In Conversation with William Sargant

Hugh Freeman interviewed Dr William Sargant on 22 March 1987 at his home near Salisbury.

HF I would like to ask you first about your early life and any influences you think were important in your later career.

WS My father was a very, very strong Christian, a Methodist, but I felt that I couldn't be a Parson. So I really didn't know what to do, because he wanted me to go into the Church. In the end, I decided on medicine, in which one could help people.

HF Would you say now that you were a believer?

WS No, I am no longer a believer. I think that religion helps an enormous number of people, who without it would be lost, but I'm quite terrified that as I die, I'll take the Sacrament and go back and accept stuff which is probably not true.

HF Has that affected your general outlook on life or on medicine?

WS My general outlook has been that there is a need to live a life of service. I was at The Leys School at Cambridge, which is strongly Methodist. We had a very good Headmaster and he always preached that you were here to help and serve others. There's no doubt that the whole of my life's been influenced by this idea of service. He was a great man, who himself became deeply depressed, and must have spent nearly 20 years of hell. He was one of those very conscientious people, and he certainly made me believe that the true life is spent helping our fellow men.

I think what really made my psychiatric career, though, was the fact that I had spent four years on surgical and medical units, and worked for people like Dickson Wright. I learned to take necessary risks, as every other branch of medicine takes. I was always a bit canny about the whole business of Christianity.

HF At school, did you study mainly science or arts?

WS I started off in a form which was much too high for me, and got only 5% in Greek. Then I switched over fairly quickly into science, and took my first MB when I was very young.

HF Which medical school did you go to then?

WS Well, I had a difficult time, because my father suddenly lost all his money while I was at Cambridge. He had been very wealthy, working in the City. Then I started at St Mary's, but I got there not because of my intellectual capacities. Moran was Dean, and he came down to interview us. Although I hadn't done at all well in the exams at Cambridge, he offered me a £200 scholarship and this made life much simpler. It's extraordinary to look back now, when you compare what things were like then and what's happened to Mary's since. It was all really due to Lord Moran, but of course, the minute they had a chance, they threw him out.

HF How did you find your early years at St. Mary's?

WS Well, they were unhappy. Apart from the scholarship, I lived on a very small amount of money from my father, and altogether it was a time of anxiety. I would perhaps spend 10 shillings a week on smoking, 15 shillings on taking out the girl friend at the weekend, and tried to exist on the rest. I had to live at home, which was very comfortable, and I ought to have accepted it, but I felt tied in to a very restricted atmosphere. I wanted to do all sorts of things that my parents didn't approve of. I was also rugby captain, as well as playing for the Barbarians and for Middlesex, when they were champion County. Even when I qualified, this great financial cloud didn't really lift, because at St Mary's and all the other teaching hospitals in those days, it was considered such an honour to work there as a houseman that you weren't paid. If you wanted some money, you had to go out of central London, but for quite a time I used to live on "brought in deads", which came from Hyde Park. We used to rival St George's on who would do the reports on them for the Coroner, and get a small fee. One day, though, a crisis came, when I found suddenly that I hadn't enough money to get my shirts out of the wash. I look back on this as a very unhappy period because of the financial anxiety. But I think I am *still* the only person at St Mary's who has been house physician to the professional medical unit, followed by house surgeon to the surgical unit. At that point, the Medical Superintendent had retired, and he had dominated the hospital. They decided they must have a young chap, who they could dominate themselves, and I was made Superintendent; so I found myself at, I think 24, Superintendent of St Mary's. Then a job came up on the professorial medical unit, and I started doing research.

HF Who was the Professor then?

WS Langmead. I was very obsessed with the use of large doses of iron, particularly for sub-acute combined degeneration of the spinal cord, and one was getting quite miraculous results. And then, I suddenly collapsed: I was having this terrific career, and suddenly

I couldn't do any more. I remember being nervous even of talking to students of 16, and I just resigned. Ten years later, for reasons I forget, I was X-rayed, and there was an enormous calcified region from tuberculosis. So the cause of this sudden collapse became clear, but the fact that no one found it actually saved my bacon, because if I'd had to go and sit in a sanitorium for two years or so, I would probably have completely sunk—but I had a second attack of tuberculosis when I was 54. Anyway, I went home, and lived there for a bit, and then found I must earn some money. I had seen Dr James who was a psychiatrist.

HF G. W. B. James?

WS Yes, and he arranged for me to go to Hanwell, which is now St Bernard's Hospital, where I had the magnificent sum of £6 a week. I spent six months as a locum, until that ended, but was invited back a little later; I had a very nice room and excellent food, but I just couldn't bear the patients' living conditions.

HF What was your first impression when you arrived at Hanwell?

WS I was absolutely horrified. Most people today, especially if they are under 60, won't realise what conditions existed then. I think there was only one voluntary patient, all the rest were certified and locked in. I got the impression that once you had got in there, you couldn't get out. If a patient demanded his discharge, we doctors were called to a meeting, and we all had to ask him questions, and go on until he made a fool of himself. It was really almost equivalent to prison.

HF What were the actual conditions like?

WS Well, as a doctor, you might not see a patient for three or even five years. When one did a round every day, with a great bunch of keys, all you were shown was a set of documents, which you had to sign; that meant that a patient was still insane and must be kept there for another appropriate period.

HF What kind of treatments were used then?

WS There weren't any. All there was was a thing called Mist Pot Brom which was a mixture of three types of bromide, and if you had a particularly difficult patient, you just gave him two or three full doses of it. Of course, they were nearly all pretty disturbed, and this quietened them down; it was all we had. I'm not sure about the question of addiction to bromides, because I think some nervous symptoms need assistance.

HF Was physical restraint used at Hanwell?

WS I never saw it used, but I believe it was; I was shown a cupboard of restraining mechanisms which had been there for 50 or more years. The patients were really treated by the nurses—you went round just dealing with injuries and bodily illnesses. There were humorous parts to the asylum, though. For instance, the Dispenser, who was quite a character, took me aside one day and said "Dr Sargant, I hear you are very keen to help patients, and I want to warn you that the last chap who was like you was hit over the head with an iron bar, but because he wasn't in an established post, he got no compensation, though he was ill for some considerable time. I have never seen an iron bar in the wards before or since, but I think it could happen again. This is just to tell you". And then, I went to a hospital dance—females at one end of the room and males at the other. I remember dancing with two very attractive Welsh nurses, and again somebody came to me, and said "Be careful Sargant, if someone puts her in the family way, they'll say it's you". Then there was the Hospital Sports Day; I was talking to one of the patients, who said he was the greatest bookmaker in the world. I asked him "What happens if you lose money?". "Oh" he said, "I don't do that, because they can't remember what they've backed".

But in the interval between my two periods at Hanwell, Dr James suggested I go down to Eastbourne. There was a catatonic patient who had been in hospital for 12 years, and had been tube-fed for the whole of that time. Her sister felt that if somehow she could get the woman out of this situation, she'd get better. And so I was sent down, and used to go in twice a day and put down the stomach tube; the rest of the time I had to myself. The trouble was that when I arrived, I came with a note from Dr James who had looked after her before, and the publican where I was staying thought that I was involved with something suspicious. I couldn't tell them why I was there, and they drew the conclusion that she'd come down there to have a secret abortion, in which I had been involved. It was really an extraordinary period in my life.

HF What year did you go to the Maudsley?

WS I think it was 1934. I was very lucky. I think the Superintendent at Hanwell felt there was perhaps more in me than being just an ordinary mental hospital doctor. He wrote to Professor Mapother at the Maudsley Hospital, in 1935, and Mapother wrote back saying "Yes, we'd love to have him, in view of his record, on a six months trial". Mapother was by far the greatest psychiatrist that I have ever met and in the end, I spent 13 years at the Maudsley, before the great revolution occurred, after he died. Even at the Maudsley there really were no effective treatments, but Mapother made us try everything. I was even encouraged to give injections of salt, I remember; as long as you felt that you were doing something for the patient, he was happy.

HF What was the atmosphere like then?

WS A lot of people came to visit, and what you did was to talk as intellectually as possible; if you got some hint as to who was going to be at lunch, you went to the library, and read up some obscure subject, and then started a conversation, showing immense knowledge on what you'd just read. But Mapother

preached time and time again that we must treat patients actively, and that the future of the Maudsley lay in physical treatment. He said that every other condition, like tuberculosis, pellagra, or diabetes had been attributed to psychological reasons, and then people came along and found physical causes. He was always looking out for something, for some hint which might lead to progress.

HF Did news of insulin coma come across at that time?

WS Yes, but we weren't allowed to use it. This even scared Mapother, but finally, a woman from Switzerland came over, and Russell Fraser and myself started it at the Maudsley. I think Freudenberg had come from Vienna, and was already using it, so we went down to see his work at Moorcroft, which was a private hospital. They had brought him over there because Isobel Wilson, who was at the Board of Control, had been to Vienna, and had seen what she thought was a great improvement in treatment. Insulin was in many ways a wonder drug. One saw people getting better very quickly, but you couldn't keep them better. It was the introduction of Largactil later which enabled one to stabilise any improvement that one had brought about.

HF Then you got your Rockefeller Fellowship to America?

WS It was in 1938. Mapother had got the Rockefeller Foundation to grant the Maudsley a fellowship for one doctor a year—the one before me was Alexander Kennedy. I wanted to go because, in spite of the Maudsley's dignity and reputation, it wasn't able to do more to get patients better.

HF You went to the Massachusetts General Hospital?

WS Yes, which was then the top hospital. Up to then, you really couldn't get a good job in England unless you'd sat under Adolf Meyer at Baltimore, but I was the first person who said that there's no future in this, because Adolf Meyer was a wonderful talker, and all we might do is learn to talk; nothing happened to the patients. Because of my criticism, I was told that they were opening this new unit at the Massachusetts General Hospital, and would I like to go there? I did, and had a wonderful year. I had a ready-made social circle there, because I was fortunate enough to meet one of the relatives of Roosevelt. After years of nothing but work, I was suddenly free.

HF What kind of work did you do in Boston mostly?

WS Mainly research. I got the idea that a lot of so-called hysteria was really due to overbreathing, so I took 30 normal student nurses, and asked them to overbreathe, and then recorded their symptoms. Then I said I wanted to check these and asked them to overbreathe again, and found they still got their symptoms. Then I took 30 neurotic patients, and asked them to overbreathe; they told me their symptoms, but when I asked them to overbreathe the second time, they didn't get any. This was when I realised that the ill were sometimes more truthful than the normal, because the normal were more suggestible. I had just finished this when War broke out. I also did work with Schrob on the acid-base balance in epilepsy.

HF So you came back to England in 1939?

WS Yes. Actually, we were in San Francisco when war broke out, and travelled back. I was perfectly horrified at the number of Englishmen I met who had fled from the War – some of our great poets for instance – and in a review of one of my books, I was criticised for this. At the Maudsley, what were considered the intellectual half had gone to Mill Hill, and by the grace of God, myself, Eliot Slater and Denis Hill were moved down to Sutton. There, we had nobody to tell us what do do—Hill did his excellent work on brainwaves, Slater was carrying on with his genetic research, and I got involved in things like acute battle shock. We also kept our outpatient department going.

HF What general lessons did you learn from your treatment of the Dunkirk casualties?

WS I learned an awful lot. First of all, that there is a breakdown for everybody, if you go on long enough. Later in the war, there was one American unit, who'd been kept in the front line for 14 days, and everybody had broken except for two, who were mad. In some ways, the mad person is a very strong person mentally. The same thing happened when we were being bombed and lost 30 of our patients who were killed. It was quite noticeable then that the really ill patients were much less frightened than the ordinary people. For instance, one of my patients, who'd had a long depression, had been ill for three or four years; I saw him after the night when all the people were killed and said "Well, how did you get on?". "Oh", he said, "I was all right, but my stomach was terrible". All he was concerned about in the middle of this bombing was his stomach. Then, we had some capsules of sodium amytal, which were given us by a drug firm to use in the Blitz. A chap came in who was shaking, his bladder was up to his umbilicus, and he was completely disintegrated. I didn't know what to do, but I took a capsule of sodium amytal, gave it to him intravenously, and for three hours, he was completely well. Amytal had abolished all these nervous symptoms for a time, although they returned. The next thing was to give it to people coming in with the acute state, but we had some very difficult times with all the battle cases. I said to Slater that we must report this, which we did, and having seen this very dramatic recovery, we started giving amytal to most of the casualties. Some of them only needed two days' treatment then they were all right again, and you suddenly saw how these normal people had been affected by intensive bombing. Finally, we got to the stage of giving some people 14 or 15 days of sleep, and this was done with the short-acting barbiturates.

The other interesting thing was that just before the War, a chap came over to England with a new drug for narcolepsy. Guttman and I found this was a really remarkable drug with regard to depression. Up to then, we had no drugs for depression, but suddenly this worked, in some cases. We published the first full report on it.

HF It was amphetamine?

WS Yes, it was used by Churchill in reasonable doses, and he also used barbiturates. Later, we persuaded the Americans that when a soldier broke down, they should not put him in a hospital but take him behind the lines, give him 48 hours sleep, and send him back, so that throughout the War an enormous number of people were given what we called Front-Line Sedation.

HF Can I ask you when you first used ECT?

WS I must have used it first in 1941 or 1942. I had read about it, but Professor Lewis was against it, as were most people, so I had to go to the City, and get £47 from a charity for some equipment. I think I was the second or third person in Britain to use it. I well remember the first time I pressed the button.

HF What happened at the end of the War?

WS Well, the two parts of the Maudsley were supposed to rejoin. Mapother had died during the War, and they were going to appoint a new Professor. They first went to Eliot Slater, but he wasn't having any of it; he refused the chair. Mapother felt that Lewis had tried to pull a fast one, by getting himself appointed Professor before Mapother's death. Almost on his death bed, I remember Mapother turning on Lewis, although Lewis had done a lot to help him. What was I to do? I felt I could never go back to The Maudsley and fall in with Lewis's philosophical approach; also many of the staff now lacked the MRCP, which Mapother insisted we should all have. I was really in a dilemma, and put in for two jobs and was short-listed for neither. My work on Front-Line Sedation, neurosis and all the various physical treatments had become well known. So Peggy and I took out immigration visas and went off to America; we were going to Cincinnati, where we were offered time to find what we wanted to do. And suddenly, St Thomas's—we don't know who it was there—sent for us, paid our fares back, and appointed me in charge of Psychological Medicine. I was quite determined that at my age—I was 40—I should be getting home. I also kept on part-time work at Belmont.

HF Can I ask you about your work on antidepressants?

WS The trouble with the tricyclics was that if you were depressed, you could sometimes become more depressed, because of drowsiness. I eventually decided that the ideal combination might well be a monoamine oxidase inhibitor like Nardil or Parnate with a tricyclic such as Tryptizol. Now, this was 20 years ago, and everybody was horrified at the suggestion; even now, if you go to a good psychiatry book, it will say that on no account must you combine the drugs. This is not true. The people who made these rules had not done the clinical work. To me this is one of the great tragedies of psychiatry—that rules are not made by clinicians, but by committees. In spite of that, the combinations are being used, but much more abroad, I think.

HF Did you feel there was a place for leucotomy in treatment?

WS In the year before I retired about 20 patients were sent to me for leucotomy. Now these patients were given a modified sleep with Mandrax, which was a very effective sedative. They were given three full meals a day, which was a part of the treatment, as well as combined antidepressant drugs, and also ECT. I suppose this horrifies people today, but again it's a completely safe combination, providing you've got good nursing. In the end, of these 20 patients, only two needed leucotomy. It's a very interesting fact that the most grateful patients, who remember one and write to one at Christmas, are the leucotomised. Gradually, during the War, McKissock and Harvey Jackson reduced the operation until there was just a small cut on the medial quadrant. If I was in a mental hospital for three years, I would without hesitation have a leucotomy, because we now know that 40% of patients with chronic depression or obsessional states get out of hospital after leucotomy. Yet our critics accept the fact that these people should suffer for the rest of their lives, whereas they may worry a lot over much less painful illnesses. There must be hundreds of people going through absolute hell for life because of that. In fact, Walter Freeman was so abused in America because of his work; many people wouldn't talk to him.

HF Could I ask you about how you came to write Sargant and Slater?

WS Because I was obsessed by the fact that Mapother was right, and that the only hope of real advance was through the discovery of better physical treatments. Everybody goes through stresses—some collapse, others don't—and there are some people who one can't help, but at least everybody should have a chance of being given the best treatment available, even though it may be wrong in theory. The same thing used to happen with TB. I was very keen to bring out this book—to really bring it to the surface of people's attention and, in point of fact, it did extremely well. It went to six editions; everything in it was what Slater and I had found by actually treating patients.

HF Perhaps we could go on now to your next book – *Battle for the Mind?*

WS *Battle for the Mind* really resulted from the fact that I was, at one point in my career, invited a lot abroad. But there were two previous things which were important. Firstly, the use of ether or sodium amytal for abreaction, which got the patient all steamed up,

and then a lot better. The second one was that one day, quite by accident, I picked up one of my father's religious books called *The Journal of John Wesley, Volume II*. I found that Wesley had been producing exactly the phenomena that we were producing with ether; they were falling on the floor, crying for mercy. Also, it was about this time that I got a second attack of TB, so that I had time to go into this, and I began to see what there was in the abreactive process. You've got to disturb the nervous system before you implant a new idea. And *Battle for the Mind* really was a description of the various places that I visited and filmed, where this kind of disturbance was being produced in different ways. I did a lot in Africa, in Brazil, the West Indies, and also in the southern states of America.

HF And you felt that there was a general pattern throughout all these different societies?

WS Yes. That Christianity could only survive through Negro influence, because of its intensity. If you hear a Negro service, and we went to quite a lot of them to study this work, you find they get the people into a tremendous state of excitement before they finally put in the message.

HF What about the later part of your work?

WS Well, I retired in 1972, and the minute I left, The Royal College of Nursing closed the wards. Now for 20 whole years, I had used general hospital nurses in training, and St Thomas's nurses they really are the salt of the earth, but they had to be replaced by nurses from a mental hospital. My sleep treatment ward, which I had specially designed for that treatment was converted to a television room, and it was all very distressing. St Thomas's had been sending more doctors into psychiatry, than any other medical school in the country, but shortly after I left, all this changed. You see, medical students are not fools. I tried to show them the best in psychiatry – these great future possibilities.

HF Where do you think psychiatry is going today?

WS Although I have retired, I still worry about psychiatry, because I think we are going back to something like what it was when I entered it. Patients are not getting treatment as much as they should; many are just being talked to. I only hope that people will start to see that if you tackle psychiatry as a medical illness, then you get somewhere. But to go back and just use 'talking treatment' is going to mean that psychiatry's going to be a long time putting itself right again.

Review Themes in Psychiatry

Ease of access to up-to-date information and reliable opinion is of central importance to researchers, teachers, clinicians and students. This catalogue lists all review articles on a psychiatric theme over the decade to July 1987. The first edition included articles from five major British journals but the list has been extended to cover:
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The limitation to British journals is necessary in order to keep the size within reasonable limits but review articles do summarise the world literature on a topic.

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Award

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