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Aubrey Lewis (1900–1975)

Sir Aubrey Lewis was the outstanding psychiatrist in the middle of the 20th century. His main concerns were always with the Maudsley Hospital and Institute and the development of academic psychiatry throughout the country, particularly the development of social psychiatry. The majority of the first professors of psychiatry in the UK had initially trained and worked with him. Shortly after he had retired it was the actions of an intelligent and well trained cache of junior psychiatrists at his old hospital which led eventually to the development of the College which differed radically from the old Association (the RMPA).

This brief online archive quotes literally from Michael Gelder's paper and Sir Aubrey's Mapother lecture. The other references give further accounts of him.

Before Aubrey Lewis came to the Maudsley he had received his psychiatric education in two main schools, under the influence of two outstanding men – Adolf Meyer at the Johns Hopkins Hospital and Karl Bonhoeffer at the Charité. He had also learnt a great deal from Macfie Campbell in Boston and Beringer in Heidelberg. He expected, from what he was told, that at the Maudsley he might have to readjust his modes of thought to a somewhat insular, rigidly materialist and old-fashioned model, of which Mapother would be the exponent. In fact he found it quite otherwise.

‘The fundamental standpoint of Meyer was very close to that of Mapother, though more profound and less intelligible; the clinical principles of Bonhoeffer and the brilliant group around him – such men as Kronfeld, Birnbaum, Thiele – were readily adaptable to the Maudsley climate, allowance being made for the greater erudition of the Germans. Certainly Denmark Hill was not a psychiatric backwater to someone recently educated in Baltimore and Berlin, and Mapother's influence was no less pervasive and justly respected within its range, than that of the better known leaders abroad.’

Michael Gelder wrote an excellent account of Sir Aubrey Lewis which I am summarising in this Annexe. Lewis was a major figure in British psychiatry. He had a questioning sceptical temperament and was sometimes thought to teach and practice an unduly

nihilistic form of psychiatry, paying too little attention to the opportunities for psychotherapeutic treatment. He saw value in psychotherapy but distrusted the larger claims for its effects. His cautious attitude to psychotherapy was matched by an equally sceptical approach to convulsive therapy, to tranquillizers and to anti-depressant drugs when these were first introduced. As he wrote ‘Psychiatry suffers much from hopefulness and clichés ... just as a few decades ago it suffered even more from pessimistic and resigned inertia; (Bethlem lecture). His great contribution was to follow Edward Mapother and further develop the Maudsley Hospital and Institute of Psychiatry. His legacy was a cadre of intelligent, thinking, well trained psychiatrists who advanced the profession and provided the ability to raise it to its present pre-eminent position.

Lewis was in a pivotal position as the Second World War drew to its close. With the advent of the National Health Service in 1948, the fusion of the Maudsley Hospital and the Bethlem Royal Hospital and the founding of the Institute of Psychiatry, great possibilities opened up. He had foreseen this eventuality, but the difficulties were considerable. The re-constituted Maudsley Hospital in 1945 had few senior and hardly any junior staff. There was a legacy of tension between laboratory and clinical services, while, on the wider scene, psychiatry was split between opposing factions urging physical treatment or formal psychotherapy. Doctors returning from the war in 1945 filled the senior posts he envisaged in his ground plan; he arranged for their further training, here and abroad. His contemporaries had no doubt about his stature. His pupils remembered him with affection and gratitude, aware that something of his philosophy and method had become part of themselves. At the Institute of Psychiatry he brought in new disciplines, such as physiology. With other sub-specialties he fostered the subject in

his own department until the staff and resources were available to allow of its becoming independent. Largely because of the respect his integrity earned him among his colleagues, the feuding between medical school and hospital lessened, so that a fruitful working relationship emerged.

The clinical training programme which he introduced exemplified this. Registrars were appointed jointly, with the prospect of complete rotation between sub-specialties over several years, and with secondment for special experience to other hospitals and even to laboratory departments. He was able to secure a level of establishment which permitted junior doctors time for study and research. This plan, unique in this country, provided a model for the recommendations of the Todd Committee on Medical Education. It was characteristic of the complex nature of Lewis's thinking that, although he was sceptical of its theoretical basis, he recognised that formal psychotherapy had a place in the treatment of patients and in the training of registrars. So he brought on to the staff a group of distinguished psychotherapists, representatives of the different approaches, who were able to work in the setting of general psychiatry, ensuring considerable cross-fertilization of ideas. Under Lewis, the Maudsley became a centre of psychiatry with a truly eclectic orientation. The current postgraduate teaching throughout the country has been modelled on the Maudsley rotational training scheme.

Aubrey Lewis brought to bear on his chosen specialty a tremendous intellect, wide learning in a great many relevant disciplines, and a mind owing not a little to his earlier acquaintance with the ethical teaching of the Old and New Testament, derived from an education between the Talmud and the Christian Brothers whose school he attended. In

psychiatry, the influence of Adolf Meyer, with whom he spent time at the Phipps Clinic, was formative. He gave that holistic approach his own emphasis in the development of social psychiatry embodied in the work of the M.R.C. Unit which he directed from 1948 until his retirement.

He wrote a great deal, on clinical topics such as the depressive and obsessional disorders, on forensic matters, mental handicap and psychiatric epidemiology, but above all on the concepts employed in psychiatry. After some decades his clear exposition of the meanings attached to terms in everyday use (such as insight, illness, neurosis, psychosis) still stands, leaving little to be added, since his economy of words and precision of phrase were unsurpassed. He was a teacher and the leader of a teaching hospital which enjoyed an international reputation for excellence. He made personal contributions to research and he excelled as the driving force behind a major research institute. He was the first psychiatrist member (appointed in 1952) of the Medical Research Council. Above all, he had the ability to set the highest standards for himself and for those who worked with him, and in this way he did much to improve and maintain the quality of psychiatry in this country. The part of the Institute of Psychiatry that was particularly Aubrey Lewis's own was the Social Psychiatry Unit. He was able to gather a group of talented research workers who together set out to do research in an area of great difficulty – and succeeded so well that social psychiatry became one of the strongest fields of research in this country.

As a leader of his profession, Lewis was respected for his rare combination of intellectual power, scholarship, wit, determination and common sense. Though he did not hesitate to remind psychiatrists of their failings of loose thinking and lack of scientific method, he was equally forthright in pointing out to others the difficulties inherent in the subject. Thus, in a lecture he told his audience of physicians that

‘It is easy to lay failings at the door of psychiatrists, blaming their lack of scientific training, their loose habits of thought, their incuriosity, their passion for psychoanalysis or for physical methods of treatment, their preoccupation with the fascinating art of understanding people. To think this seems to me facile and unjust.’

References

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