

Ten books

Chosen by Iain McClure

When I started to think about what I would discuss in this piece, I realised that my favourite reading over the past few decades has been almost entirely non-medical and non-psychiatric. I have read a lot of plays and biographies, as well as a fair few novels and books on art or other themes. And of course there are all the books I have bought and still haven't read. I decided that I would choose books which I think about at least once a month, if not more, whether I read them 4 or 40 years ago. I structured the resulting list chronologically, in terms of when I first read them.

The Bible

My first contact with the Bible¹ was as a child, being given stories to read in a more easily digestible form, such as the wonderful Arch Books series. I still have my copy of its version of the Good Samaritan. The pictures are amazing – the facial expressions. I must have only been 4 or 5 when I first read these stories, and learned what they were about from those facial expressions and body postures. Perhaps this is where my psychiatric career began, through an interest in looking at a person and trying to figure out what they are thinking and feeling.

I maintained a sufficient interest in the Bible to study it for theology A-levels. From that, I discovered how a text which continues to influence human behaviour was actually formed (as far as can be established with the passage of thousands of years) in counterintuitive ways. Such lessons seem to be more important than ever in our current era, in which religious interpretation is increasingly under pressure from polarised beliefs and behaviour.

The Complete Works of William Shakespeare²

My first introduction to Shakespeare was when I was 10 and saw *A Midsummer Night's Dream* at Stratford. This production by the Royal Shakespeare Company had a huge, lasting impact on me, both in terms of my interest in literature and in the magic of theatre.

As a teenager, I was fortunate to have a great English teacher who inspired my love of Shakespeare and encouraged me to be bold in my exploration of his writing and my critical response to it. Reading Shakespeare was, at first, quite difficult, but I learned that if I watched the plays (there was a terrific BBC series dramatising all of them around that time) I could get a sense of their shape. As I persevered with the text, I began to understand the rich layers of meaning.

Later, at Cambridge (where I studied law and English) and at Newcastle (where I studied medicine) I had the chance to act in and then direct Shakespeare plays, and this further increased my understanding of his work and my admiration of him.

Gerard Manley Hopkins, *Poems and Prose*

As a teenager, I was repelled by Hopkins' decision to devote himself to a celibate, ascetic life as a Jesuit priest, when he had been born and bred for a life of privilege. But something about his psychological intensity was compelling. Again, the psychiatrist

in me was emerging, as I researched not only into the poetry, but also into the personality of the poet. To me, the two were enmeshed.

Hopkins' 'dark sonnets' provide a powerful insight into the depressed mind while being life-affirming, as he uses his astounding gift to innovate poetic technique while describing the paralysis of his life:

O the mind, mind has mountains; cliffs of fall
Frightful, sheer, no-man-fathomed. Hold them cheap
May who ne'er hung there. Nor does long our small
Durance deal with that steep or deep. (. . .)
Sonnet 42³

Ways of Seeing by John Berger

My interest in art (again from teenage years) led me to John Berger's short, seismic book, *Ways of Seeing*.⁴ From it, I learned that it is essential to try to see things from a different perspective. Berger's hero in all this is Picasso, whom he describes as the 'vertical invader' of different schools of art. I still recall Berger's explanatory metaphor that, in approaching a way of seeing (which Berger likened to a room) Picasso would not, like other mortals, enter via the door. Instead, he would ascend through the floor. This image was (and remains) very appealing.

Guyton and Hall Textbook of Medical Physiology

I struggled with maths as a child, which meant that physics and chemistry were also challenging. Consequently, I had ruled out medicine as a possible career until, at Cambridge, I befriended some medics who explained that most of what they were learning was physiology. Reading Guyton⁵ for the first time was like being thrown a lifebelt. Perhaps I could find a way to study medicine after all? Guyton was my companion from that point on. He covered all aspects of human biological functioning with massive simplicity. I am eternally grateful to him for helping me become a doctor.

Clinical Psychopathology: Signs and Symptoms in Psychiatry, Frank Fish

As a senior house officer in the East End of Glasgow, my consultant explained that psychiatry was both very simple and very complex and that he could summarise what was known about it on two sides of A4, but I would still be asking questions about what it all meant at the end of a long consultant career. He was right. I suppose this is why I don't feel a sense of particular disgrace in listing this short book⁶ as my only selection regarding psychopathology. Re-reading Fish, I am struck by its erudite simplicity. It inspired me then and still does now:

It therefore seems logical that what we must do in psychiatry is to establish syndromes in order to organise our knowledge, but we must not forget that they may or may not be true disease entities.

How true.

The Nazi Doctors: Medical Killing and the Psychology of Genocide by R. J. Lifton

I discovered this book⁷ as a young psychiatrist when I was inspired by the pragmatic approach of Professor Anthony Clare in his weekly BBC radio series, *In the Psychiatrist's Chair*. Clare's admiring review of Lifton's seminal book directed me to it. What preoccupied me on reading this harrowing account about how medicine lost its way in Nazi Germany – and has remained with me ever since – is that some of our professional ancestors were the key villains. Psychiatrists initiated the killing of people with intellectual disability, autism and other mental illnesses, in what

they believed was a nationally therapeutic act. They were the doctors who developed the extermination technology of gas vans parked outside lunatic asylums and did nothing to stop it being extended to genocidal effect. From this book, I learned that doctors can be dangerous, both individually and as a profession, and that psychiatrists can be the most dangerous doctors of all.

Woyzeck by Georg Büchner

If there ever was a 'next Shakespeare', it was Georg Büchner. Killed by typhus at the age of 24 (the Bard succumbing to the same disease at 52), by the time of his death this medical student of genius had written a doctoral treatise on the cranial nerves of the sturgeon, a romantic comedy (*Leonce and Lena*), an outlawed political treatise which inspired working class revolution in his home state (*The Hessian Courier*), one of the greatest political dramas ever written (*Danton's Death*) and *Woyzeck*.⁸ Although incomplete at Büchner's death, *Woyzeck* is the key modern drama. Way ahead of its time, it enabled tragedy to become prosaic. The working man was accorded the status of tragic hero in a short play of huge dramatic and linguistic power. From this play (which features a particularly insensitive doctor) I learned that human dignity in medicine is paramount.

Child and Adolescent Psychopharmacology, S. P. Kutcher

The key factor which distinguishes psychiatrists from any other discipline in child and adolescent mental health is our knowledge of medicine and our skills in psychopharmacology. Kutcher's⁹ thoughtful balance between therapeutic effects and side-effects, and the interests of the patient as the fulcrum of that balance, has formed my clinical practice as a consultant.

Bad Medicine, David Wootton

I think that everyone entering a field as important as medicine is duty bound to gain some understanding about how we have got to where we are now. It is the best way to avoid making mistakes. Wootton takes us through the history of Western medicine at a breezy pace in this short, momentous book.¹⁰ It peaks with his account of Lister's discovery of 'the germ theory of putrefaction' and the importance of antisepsis in Glasgow in 1865. After this point, doctors started to save more people than they killed. However, *Bad Medicine* goes on to illustrate and analyse why, even after Lister, we remain very good at going down blind alleys and harming patients. It is essential reading for any doctor.

- 1 The Bible. *Revised Standard Version*. Oxford University Press, 1966.
- 2 Jowett J, Montgomery W, Wells S, Taylor G (eds). *The Oxford Shakespeare: The Complete Works* (2nd edn). Oxford University Press, 2005.
- 3 Hopkins GM. *Poems and Prose* (selected and edited by W. H. Gardner). Penguin, 1953.
- 4 Berger J. *Ways of Seeing*. Penguin Books, 1972.
- 5 Hall JE. *Guyton and Hall Textbook of Medical Physiology* (12th edn). Saunders, 2011.
- 6 Fish F, Hamilton M. *Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry* (2nd edn). J Wright, 1985.
- 7 Lifton RJ. *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. Macmillan, 1986.
- 8 Büchner G. *Woyzeck*. In *Büchner: The Complete Plays* (ed. M Patterson). Methuen, 1987.
- 9 Kutcher SP. *Child and Adolescent Psychopharmacology*. Saunders, 1997.
- 10 Wootton D. *Bad Medicine: Doctors Doing Harm Since Hippocrates*. Oxford University Press, 2006.

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