

view of life, events and objects.

There is some affinity between creativity in depression and in what might be termed the 'schizoid state'. While florid schizophrenia may not be facilitatory of creative expression, as suggested by Kinnell,⁴ elements of the schizophrenic process, such as loosening of association, may help the creative artist. The relatives of schizophrenics reportedly often have above-normal creative ability. Noll and Davis¹ have quoted work by Cohler and his colleagues regarding the gifted children of 'better prognosis' schizophrenia. It may therefore be permissible to suggest that a study of creative individuals may help in illuminating the grey area between schizophrenia and manic-depressive illness. Robert Schumann had manic-depressive illness. But he was also a schizoid personality and for nearly a century it was thought he had had schizophrenia. As in ordinary practice, the study of highly creative individuals is likely to be bedevilled by diagnostic doubt and speculation needs to be tempered with caution and scepticism.

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- ³SLATER, E. (1979) The creative personality. In *Psychiatry, Genetics and Pathology* (eds M. Roth and V. Cowie). London: Royal College of Psychiatrists, Gaskell Press.
- ⁴KINNELL, H. G. (1983) Insanity and genius. *Bulletin of the Royal College of Psychiatrists*, 7, 188–89.

Novel ideas

DEAR SIRS

It is not new to say that there is a creative dimension to psychiatry. It is new, however, to suggest that this creative side should be both promoted and examined by the College. In our view a good psychiatrist has a broad humanitarian attitude and an education which includes the study of some fictional literature would serve to engender this.

In addition to entertaining, fiction instructs us, particularly in the mechanisms of the inner world. Many of the problems and illnesses encountered by psychiatrists are described vividly in English language works and in translations of European and other literature. 'Othello syndrome' is a term reminding us of a debt to Shakespeare, for example; and Hamlet's complaint against 'The slings and arrows of outrageous fortune' is nicely evocative when compared with the equivalent: 'undesirable life-events of an independent nature'.

The Introduction to the current College Reading List states: 'It is a common complaint of medical students that, unlike general medicine, psychiatry is nebulous and confusing. We are aware, therefore, of the need to make our subject comprehensible . . .'. Salinger's book, *The Catcher*

in the Rye, provides a fine introduction to the psychology of adolescent turmoil. Dostoyevsky's novel, *The Idiot*, outlines the problems of an epileptic (The Prince) in love with a woman of disordered personality (Natasia), other characters including an alcoholic with probable Korsakoff's syndrome (Ivolgin), and a man (Hippolyte) who repeatedly threatens suicide. Nobel prize-winner Saul Bellow's book, *Herzog*, describes and clarifies for us the narcissistic personality. Textbook summaries, in our view, can only be enhanced by such accounts. Students of psychiatry wishing to grasp the subjective experiences of persons suffering some kind of paranoid disorder will hardly do better than read the book, *The Ordeal of Gilbert Pinfold*, by Evelyn Waugh. This is the sort of thing which helps to clarify whatever may be 'nebulous and confusing' about our subject, and reading general literature has the additional benefit of fostering a receptive, critical and compassionate mind.

Creative writers and psychiatrists are both called upon to select aspects of experience, facets of personality and recurrent themes within the life-cycle of individuals in order to bring understanding and improvement to suffering and disorder. Each has their own methods, yet the parallel is clear. We hope our colleagues will accept the idea that there is much to be learned from selected fiction, and propose that the College sanction a specific list of about twenty books (see Appendix I) all of which will have been read by candidates for an additional, *optional*, 'Literature and Psychiatry' paper to be taken at the time of the final Membership examination. It will consist of a single, two-hour essay (see Appendix II for a specimen paper). Results will not contribute towards pass or fail in the Membership examination, but grades of A (special merit), B (merit) and U (unclassified) will be awarded. These may then be recorded on an individual's curriculum vitae, presumably thereafter to his or her advantage.

We have avoided works of poetry, drama, religion and philosophy in the attempt to keep the syllabus pleasing and manageable. We would like to state firmly that it is not our intention to detract in any way from the major and traditional examination syllabus. (We both consider ourselves to be scientific, as well as artistic, psychiatrists!) The proposal we offer is a serious one and we await the response of others with considerable anticipation.

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APPENDIX I: SUGGESTED BOOK LIST

The Catcher in the Rye: J. D. Salinger; *The Idiot*: Fyodor Dostoyevsky; *Herzog*: Saul Bellow; *The Ordeal of Gilbert Pinfold*: Evelyn Waugh; *Doctor Faustus*: Thomas Mann; *Lord of the Flies*: William Golding; *Doctor Jekyll and Mr Hyde*: R. L. Stevenson; *To Kill a Mockingbird*: Harper Lee; *Madame Bovary*: Gustave Flaubert; *The Solid Mandala*: Patrick White; *The Trial*: Franz Kafka; *Emma*: Jane Austen; *Oliver Twist*: Charles Dickens; *Sons and Lovers*: D. H. Lawrence; *A Study in Scarlet*: Sir Arthur Conan

Doyle; *The Fall*: Albert Camus; *Confessions of an English Opium Eater*: Thomas De Quincey; *The Glass Bead Game*: Hermann Hesse; *On the Road*: Jack Kerouac; *The Sailor who Fell from Grace with the Sea*: Yukio Mishima.

APPENDIX II: SPECIMEN EXAMINATION PAPER
Literature and Psychiatry
(Time allowed: 2 hours)

Write an essay, using it to demonstrate your broad knowledge of matters pertaining to psychiatry, on *one* of the following:

1. With reference to Doctor Faustus in the book by Thomas Mann, discuss the relationship between intelligence and creativity.
2. 'Kill the pig! Cut his throat! Kill the pig! Bash him in!' The quotation is from William Golding's *Lord of the Flies*. Write an essay on *natural violence*. Use examples from the book, but do not necessarily limit your discussion to adolescent males.
3. Everybody has a good side and a bad side. Describe your thoughts on this statement in reference to R. L. Stevenson's book, *Doctor Jekyll and Mr Hyde*. Make particular mention of Jung's concepts of Archetypes and the Collective Unconscious.
4. 'Lawyers, I suppose, were children once.' (Charles Lamb, quoted by Harper Lee in *To Kill a Mockingbird*). Using examples from this book, describe in outline Eric Erikson's epigenetic view of the human life-cycle which includes eight stages or *crises*.
5. Discuss the notion that Flaubert's character, Madame Bovary, suffered from an hysterical personality disorder.

Effects of hospital inquiries

DEAR SIRs

In his review of *Hospitals in Trouble* (*Bulletin*, November 1984, 8, 221–22), Peter Kennedy claims that Professor Martin 'shatters' the case for the Scottish Mental Welfare Commission. What Martin does is to speculate on the effect such a body might have had in England and Wales over the past twenty years, and he concludes: 'There would have been fewer or even no scandals. But would things have been different? Or better?'¹

The impact of the inquiries in England and Wales has yet to be assessed. 'Some, including former members of inquiries, deplore the cost and anguish created by their proceedings' (p. 251), and Martin goes on to point out that in 'the early 1980s . . . there are still backward hospitals,

poor staffing, deplorable facilities . . . and specific instances of brutality' (p. 97).

It would be interesting to hear the views of people working in the hospitals concerned, especially in those mental handicap hospitals which experienced over 60 per cent of the total inquiries. As Martin says, 'The real tests are yet to follow.'

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REFERENCE

¹MARTIN, J. P. (1984) *Hospitals in Trouble*. Oxford: Basil Blackwell.

Self-damage in patients with Klinefelter's Syndrome

DEAR SIRs

I would like to describe another case with marked similarities to those reported by Professor Priest and his colleagues (*Bulletin*, July 1984, 8, 140) and more recently by Dr Christian and Dr Thomas (*Bulletin*, November 1984, 8, 218).

This patient is a 24-year-old single man, diagnosed as Klinefelter's Syndrome. He is tall, has gynaecomastia, atrophic testes and sparse bodily hair. His IQ is in the dull-normal range. He has a history of neurotic disturbance since childhood and a personality disorder with impulsive and aggressive behaviour which has resulted in wrist slashing on several occasions and damage to hospital property. His relationships are immature and dependent. He has had several short lived psychotic episodes, mainly with auditory hallucinations.

Interestingly, he has also had episodes of urinary retention which have required repeated catheterization, although there is no obvious neurological or urological problem.

His behaviour has resulted in several prolonged admissions and he remains a management problem.

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The Walk Papers

Dr Alexander Walk, who served the College so nobly as Associate Editor of the *Journal*, Honorary Librarian and Past-President of the RMPA was, in addition, a man of enormous scholarship. During his lifetime he collected a veritable mountain of notes and excerpts on psychiatric history.

Dr Walk died on 22 July 1982. His widow, Mrs Peggy Walk, has generously donated the collection to the College. Not only this, but she has produced an index to the col-

lection which in itself is a masterpiece of scholarship.

The purpose of this brief note is to bring the attention of members of the College, and indeed, other scholars, to the existence of the collection and the index which I feel sure will prove invaluable as a source of information on psychiatric history and related subjects.

H. R. ROLLIN
Honorary Librarian