hysteria at the bottom of the story. Someone without the necessary IQ is out to dominate a situation. In the interests of the rest of the group, such bullying must not be tolerated. But bullying is all too often effective, because most people try to opt out of the situation (the Pontius Pilate syndrome). So the fanatics, though few in number, can get away with it. Once group hysteria can be generated, it is remarkably infectious. Here the "media" are of great importance. The bullying, hysterical psychopath will go to any lengths to get onto the box. I recall such a one who was threatening a dramatic suicide, and who was instantly stopped in his tracks by the offer of a television interview.

The press and the other media have a proper role in news reporting. But they have a difficult road to tread in differentiating between the legitimate exposure of malpractice by those in authority, and pandering to the recruiting activities of the forces of unreason and hysterical psychopathy. One has only to watch football hooligans playing up to

the TV cameras to realise how publicity for violence causes the disease to spread. A six-month moratorium on TV reporting of violence in Northern Ireland would, I believe, do much to stem the flow of recruits for violence at both ends of the spectrum. The hysterical psychopaths dislike discussion, for the removal of the causes of a grievance is the last thing they want. "Keep doors open" and "keep talking" are wise rules, when it is possible. "Jaw-jaw is better than war-war," said Sir Winston. My cure for marital discord is to tell both parties separately that the more intelligent partner must do the giving way. I have found this less effective in group confrontations where one side is in it not to win a point but to destroy an institution.

These alarming manifestations, the pathology of social life, are in the long run self destructive. In the long run, unreason is beaten by reason. But the suffering produced en route can be extreme. The prophets of unreason, especially those in academic garb, must therefore bear a heavy burden of guilt.

The long run

It is by sticking it out that mankind moves forward. "Stickability" is a characteristic that I am inclined to regard as the most valuable of all in politics, administration, medicine, and science. "Stickability" is of the essence for the good naturalist. It is only by observation over long periods, indeed observation over generations, that natural history begins to help us to its maximum. Nature, like pathology, must be seen as a historical process. Once one looks for it, the immense power of our genetic mental make-up becomes apparent. Often genetic similarities are missed because we cannot compare parents and offspring directly at the same age. Because patterns of behaviour are to a considerable extent genetically predetermined, this does not mean that everything is hopeless. Far from it. Genetic predispositions can be altered or evaded. Above all, genetic potential can be realised, built on, and directed. This is what schooling and education are really all about.

In the long run, I suspect that human natural history, extrapolated from good psychiatric observation of the normal, without at this stage the intervention of hypothesis and conjecture, is likely to prove a useful tool in the betterment of mankind. But first there is the major job of description, naming, and classification to be done on what has already been observed. What fun awaits someone in the writing of a genuine textbook of human natural history without the distorting lenses of preconception. Only then can we give the hard scientists, in biochemistry and biophysics, a fair run into the physiology of normal mentality.

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