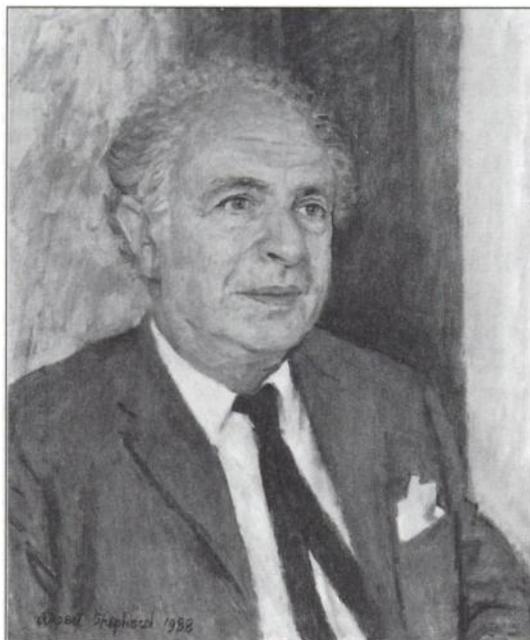

Obituary



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Michael Shepherd, formerly Professor of Epidemiological Psychiatry, Institute of Psychiatry and Consultant Psychiatrist, The Maudsley Hospital, London

When Michael Shepherd died suddenly on 21 August 1995 psychiatry lost one of its brightest luminaries. His scientific writings were in the field of epidemiological psychiatry, yet his contributions extended well beyond this, covering wide stretches of clinical, historical and literary research.

Michael's formal education and appointments can be sketched briefly. He was born in Cardiff in 1923 of a Jewish family with its roots in Odessa and Poland. He attended Cardiff Grammar School and pursued his medical studies at Oxford University Medical School and the Radcliffe Infirmary. He was then much influenced by the teaching of John Ryle, Professor of Social Medicine, who sensitised his students to the discipline of social medicine. Michael saw the potential value to psychiatry of systematic research into the social causes of mental disorder.

After qualifying he completed his house appointments, his National Service in the Royal Air Force, and then, in 1952, joined the staff of the Maudsley Hospital.

During his training apprenticeship he came under the profound influence of Aubrey Lewis. Lewis taught that the precise and well-organised collection of social data should become a new activity for the psychiatrist, hitherto limiting himself to the clinical study of the individual patient but now requiring this additional information in order to understand and treat his patients thoroughly. Before long Michael Shepherd developed a close symbiotic working relationship with Aubrey Lewis which later resulted in a careful documentation of Lewis' legacies to psychiatry. Michael's profound admiration for his teacher pervades these writings. Hence it was not surprising that he remained at the Maudsley for the entire duration of his professional career, apart from one year's attachment to the School of Public Health at Johns Hopkins University, Baltimore, in 1955–56. From there he visited several centres in the United States obtaining material for a wide-ranging and critical survey of American psychiatry. He obtained his Doctorate in Medicine from Oxford in 1954; his thesis was a study of the pattern of major psychoses in the county of Buckinghamshire during two periods, 1931–33 and 1945–47. He was appointed to the Institute's Readership in Psychiatry in 1961, and became a Fellow of the Royal College of Physicians in 1970 and a Foundation Fellow of the Royal College of Psychiatrists in 1971. He was elected to a personal chair in epidemiological psychiatry in 1967.

One of his outstanding contributions was to focus attention on the role of the NHS general practitioner in the treatment of patients with minor psychiatric illness, an important facet of the General Practice Research Unit which he established under the auspices of the Department of Health and Social Security. It is revealing to compare prevailing opinions in 1965 and those 20 years later on this issue.

In 1965 the medical correspondent of *The Times* summarised an article in the *Practitioner* which stated that "the optimal management of neurotic patients by their general practitioners is not possible under the National Health Service". The logic ran as follows. The average general practitioner would be consulted each year by about 175 adults with neurotic disorders. If he devoted the bare minimum of time to their needs

he would have to spend more than the equivalent of every working afternoon – an impossible task. In any case, there was no agreed effective treatment for the neuroses. Twenty-one years later the Chief Medical Officer of the Department of Health and Social Security wrote: “Within the structure of the National Health Service, the medical responsibility for the care of (emotionally disturbed) patients falls principally on the general practitioner” (Acheson, 1986). He went on to give credit to Michael for having carried out the work which clarified the nature and extent of these disorders. He further stated that the results of his enquiries had considerable implications for the organisation of medical services in Britain and for medical education.

The turn-around between 1965 and 1986 was wholly due to Michael's research and personal influence. He himself had on several occasions expressed his doubts regarding the value of any proliferation of psychiatric agencies rather than those in the setting of primary care (Shepherd, 1966, 1989). On the negative side it must be considered that the resources available to the psychiatrists themselves remained stagnant and yet it is to them that virtually all the acute and serious cases of mental illness are referred straight away (Cooper, 1986). On the positive side, Michael's conclusion led to a much closer scrutiny of the needs of the numerous patients encountered in general practice with so-called minor psychological disorders. Moreover, there occurred a salutary increase in the personnel composing the professional team in primary care, including health visitors, community psychiatric nurses and visiting psychiatrists who helped general practitioners to care for these patients (Horder, 1986).

During an early stage of his career, Michael carried out a study on the symptom of morbid jealousy. This enquiry stands out from his later work in that it was purely clinical in orientation. Already it provided a window into his scholarship, the care of his clinical observations and his approach to clinical evaluation and treatment. It also revealed that he was a stickler for language. The first page of his article is devoted to the etymology of the word “jealousy” and its specific usages in nine different languages. Eighty-one patients were studied and most were followed-up. He concluded that a medical opinion is of most value when the inter-personal and social aspects of a case are as closely understood as the narrower issue of diagnosis.

His students soon learned that he would apply these precepts to the full range of psychiatric disorders including the psychoses, an invaluable lesson for the newcomer to clinical psychiatry. For colleagues who later came to recognise him as the hammer of psychoanalysis, he expressed a surprisingly benign view on the usefulness of

psychotherapy for patients suffering from morbid jealousy.

“As the one measure which has some place in the treatment of every case psychotherapy will demand particular consideration” (Shepherd, 1990; pp 41–162).

After this clinical study Michael became less concerned with the minutiae of clinical or experimental research and left the spadework to his team of extremely able research workers. For him the main concerns became the broader conceptual issues in psychiatry, or rather in psychological medicine as he preferred to call our discipline. He wrote extensively on the thorny problems of psychiatric classifications, psychopathology and the causation of mental illness. He revelled in the intellectual exercise of defining the undefinable, and scrutinising indistinct concepts ranging from schizophrenia to social psychiatry. Michael was a man of many enigmas. He would infuriate his students and registrars by seldom committing himself at ward rounds to a specific diagnosis, preferring to refute those put forward by junior members of his team. He seemed particularly impenetrable over the diagnosis of schizophrenia, and enjoyed convincing colleagues that a given patient's illness could be understood as a product of his unusual personality interacting with adverse life events and noxious social circumstances. The same patient might well be treated with a standard neuroleptic, with the tacit approval of Michael himself.

The other side of the coin was his adroit dissection of poorly defined concepts and the success he achieved in clarifying them. This *tour de force* was to be found essentially in his writings rather than at the bedside. Two examples will suffice. In his 1987 article on the Formulation of New Research Strategies on Schizophrenia (Shepherd, 1990; pp 28–40) he ably marshalled the desiderata for meaningful and productive research studies. He concluded that the most persistent obstacle remained that of the reliable identification of schizophrenia. And it was Michael himself who had taken the first steps towards obtaining international agreement for the definition of schizophrenia in communicable form (Shepherd, 1968). This experimental approach to psychiatric diagnosis was the prototype for a series of studies under the auspices of WHO. They culminated in the 10th edition of the *International Classification of Diseases* and, indirectly, in DSM-III and its successor editions.

He probably remained doubtful of the likelihood that schizophrenia would ever prove to be a useful concept. I suspected this from frequent discussions with him on patients other colleagues were inclined to diagnose as schizophrenic. He cleverly illustrated this bias with the conclusion to his article on research strategies on schizophrenia by quoting a passage written by one of his

former patients who happened to be a successful authoress. Michael (and Aubrey Lewis) told her that her mental illness was not schizophrenia and that this previous diagnosis had been made incorrectly. Her reaction was to regret, in part, the passing of the 'protection' which the diagnosis had given her for 13 years.

"... I always had it by for an emergency, to put on quickly, for shelter from the cruel world. And now it was gone... banished by experts. I could never turn to it again for help" (Frame, 1985).

The second example of Michael's explicatory skills is to be found in his essays on the general psychopathology of Karl Jaspers (Shepherd, 1990; pp 203–218 and 276–280). Michael used this formidable work as his touchstone for the aims and logic of psychological medicine. He saw the main appeal of Jaspers' book as its breadth in extending the field of general psychopathology from the natural sciences, via phenomenology, to existentialist philosophy. In other words, the complex field of psychopathology had to be explored not only through biological science but through an analysis of what essentially belongs to Man and not man as a species of animal. In this manner psychopathology also became one of the Humanities. But Jaspers' book is somewhat turgid and lacks a clear definition of psychopathology. Michael undertook to convert English-speaking psychiatrists to this work and in this he succeeded admirably, both through his essays and by instituting in the late 1950s a course of seminars on psychopathology for the benefit of doctors training in psychiatry at the Maudsley Hospital. Each seminar required that the trainee should read and present an appropriate chapter of Jaspers' book. In a rare excursion into didactic teaching he gave invaluable advice on how to tackle the book replete with philosophical speculation (Shepherd, 1990; pp 270–280), recommending that the text be sampled in fragments and selecting the order in which they should be read.

Michael further revealed his own personal philosophy and his leanings in psychiatry through a series of remarkable biographical essays. He was at his best when discussing the attributes and achievements of people he admired unconditionally, for example John Ryle, Aubrey Lewis and Jean Starobinski. John Ryle was his first mentor. It was he who suggested to the young medical student, Michael Shepherd, that he would learn much about the socio-medical significance of cardiac invalidism by visiting a patient in her own home. Michael was introduced to the value of domiciliary consultation by cycling to a patient's home in Cowley on a Saturday afternoon. He found her puzzled by the purpose of his visit. She asked him to convey her thanks to Dr Ryle.

Michael Shepherd revered Aubrey Lewis. He gave two lectures later published together on the

career, contributions and legacies of Aubrey Lewis whom he called a Representative Psychiatrist (Shepherd, 1988). Together they constitute a fine eulogy. In a previous tribute, on the occasion of Michael's retirement, the late Kenneth Rawnsley (1989) suggested that he identified in his mentor the very qualities that he aspired to himself: intellectual integrity, scholarship, a vast range of knowledge and a cultivated capacity for juridical thought. Michael Shepherd and Aubrey Lewis were both remarkable men. From my acquaintance with them I would acknowledge that the qualities they shared were certainly those of high intelligence and outstanding erudition. When describing Aubrey Lewis, Michael returned repeatedly to what he termed the "style of the man". By this he meant at least two things. The first was a professional philosophy expressed in a lifetime's sustained effort towards the scientific advancement of his subject. He also used the word 'style' literally, meaning his style of writing. He praised appropriately his teacher's richness of language. In fact Michael's own style of writing was rather more felicitous, with a lightness of touch and a facility for conjuring vivid word-pictures, thereby amusing his readers, sometimes at the expense of others. This gift became increasingly evident over the years and blossomed in two publications during the last ten years of his life.

In an entertaining essay entitled "Sherlock Holmes and the case of Dr Freud" (Shepherd, 1990; pp 1–27) Michael compared the fictional creation of Conan Doyle with the father of psychoanalysis. He concluded that Freud's analytic method for examining the human mind was analogous to Sherlock Holmes' observations of trivial clues from which to draw sweeping inferences. In both cases the method is viewed as essentially intuitive and devoid of logic. Sherlock Holmes is condemned as simply absurd and by association so is Freud. Michael coined the neologism 'mythod' to describe their method embedded in a myth, devoid of scientific value. He conceded reluctantly that psychoanalysis might still have some value as an arching metaphor so long as it was recognised as such. He also acknowledged that psychoanalysis obstinately maintained the interest of artists and novelists. In his essay he displayed characteristic nimbleness of mind, drawing on the wisdom of Plato, Rousseau, Voltaire, Kant, Thomas Mann, George Steiner and others. In passing he also informed his readers about the detective methods of Giovanni Morelli, the art connoisseur who could distinguish the true work from copies by details which had least to do with their conscious and deliberate ways of expression. In essence, however, he demolished psychoanalysis as a scientific discipline, and incidentally relegated Conan Doyle to the category of very minor writers. Most

will have been forgiving for such draconian judgements. His essay was intended after all as a fantasy, an ingenious espièglerie to entertain his readers.

I have found it more difficult to condone Michael's treatment of Emil Kraepelin in the 14th Mapother lecture given in November 1994 and subsequently published in 1995 (Shepherd, 1995). The title "Two Faces of Emil Kraepelin" neatly presages Michael's exposition of the positive and allegedly negative features of the illustrious German psychiatrist. The article is seductive in its presentation, brimming with humorous anecdotes and replete with historical scholarship. But is it fair? Michael's final analysis of Kraepelin's greatest and longest-lasting influence was indeed a positive one: he credited him with the impetus he gave to psychiatric research through the creation of a multidisciplinary institute on which other European and North American centres were later modelled. The critique includes, however, a surfeit of negative commentaries which by the sheer weight of words overwhelms the creative side of Kraepelin's work and life.

A detailed review of Michael Shepherd's paper is out of place here, but a brief appraisal is necessary if this obituary is to do justice to the complexity of his remarkable character. The article contains two principal arguments. The first is concerned with what is generally regarded as Kraepelin's major scientific contribution in proposing two main groups of functional mental disorders – dementia praecox and manic-depressive psychosis. Michael judged this as a primitive exercise "with so many methodological flaws as to render it unacceptable to any editor of a peer-review journal". With this remark we hear the voice of the editor of *Psychological Medicine*, and he is speaking without his customary humour. It was surely a severe verdict, the result of judging the work of a clinical scientist who was working at the end of the 19th century through the eyes of an editor 100 years later. Michael's view may be contrasted with that of Adolf Meyer who knew Kraepelin personally and wrote his obituary in 1927 (Meyer, 1994). Far from being a slavish admirer he nevertheless described the fifth edition of his monumental compendium as the greatest challenge that had ever come to psychiatry in the form of a text.

The second argument in Michael's article is mounted against Kraepelin's patriotic ideals coming to influence his medical and political work in the public domain. He blames him for joining others in the medico-scientific community in their preoccupation with eugenics and selective breeding. It should be recalled that in our own country at this time and later, notions of eugenics were shared by some of our most respected psychiatrists. Michael felt that Kraepelin

had transgressed the boundaries of his professional expertise by applying bio-medical knowledge to the political and social problems of the day. This may well have been true, but few of our own contemporary psychiatrists are innocent of the charge. The most surprising of all Michael's implications is that Kraepelin, who died in 1926, should somehow have foreseen the appalling events which scarified Germany from 1933 until 1945 and used his influence to prevent the collusion of the academic profession with National Socialism. It was Michael's thesis that Kraepelin, the leading figure in his day, should be regarded historically as a Titan with feet of clay.

It is my view that Michael Shepherd yielded to the temptation of interpreting historical events of a bygone age in terms of motives and valuations of his own epoch. In one sense it is reassuring that for all his talents and scholarship Michael was human and on this rare occasion a victim of the juridical thinking he admired so much in Aubrey Lewis.

Michael Shepherd was the founding editor of *Psychological Medicine* from 1969 until 1993. He attached great importance to the title which he resurrected from the *Journal of Psychological Medicine*, first conceived by Forbes Winslow (1810–74). Michael defined psychological medicine as including not only psychiatry but also the study of abnormal behaviour from the medical point of view. His goals were to concentrate on original high-quality work across the wide spectrum of both psychiatry and its allied disciplines. His personal contributions were supreme, not only in imposing high standards on the articles selected for publication, but also in investing much time and care towards its success. In particular he wrote most of the unsigned book reviews in a style accurately described as astringent. According to his successor (Paykel, 1994), *Psychological Medicine* was to become perhaps his greatest and most enduring creation set in an academic and research career which was already highly distinguished.

As a clinician, Michael Shepherd's style was unusual. He remained involved in clinical work until his retirement. Inevitably much of the day-to-day management of his patients was delegated to other members of his team, from whom he expected and obtained the highest standards. The clinical notes kept on his patients were among the most detailed, yet it was relatively simple for a newcomer to the case to find his way among them. His Olympian detachment was discerned by the patient whose autobiographical account of her illness has already been mentioned. She dedicated her book in gratitude to Robert Cawley who was Michael Shepherd's registrar at the time. Although she used a pseudonym it is not difficult to identify the consultant:

"Dr Berger, a tall dark pale man, with a chillingly superior glance and quellingly English voice made another appointment to see me . . . I knew . . . that if anyone could discover the 'truth' it would be he, alone or with his colleagues."

If I were to single out Michael's greatest talent I would select his ability as a teacher in which he was without peer. Yet he shunned didactic teaching and especially any participation in courses of lectures. I have already given examples of his contributions by way of seminars, set-piece lectures and of course his literary reviews. More needs to be said about his clinical teaching and his method of training researchers. A few personal anecdotes might be of interest. In his hands the Socratic method of teaching by cross-questioning and challenging was supreme, perhaps for the very reason that he jealously guarded his own opinions on controversial issues. His students will remember enigmatic questions, such as the value (or futility) of interviewing a patient at a case conference when a full dossier of clinical information had just been presented. He might have succeeded in having a registrar proffer the heretical view that it would add nothing to interview the patient again. It was difficult to know what he thought and when he was leading one up the garden path, but the net result was a powerful exchange of views stimulated by this enigmatic teacher. I was much affected by an unusual comment he once made when he was evidently embarrassed by a patient who thanked him at a conference for the care she had received. To this day I do not know whether he was sincere in his pronouncement that "gratitude in a patient can be a sinister sign".

Michael was admirably served by generations of young research workers without whose assistance he would not have achieved the painstaking epidemiological studies that were completed over the years. On his part he displayed a sharp acumen in selecting the most promising researchers, often from among his registrars and sometimes among doctors from overseas who studied at the Institute. He often raised funds for their salaries, provided them with research topics and supervised them through an exacting apprenticeship, ending in published work and a foot on the ladder of academic achievement. They were appropriately grateful for these privileges. His method was neatly described by such a researcher who wrote his obituary in the *Guardian* (Jenkins, 1995).

"His students will always remember the spidery red ink which took apart their best efforts, and the equally spidery black ink with a small message attached to an article he thought relevant to the current problem, always signed MS."

Michael Shepherd received professional recognition with the presentation of the Donald Reid Medal for Epidemiology in 1982 and the Rema Lapouse Award of the American Public Health Association in 1983. He was honoured with the CBE in 1989. He was elected to the Honorary Fellowship of the Royal College of Psychiatrists in 1990, and that of the Royal Society of Medicine in 1995 shortly before his death.

He was an entertaining companion especially if met away from his home ground. I can recall a one-sided conversation when he dazzled me with the breadth of topics he conjured up spontaneously beside the Parthenon on the Acropolis of Athens; he gave me a lecture on how the Ancient Greeks were responsible for the imperfections of democracy. He was a truly cultured man, well-versed in literature and fluent in several languages. On the other hand he was usually reticent in any exchange of personal emotion. He was devastated by the death of his wife Margaret after a long illness in 1992 and withdrew for a period from public appearances. He is survived by his daughters Catherine and Lucy and his sons Simon and Daniel. Sadly, he died a few days before the birth of Simon's daughter, but did know the joy for a few years of being a grandfather to Lucy's two sons. His book of collected papers entitled *Conceptual Issues in Psychological Medicine* contains a moving dedication to his wife, combined with a beguiling expression of modesty:

" . . . un amas de fleurs étrangères, n'y ayant fourni du mien que le filet à les lier."

(Montaigne)*

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*The full quotation from Montaigne reads:

"And one may therefore say of me in this book I have only made up a bunch of other people's flowers, and that of my own I have only provided the string that ties them together."

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