

Interview

In conversation with Felix Post: Part I

Brian Barraclough interviewed Dr Felix Post at his home in London on 12 March 1988.

BB Can you tell me something about your origins?

FP I was born in Berlin in 1913. My father and his family were all good Protestant Germans and, as Hanoverians for many years, loyal subjects of Their Britannic Majesties. My mother's side was entirely Jewish, but she strangely enough, could follow her family back far longer in Germany than my father could. Theirs was a very happy marriage and my father stuck to my mother right through Hitler and the Second World War. Unfortunately I was an only child, possibly because of World War I and its aftermath.

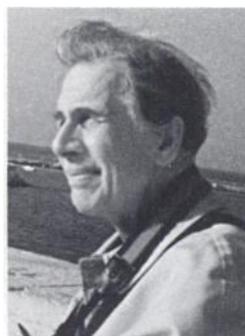
I passed through various German schools.

BB In Berlin?

FP Yes, Berlin. I lived in a nice house. My father was a director of a Berlin museum, an art historian interested in arms, armour and costumes. An interesting thing – when he was a student, in Paris, he bought that etching on the wall behind you. The etching is from the French Revolution; they had a special Fête Dedicée à la Vieillesse, a festival for the aged. As you can see, there are only about four or five aged people in the whole picture. A bit different from now. It came to me, prophetically, after the War.

BB You went to University in Berlin?

FP Yes, I started medicine like my mother's sister. My aunt was close to me, being much younger than my mother. When she married she soon had children and did not carry on with her training. I think my interest in medicine comes from her because of her influence. I started my first term from her home in Hamburg. Then the next term I moved to Berlin; one did in those days move from one university to another.



BB Why move around?

FP It was the custom, in order to gain experience from various teachers and then to settle down at one university for the last few terms.

Of course Hitler was threatening all the time. I remember I went on the local railway from our home to the centre of Berlin where the University was, and what did I pass but the Reichstag, all burnt out and battered, the famous fire of 1933.

BB The German equivalent to the House of Commons?

FP Yes. It was burnt in 1933 by communists, allegedly. With a Jewish mother my position was unpleasant, to say the least, even in 1933. Not that anybody was against me, and in fact I probably could have stayed on. But I have always been on the liberal side of politics.

BB Under the Nazi rules you were Jewish?

FP No. I was not an Aryan, but I was half Aryan. I had cousins in a similar situation who stayed in Germany and survived. In retrospect I could have stayed, qualifying in 1938, or '39.

BB In medicine?

FP Yes. I would probably have been drafted into a field hospital and it would be unlikely that I would still be alive. However I had English connections which affected my future. My mother's mother had been born in England, in Bradford. Her father had emigrated from Hamburg. They belonged to the large group of German Jews who went to England in the middle of the last century, established themselves in new businesses and prospered.

In this way I had a so-called English grandmother, and English Jewish relatives. My parents were keen on my learning English. We always had somebody in the house who spoke English to me. When I was 16 or so I made visits to England, staying with relatives and with one of my father's museum colleagues.

I said to myself, and my parents agreed, that although this Nazi thing can't possibly go on for more than a year or two, because they will crash economically, it would not do me harm to continue my medical studies in England. But it wasn't quite as easy as I thought because it was so difficult to get into an English medical

school. Fortunately my father's friend, the Director of the Wallace Collection, had a cousin who was a senior physician at Bart's. Through this connection I managed to get into Bart's.

BB Bart's is said to have had a tradition of anti-semitism.

FP Well, I don't know about the anti-semitism, but entry to British medical training in those days was restricted. On the continent anyone who passed their higher school examinations matriculated to university. If you had the money or a scholarship and you wanted to get into medicine you just went to the university, signed yourself in and started. This is the practice still in Italy, but not in Germany. It has the effect of producing far too many doctors; so that is foolish. In England it was the exact opposite; only so many places, and competition to get in. That restricts the number of doctors produced, which is very nice for the doctors who have been produced. Both systems are foolish. But both systems I think are coming closer together.

At the time I came here the British Medical Association spokesmen were against bringing in any except a few chosen refugee German doctors or medical students. Anyway, each year when I got my permit to stay another year, I was told "Once you have qualified you must leave the country". But once I qualified I couldn't have left the country because the war had almost begun.

BB Did you have to start your medical studies again at the beginning?

FP Yes, but I had only done a year in Germany. First of all I had to take the entrance examination, a bit of maths, English, geography – then the first MB. Unfortunately the tutor didn't teach us how to section plant stems in botany. In the practical I was completely stranded but must boast that it was the only examination I have ever failed. Anyhow I went through Bart's, very pleasantly, and qualified in June 1939 when I was 26 years old.

And then of course I could not get a job. I was not allowed to work and was unsure what was going to happen. Where was I going to go? Then one of my fellow refugees got an unpaid clinical assistantship at the Hammersmith Hospital. They were short of staff because everyone had gone off to the War. He mentioned me to them. So I became first, an unpaid clinical assistant for a month and then house physician at the Hammersmith Hospital.

BB Were you not an enemy alien?

FP Oh yes, I was an enemy alien all right. But my father's friend, The Wallace Collection

Director, went before a tribunal and swore about my sound background and anti-Nazi views and so on.

I was a house physician at the Hammersmith from about December 1939. That was a very fine experience. The man in charge there was Francis Frazer, a New Zealander, and his second in command was John McMichael, a Scot.

McMichael did his ward rounds and every patient was examined. He looked at my notes and re-examined every patient and taught me. It was a splendid experience and I was really keen on becoming a physician.

BB You were in a sense protected from being called up by the military?

FP Yes. I had volunteered for the Pioneer Corps, but they wouldn't have me. I wasn't called up, not as an alien. Then in 1940, France fell and there was great hue and cry about aliens and there was a push to get us interned. The Hammersmith were not allowed to employ me any longer so I had to leave at the end of June 1940. I had hardly any money, my parents couldn't send me any. So I said, well, never mind, I will get interned.

So I was, and spent six weeks on the Isle of Man which was not very pleasant. There were many people together and not congenial, most of them.

Then my English grandmother in Bradford and her MP got me out. That was not very good either because I was not allowed to work. Fortunately I had belonged to an international student's club run by the Christian Student Movement.

BB Were you a Christian?

FP Baptised and confirmed. Anyway they had a lot of Jewish refugees in the Club. There was a woman there, the Warden, who died only a few years ago, Mary Trevelyan, who was helpful to me and to many others. I got a job to be the porter there, for free board and lodging, in the Club. Having been at one stage the Chairman of the Committee, a man of high office, I became a porter, which really meant sitting in a box making sure that nobody came in who was not a member, and taking messages. I didn't have to do any portering, only take part in the fire watching in our street.

This was early in 1941. Then I was allowed to work again. I got a job at Whipps Cross Hospital, then a kind of Poor Law Hospital. In those days the worse the hospital the better the accommodation, for the medical staff. It was very nice, two rooms you know. Nice, having previously stayed in boarding houses.

We had to do almost everything, minor surgery, clearing out abortions, all that sort of thing. But there was not much teaching. From there I went to the Mill Hill Emergency Hospital, part of the war-time Maudsley.

When I was at The Hammersmith one of my duties was to take round and make sure he did not get lost, the psychiatrist, who under the London County Council, came once a week to see patients with any psychiatric problems. And the psychiatrist was no other than Dr Aubrey Lewis. I had to take him around and watch him and listen to him taking histories and I scribbled down notes and then dictated his report. I was very impressed by him. I had always been, in a vague way, interested in psychiatry. It stemmed from my school-boy days through reading a fashionable book in Germany, one that is also known in this country *Physique and Character* by Kretschmer. That was my first contact with psychiatric problems and I was fascinated by them.

BB What was the fascination?

FP Well, you know, the mind, and the way people with psychiatric illnesses have certain physiques. And the way the man wrote. He wrote extremely well. He was, of course, not truly scientific, as was found out afterwards.

When I was a student at Barts I had to go out during the psychiatry course to The Bethlem Hospital. There a not very impressive psychiatrist would bring out big fat case-file books, and the patients were paraded like animals in a zoo, which I disliked very much. Denis Hill, who was there at a later date as a junior doctor, said he tried to engage Porter Phillips in discussion about the patients, whether they were schizophrenic or depressive, and what was the difference and so on. Porter Phillips said, "I have sat on the fence for the last 30 years and you are not going to push me off"! As a student I had for financial reasons to get qualified as soon as possible. In the MB examination you were asked about forensic medicine or public health or psychiatry. Forensic medicine and public health could be swotted overnight, but psychiatry was quite a complex subject even then. So I thought I am not going to bother about psychiatry at all. However, my contact with Lewis at The Hammersmith had changed my view of psychiatry.

After I had been at the Whipps Cross Hospital for six months, we had to be re-appointed. So I got in touch with Aubrey Lewis and he kindly arranged for me to be taken on as House Physician at Mill Hill,

in I think 1941. That's how I started in psychiatry.

BB The Maudsley was divided in two by the War?

FP Yes, one part went to Sutton Emergency Hospital, with Sargant in charge. The other went to the public school at Mill Hill with all its classrooms and dormitories. That had taken place before I went there, in 1939.

BB To escape being bombed?

FP Of course, although The Maudsley still had out-patients in Camberwell. There was quite a bit of bomb damage at Denmark Hill, so it was a wise move.

On the strength of my new job I got married. My wife was English, and it was then possible for Englishwomen to be re-naturalised, within a few days or a week or two, even if they married an enemy alien, which of course I was.

BB Who was at Mill Hill?

FP There was the Clinic Director, Lewis, who lived there because his family had been evacuated to America, Elizabeth Rosenberg, who later on married Guttman, Gillespie, the child psychiatrist, and of course Maxwell Jones. I worked for the first few months with Rosenberg in the General Unit, and then I was in the Effort Syndrome Unit with Maxwell Jones and Paul Wood, the noted cardiologist, who was attached.

BB Wood was there because of the Effort Syndrome Work?

FP Yes.

BB Your purpose was to get a training in psychiatry.

FP No, the purpose was simply to work in a teaching hospital setting. It was quite difficult for a person of my background to get a really good teaching hospital job. At Mill Hill I had a good opening. And there seemed no harm in spending a year in psychiatry, even though I wanted to become a physician. As my year came to an end I spoke to the administrator, Dr Maclay, who later on became one of the Commissioners on the Board of Control, a senior man, and asked his advice about my abilities. He gave me an encouraging report and thought I would be a good psychiatrist. However they wanted to have Erich Guttmann on the staff. He was one of the many refugee psychiatrists from Germany, who had come to the Maudsley and had worked there in a sort of assistant capacity before the war, and at the outset of the war were interned. Guttman again became available for employment. He was by then a well known neuropsychiatrist and they were very keen to have him. They couldn't have him and me, not because we were both Germans, but because they did not

have the establishment. Lewis and Maclay talked to D. K. Henderson, then Professor of Psychiatry at Edinburgh, about me and I was passed on to him. That was a good thing, because although I had been a year at Mill Hill my experience was exclusively of neurotic soldiers. Anybody who was psychotic was quickly sent somewhere else. You see, that was splendid for anybody who already knew a lot of psychiatry but hopeless for anybody like me who knew nothing. The Effort Syndrome anxiety states following Dunkirk were interesting in many ways, but it wasn't valuable for beginners in psychiatry. So I went to Edinburgh. First I worked in the private part for about a year, Craig House, where they had the nobility, the rich and so on. That's where I had my clinical experience of psychosis and got the DPM and the London Membership.

BB Not the Edinburgh Membership?

FP No, not the Edinburgh Membership, because in those years the London Membership was more difficult, more demanding, a different exam altogether.

BB And what did you think of Sir David Henderson?

FP He was a martinet, and was well known for that, at least to his assistant physicians, so called, but who were neither physicians nor assistants. When they married, for instance, they had to leave. He wouldn't have any married doctors there, because he wanted them to be available all day and all night. With the war he had to give that up. Then he had to give up something else, through me. I introduced to the Royal Edinburgh Hospital of Mental and Nervous Diseases the weekend for staff. That had been quite unheard of. However, I introduced this very firmly. Because he was short of staff he had to give in. Therefore not only did I live out, near the hospital, with my wife, but I also had brief weekends, Saturday midday to Monday morning.

But Henderson was in fact a very, very nice, kind and pleasant man, as was his American wife. But you know, having been used to McMichael, Lewis, Paul Wood, people like that, and having medical ward rounds when we went round and discussed the patients together, learning all the time, Edinburgh was a disappointment. Henderson was the man in charge of the whole hospital and spent all his time every day in a different part of the hospital going round and literally seeing all the patients; going from room to room, because many of them were private rooms, going from

bed to bed, and saying "How are you today" and then mumbling a few words. There was very little teaching, only a weekly case conference when a patient was produced with a little discussion with the staff. But fortunately Erwin Stengel, as a research assistant on a grant, found employment just before or just after I got there, having moved from The Crichton Royal, Dumfries. Stengel wanted to spend his time with the younger people. He was accessible. He and his wife were hospitable and helpful. He would see patients with me whenever I had a problem, and would spend a lot of time. He taught me psychiatry.

BB What did he teach you?

FP How to take a mental state, assess clinical problems; he guided my reading.

BB Was he then quite different to anybody you had met?

FP Yes. I could not say he was the first real psychiatrist; I mean the others were real psychiatrists too and Aubrey Lewis held weekly teaching sessions, but Stengel's was the first intensive teaching and perhaps the only real teaching I have had in psychiatry. Your interview recently with Rawnsley was interesting and gave me great pleasure in showing how different the Maudsley training had become from the sort of training that was in fashion when I took up psychiatry, in fact right up to the time when I became a consultant – you know, this systematic teaching, the physician consultant taking tremendous time to sit with you and examine the patient like E. W. Anderson obviously did in the presence of his registrar. This is the sort of experience that I only really had with Stengel.

BB Stengel was from Vienna?

FP Yes, where the tradition was to mix the psychiatric, the neurological, the neuroatomical and the psycho-pathological. He had been assistant to Wagner-Jauregg who introduced malarial treatment for GPI.

BB He brought to England something from Central Europe which English psychiatry did not then have?

FP Yes that is true.

Stengel as a friend was a very, very kind man but he could be a bit cruel and bitchy. Stengel had the greatest disregard for English psychiatry. He used to say to me, "You know in Germany, when they have classics, classic books or classic literature, and its too high-brow for the ordinary person they bring out a special edition known as *Volksausgabe*, an edition for the common people. English psychiatry is an *Volkspsihatrie*."

BB Do you think that true?

- FP In those days it might have been. Certainly British psychiatry appeared superficial. There were some good psychiatrists of course, the Maudsley psychiatrists being among them, who in their own subjects were very searching. But the psychiatry of the majority I think was rather superficial, as in Henderson and Gillespie's textbook. But of course in those days the English mental hospitals were run on more humanitarian lines than the continental ones.
- BB Were they?
- FP Yes, I think so. But as far as scientific work was concerned there were few capable people. Look at back numbers of the *Journal of Mental Science*. There are Lewis's famous papers, Anderson's, Slater's, and one or two other people but generally, very little else.
- BB Can you say exactly what of value in European psychiatry was brought into English psychiatry by the European refugees?
- FP Very difficult to say. Well of course they were very much more often woolly and semi-philosophical, one has only got to read the papers written. Where English textbooks, for instance Henderson and Gillespie, were two inches thick the German equivalent was eight or nine volumes, written by various experts starting back in 1926/27 or before and going into the 1930s. They were tremendously detailed; much of it I think was higher nonsense. That was the irreverent opinion I came to later, a lot of wordiness and going on and on. The French too, were in my opinion too idiosyncratic and therapeutically weak. Frankly, I opted for the Anglo-Saxon way.
- BB In spite of its apparent superficiality?
- FP Yes. But I must say that the continental way of taking time and listening to the patient and getting to know what's going on, how it feels to be mentally ill, that technique I learned from Stengel. You see, people like Aubrey Lewis were pupils of Adolf Meyer, a Swiss who worked in America. Their method was that you asked the patient something and then you wrote down exactly what the patient said, as if dictated by the Holy Ghost. Every word you know. You didn't, unless I misunderstood, explore the patient's mind, you just asked a few questions, and wrote down what the patient said. Not the best way of conducting a psychiatric interview is it?
- BB No. How long did you stay in Edinburgh?
- FP Until January 1946. As soon as the German war finished, I volunteered. But it took some time before I was actually called up and by that time the war with Japan was also finished. I had not wanted to be in the Army earlier because that would mean fighting against Germans and my parents were there still. I took out a short 18 months service commission. The Army were quite glad to have me then as so many doctors were being demobbed. After doing some short jobs in Britain I spent about a year in Egypt, in the military hospitals there. And that again was more neurosis experience, but also some psychosis. I left the Army after 18 months.
- BB Did you become a British subject before you joined the army?
- FP No, I couldn't have. You are not supposed to naturalise enemy aliens during the war or immediately after it.
- BB But you had the King's Commission?
- FP Yes, and I had been promoted in the Army to Major.
- When I left the forces I contacted Aubrey Lewis and asked of any jobs suitable for me. I wasn't under great financial stress because I had back pay to come from the Army. Still I had to do something. He said there was a job as assistant physician at the Maudsley. My predecessor had tragically committed suicide. So I was then interviewed, first by the LCC people and then by the Committee at the Maudsley. I cut a poor figure at the interview, however; I was the only candidate and I suppose that explains my appointment. At the same time the Committee appointed two senior registrars, Kräupl-Taylor, many years my senior, and Henri Rey.
- BB And that was 1947, just before the Health Service started?
- FP Yes.
- BB The Maudsley was controlled then by the London County Council?
- FP Yes, and the Director was Aubrey Lewis.
- BB And the Professor?
- FP None. Mapother, the first Professor, had died before the war. I had not met him. There was a physician superintendent, Arthur Harris, who later on with Ackner did the investigation exploding the value of insulin in the treatment of schizophrenia.
- BB So in 1947 you had finished your training as a psychiatrist?
- FP I never had any training, that is the point. Guttman, some of whose beds I took over because he had too many, when I told him about my past, said, quite rightly, "Post you are, so to speak, in psychiatry, an autodidact".
- I thought Aubrey Lewis wanted me at the Maudsley, and supported me because of my brilliant promise. Later on it became clear that he really appointed me because he was thinking of having a department for old age

psychiatry for which he had ear-marked me. He never told me this, which is maybe just as well.

When I was in Edinburgh, we were on the wards in Craig House. At the end of the round Henderson said "See all these poor old people here, Post. Why don't you write them up". So I did write them up in the usual way. How many patients there were, how many years they had been there, and what their diagnoses were, etc. I gave a little talk on this to the local RMPA. Then it was published in 1954 in the *Journal of Mental Science*. That was the first paper I published.

BB Did you describe something important?

FP Nothing important. But there were two observations. One was a dreadful mistake. This was in the pre-ECT era, and what struck me was that people with dementia came into hospital and within a few months were dead. But the ones who stayed were the so-called endogenous depressives who went on for years and years and years.

I foresaw the increase in the aged ill in the population was worrying. But I predicted the main problem would not be the organic mental illnesses because the patients quickly died, but the depressions, then untreatable. Completely wrong you see, completely wrong. I did not realise that at a place like Craig House, and other mental hospitals, most patients suffering from senile dementia were admitted just before they died. They were nursed and looked after at home. Then when everything broke down, often the result of a terminal confusional state rather than dementia, they were admitted and died rather quickly. With the depressions it was a different story. We didn't realise at the time how long dementing mental illnesses can last. It was said to be three years, but we now know it's often over ten. So I made this incorrect prediction.

BB So you anticipated Roth in pointing to the differing outcome of depressions and dementias?

FP In a sense. Having read quite a bit of the German psychiatric literature I knew perfectly well that you must not say that because people were old they were dementing. That is a great mistake. Many were depressive. Although they went on for a long time, with a high death rate because there was no specific treatment, many ultimately recovered.

In my little monograph on affective disorders, I quoted Gaupp who in 1906 made this point. So the rule was quite clear. There were dementias, organic, and there were non-dementias, depressions mainly. There were

possibly some depressions which ended in senile dementia but not many. There were many elderly depressives who were not really dementing at all. Roth and Morrissey's paper, very important, an excellent paper, hit me rather by surprise. I said to myself if I had known that this fundamental observation was not generally known, I could have easily made the point myself.

In my first few years at the Maudsley I continued with my Observation Ward studies and there again showed that the outlook, in terms of life, discharge and so on was completely different between the obviously organic and those that were not.

BB Your interest in psychogeriatrics was determined in Scotland?

FP In a way. But I did not come to the Maudsley thinking I was going to do the psychiatry of old age. That appeared later on at the Bethlem. At first I did general psychiatry only at the Maudsley. When the Bethlem, then a private hospital, was joined with the Maudsley in July 1948 at the start of the NHS, there was an exodus of staff from The Bethlem Hospital which became short of staff and I was moved there to do general psychiatry.

BB The union of the Bethlem and Maudsley was an astute move to provide funds?

FP It was a marriage between the Maudsley, then an LCC hospital but to become a National Health Hospital, and the Bethlem Royal Hospital, a private hospital. They both were teaching hospitals. The staffs of the private hospitals feared they would be swallowed up by the National Health Service and become District Hospitals. The Bethlem Governors were glad to join with us. The Bethlem had a long history of lecturing, teaching, and studying psychiatry. The Maudsley was a much younger hospital, having been founded in 1912, although it did not start to have psychiatric patients until after the First World War. The Military used it during the First War.

BB It is rumoured that the Bethlem had an endowment of millions?

FP That's no rumour, that's absolutely true and correct. One of the inducements was that both hospitals would enjoy the capital, or at first the income, from the wealthy Bethlem Hospital.

I had wards at the Maudsley as well as the Bethlem. Aubrey Lewis came out with the idea I should establish on one of the Bethlem wards a department for people over 60. Old age then began at 60.

BB What was life like in the late 1940s and early '50s at the Maudsley?

- FP The doctors studied for their DPM; they changed firms every six months. The Dean, Guttman, arranged the posting of the registrars. The ward rounds changed. Instead of going from bed to bed the patients were brought into one's room. We had discussions in the vein in which you yourself were taught. There were various units, a general unit, a psychotherapy unit, an insulin ward which had moved to the Bethlem.
- BB Was this largely according to Aubrey Lewis's plans?
- FP There was a medical committee on which because of his ability and experience he had a large voice. The Dean was on it, and all the other senior people, about nine of us I think.
- BB Do you think he had a grand plan at that stage?
- FP Yes, I am sure he had a grand plan. He had, in my view, two great influences. One was to be critical and scientific in approach to the entire subject. Not to take anything for granted. To be logical and not to live in a fuzzy wuzzy atmosphere that was then so very common with psychiatrists, and still perhaps is. He impressed this on his fellow consultants. The Monday case conference, for instance, was a good training. He would come round, in those days, to every firm once every few weeks and patients would be shown to him. He would go through them with the registrars with precision and thoroughness, and investigate everything. He would have a social worker along making sure that the whole case was assessed, including the social background, of which, of course, the Germans knew nothing much.
- BB Did they not?
- FP Very little. The patient in relation to his family background, to his education, religion. These are the things that he clearly impressed on us. An innovation in many ways. His other great influence was on education. He gradually shaped, with the Dean, who was really his instrument, a system. This system saw to it that every person who entered the Maudsley Hospital as a junior doctor, after a tough selection, and who stood the course right through various specialities, passed out as a broadly trained psychiatrist. That was the famous Maudsley training, in my opinion an even more important contribution of Lewis's to psychiatry than his papers on melancholia or his instilling the critical, sceptical, scientific attitude in you.
- Although he seemed severe and forbidding and austere he was a kind, approachable man, as other people have told you. He put himself out enormously for many European refugees, and was tremendously kind to me. On the negative side, he had this idea that people did not learn unless you hit them, not physically but mentally, and he sincerely believed people only gave their best if pushed. That of course is why if anybody wanted to do psychophysiological experiments on anxiety they would choose the half hour before one was due to appear at the journal club, or the clinical conference to present a case. That was the time to choose. Also he was a therapeutic nihilist. He didn't believe much in treatment. Treatments in those days, it is true, were not terribly effective. He was not enamoured of ECT and certainly not insulin coma. Lithium he, and Shepherd too, thought dangerous nonsense.
- BB Why was he such a nihilist?
- FP It was a personality trait. And maybe in the early years of his chairmanship there really wasn't an effective treatment for schizophrenia, and very little for depression; ECT perhaps, but nothing fully accepted.
- BB Those were all his achievements?
- FP Some, yes. But there were others. For instance the Social Psychiatry Unit, which reflects his interest in the patient's social background. Before the War he wrote a very good paper on unemployment. During the War he published an important paper on old age in psychiatry, writing on people he had investigated in collaboration with a social worker. He did this at the Unit for senile dementia at Tooting Bec Hospital, a reason for his interest in my little effort. He was on the Rowntree Committee looking into old people's homes during the war. He was one of the prime creators of social psychiatry as a subject. The work done, even now, by the MRC Social Psychiatry Unit goes back to his efforts.
- BB What did he think of his achievements? Did he ever speak of them to you?
- FP No, hardly ever, although I saw quite a lot of him. I lived outside London and did not have a car so I used to come in by train and catch the tram at Vauxhall Bridge Station. Who would be sitting on the tram very often but Aubrey Lewis, who came from Barnes by train and then by tram to Camberwell. So we had quite a lot of chats and talks but I could not say that he ever opened up to me about his thoughts or feelings. But you must remember that I was then a junior person. He was, however, friendly with Dr Carlos Blacker. They were close. Whether he opened up to anybody like Davies I will never know. We used to have lunch together in a group of two or three. He was tremendously charming, kind, and

- interesting in conversation, but I wouldn't say that I ever had a personal experience with him. On the negative side was his response when one wanted real advice. I tried once but never again. I suppose I did not have any business to be a consultant. I had neither the training nor the experience.
- BB** You were appointed before the NHS began?
FP Yes. I was an assistant physician before July 1948. Then there were physicians and assistant physicians. But as soon as the NHS came in there was no place for assistants. They didn't want to have senior hospital medical officers, certainly not in a teaching hospital. At the Maudsley and other teaching hospitals, either you taught or you were taught. So I belonged, probably wrongly, to those who taught, and therefore I was a consultant.
- But to return to the advice I asked of Lewis. In those days abortion on psychiatric grounds was a tremendous problem. Could you, should you, was the patient sufficiently depressed, and so on. I had one patient, who to me was the greatest problem and I was very worried about her. I asked Lewis, the senior physician, an experienced man, and said please give me some advice. How am I to handle this matter. We saw the patient and talked together. He was of no help whatever.
- BB** Did he know you were asking for help?
FP Yes, of course. In contrast when I wrote one of my first papers I brought that along to him. He kept it for quite a long time and handed it back scrawled all over with useful comments. When it came to scientific matters he was tremendously helpful. But when it came to human problems, which are after all what doctors' problems are, he was not so good.
- Lewis, in my opinion, was the greatest, the most important, psychiatrist this country has ever had. He was in my view far more important than Maudsley himself, who was of course a child of his time just as Lewis was of his own. Aubrey Lewis' influence on American psychiatry and that of other countries was far, far greater than Maudsley's.
- BB** It was the right time?
FP Yes, that's always the point, the right man in the right time.
- BB** There was the money about to pay the people to come and study subjects which were starting to be developed?
FP Talking about money, he was an able politician.
BB I didn't know that.
FP Very able and with good connections. He had the ear of all sorts of people. That the Institute of Psychiatry was built is also to his credit, to add to the achievements I have already mentioned. He was a tremendous man.
- BB** Yes, that seems indisputable. I find people's response to questions about him varies considerably, and a lot of it is determined by how anxious he made them feel at the time they were doing their training or working at the Maudsley.
FP Of course he did quarrel on scientific grounds with his senior colleagues; Slater, Hill and Sargant for instance. They were great fights but let's not dig those up again. He dealt with a lot of hostility, and was sufficiently sure of himself not to yield.
BB Tell me, why did he not get on with Stengel, a man of comparable intellect?
FP I believe Stengel found the educational system Lewis was introducing too scholastic, too institutionalised. There was too little free-wheeling. What else they fought about I wouldn't know.
BB Stengel once said to me "Aubrey Lewis drove me out of London".
FP Yes, Lewis made life difficult for him because Stengel wouldn't do as he was told. Stengel was, as it were, only the assistant professor.
BB With a university appointment?
FP Yes. He was appointed Reader when he came from Graylingwell Hospital Research Unit to the Maudsley. But he felt that Lewis and Davies were gunning for him. But I suspect that if Stengel had played his cards correctly, and given in when he saw that the other side were determined, they could have lived happily together. He was much appreciated as a teacher, not only by the junior people but also by Lewis.

Part II of this interview will be published in the March issue of the *Psychiatric Bulletin*.