F Scott Fitzgerald: recognised psychoanalysis as an important opportunity for fiction, p 1215

Can we have some courage in leadership, please?

PERSONAL VIEW **David M Lewis**

Before I became an NHS general practitioner I had an enjoyable 20 year career as a medical officer in the Royal Air Force. I feel privileged to have experienced these two very different working environments.

In the RAF I learnt about the military concept of leadership. Since joining the NHS I have heard this word used a lot. At the age of 30, proud to be a newly promoted squadron leader, I found myself in my first senior medical officer (SMO) post. This was not through any special ability on my part; leadership still comes young in the British military. I had worked with some impressive role models, but there was no particular training for the SMO role. At last I was "The Boss"—I "had my own train-set." I took command of a joint RAF/army medical centre in Northern Ireland, when things were still quite ugly there. I felt enthusiastic and energetic.

My first steps were faltering. The RAF medical branch has always been forward thinking and was an early adopter of the concepts of protocols and guidelines. In my gaucheness, I realised that being an SMO could be easy. I simply had to condense all of my ideas into written protocols and guidelines. I tapped away at my keyboard with unalloyed excitement. After a few months, I had assembled quite a few protocols and guidelines. My early experiences of this experiment were reinforcing. When something went wrong in my medical centre, I discovered that the miscreant had not followed the appropriate protocol, and my superiors accepted this as a valid excuse. The young medical assistant was punished and there was tacit approval of my polished administrative skills (for a doctor, that is).

The courageous leader not only writes down the wisdom, but accepts responsibility for its assimilation and implementation

My medical centre was singing along. One day a new medical assistant, 18 years old, was posted in. Later I grew to respect her as a solid performer and an old head on young shoulders. The practice manager put her through her "induction programme" (I had written the protocol). She looked a bit distracted and bewildered. I suspect that her mum had cried when told she was posted to troubled Northern Ireland, just as mine had. At one point, she was sat down in the staff room and a folder labelled "Protocols & Guidelines" was thrust into her hands. I noticed that this folder had grown into something slightly larger than *War and Peace*. I watched, obscured by various members of the team on their coffee break. The practice manager said: "These are the Boss's protocols and guidelines," and raised his right eyebrow. Diligently, the newcomer thumbed through protocols 1-8, reading intently. Then she threw back her head and yawned, a long deep yawn. She skimmed through protocols 9-20, and then closed the book. She didn't look at protocols 21-80 at all.

The next day I sneaked into the medical centre early and put the "Protocols & Guidelines" folder in the bin. I had reflected and realised this was cowardly leadership. Instead, I summoned my courage and went to the commanding officer, who was a rather fierce helicopter pilot. I suggested that we should close the medical centre for half a day every week for staff training (except to emergencies, of course). I had to defend my corner on this. I explained that my staff were, in the main, quite young and inexperienced, and had a lot to learn. With his reluctant approval I introduced this immediately. Together as a team, we talked about many things: emergency situations that frightened us. Together we walked through various scenarios. I was proud of that team. In every medical centre I commanded subsequently, I insisted on a weekly half-day of team training.

A few years later, I was SMO elsewhere when something went wrong again. I

squared my shoulders and apologised to the commanding officer. I told him this was my fault; I hadn't trained my team well enough. I even politely refused to name the individual who had committed the error. I felt even more proud that day. I had learnt courageous leadership!

I often think of this during my work as an NHS GP. I am deluged by advice, protocols, and guidelines. They tumble forth from the National Institute for Health and Clinical Excellence, eGuidelines, National Service Frameworks, our primary care trust, the Department of Health, the BMA, our local hospital, the Choose and Book administrator, the "Joint Societies," and uncle Tom Cobley. I have no hope of reading even 10% of it. I have never met a colleague who has looked me in the eye and asserted he or she keeps up with it. Electronic communication has compounded the problem. "Vital" guidance, badly written in impenetrable English, can be despatched to a thousand addressees with the twitch of a terminal phalanx. From my own experience, I recognise it for what it is: cowardly leadership. The courageous leader not only writes down the wisdom, but accepts responsibility for its assimilation and implementation. Please can we have some courageous leadership?

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Everything changes but you?

FROM THE FRONTLINE
Des Spence

"The two seats are near each other but NOT together," the email read. I had just bought tickets on eBay to see Take That and realised that I would be sitting on my own at a boy band concert. How my wife laughed. On the day, I was the designated driver with no opportunity to self medicate before the concert. Nervously I walked past the bawdy mini-skirted gangs smoking outside the venue and reeking of vodka and beer. The hall echoed to crude laughter. I was surrounded by sequins, pink cowboy hats, and bulging cleavages. Then the lights dimmed and the screaming started as the band appeared. I mused that the feminisation of society seemed merely to be about women behaving as badly as men. But where would that leave men?

Male doctors complain softly of their lot behind the safety of the closed door, feeling unable to express their grievances, however legitimate. They grumble about a lack of latitude in their professional lives and the little opportunity they have to develop a family life. Men believe that their needs are always perceived as secondary and that they have to travel that bumpy, rutted, and dreary fulltime path, filling the gaps but neither valued nor acknowledged.

Colleagues say that in wider society men are portrayed as weak and stupid. They are the butt of all the jokes, maligned advertising stooges, and mindlessly machine gunned and blown up in every movie. Other complaints include fathers seen as an optional extra in family life, man flu, man boobs, and the rest—many men it seems, feel disposable and neutered. Indeed, men's short life expectancy is not even considered an NHS health inequality. Now this may all seem delusional male paranoia, as there still seem to be plenty of men around in medicine and in life—but this is honestly how some men feel (I understand that scientists have now established that men actually do have feelings).

In this blame game society, men think that their hurt feelings must be someone else's fault, and so they bring on the tattered and omnipresent victim card. But if men feel taken for granted then perhaps instead it is time to bare our man boobs, burn our boxer shorts, come out of the kitchen, and have the strength to be honest.

I rose to my feet, snatched a pink stetson, and started screaming along with the girls.

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Christmas party games

IN AND OUT OF HOSPITAL
James Owen Drife

Christmas will soon be upon us! Make sure your departmental party is one to remember with our medical updates to those traditional games.

Musical cars

Managers and consultants can play this one together. The managers begin by closing half the consultants' car park for essential maintenance. On 13 December they paint "Disabled Driver Only" on one of the 12 remaining spaces. With carols playing intermittently on the Tannoy, they paint one more space each day until Christmas Eve. The winner is the consultant with the toughest 4×4.

Strip poker

This one's for the microbiologists. The aim is to keep a straight face for as long as possible while getting your male colleagues to strip. With the magic words *C difficile* you can easily get them to wear bow ties and shortsleeved shirts, even if they aren't paediatricians. Then, email them stern warnings about which body areas have the highest concentrations of skin commensals. If your poker face cracks, you lose.

Beat the clock

It's Christmas eve in accident and emergency. Several wards are closed for the holiday. Sister has just discovered a patient who needs admission. Players must find the on-call locum house officer before the clock strikes, or the trust will become bankrupt and the government will lose the next election. This game is really exciting. You will need a note from a cardiologist certifying that you are fit to play.

Guess the guideline

In a GP surgery, the computer has crashed. A newly married female solicitor wants the latest official advice on safe alcohol intake in pregnancy. Players have to keep talking until the bell rings. There is no right answer, so everybody wins.

Metal puzzles

A new twist to an old favourite. Players have to undertake a minor surgical procedure in the outpatient clinic. Each is given a sealed pack of instruments from the new central sterilising department somewhere in England. The winner is the first one to find a trochar and cannula that fit each other.

Pin the blame on the donkey

This time, players have to be MPs in marginal seats. Something bad has happened in or near the local hospital and the press are on the phone. The first to pin the blame on someone without needing any more information is the winner. Have fun!

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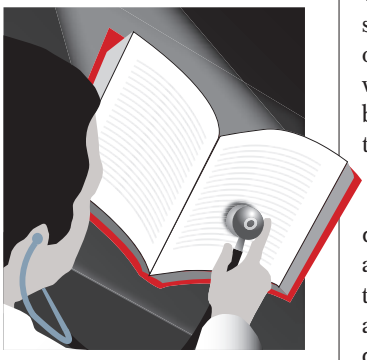
Getting tar struck

BETWEEN THE LINES
Theodore Dalrymple



Bishop Berkeley's belief in tar water was no more ridiculous than Bernard Shaw's in Dr Jaeger's sanitary woollen system, or my grandmother's in weekly castor oil

There is nothing so stupid, said Cicero, but that some philosopher has not said it. Goodness knows what he would have said about the medical profession had the history of medicine been available to him. There is no treatment so ludicrous that doctors have not prescribed it, perhaps.

Still, one will try anything when nothing else is available. The greatest minds are capable of the greatest absurdity when it comes to health preservatives. For example, Bishop Berkeley (1685-1753), the great Anglo-Irish empiricist philosopher who denied the existence of matter, was a great devotee of tar water, which he believed was efficacious against almost all known distempers. He wrote a book in praise of tar water entitled *Siris: A Chain of Philosophical Reflexions and Inquiries Concerning the Virtues of Tar Water*, quoting Galatians on the title page to the effect that "As we have opportunity, let us do good unto all men."

Tar water is made as follows: "Pour a gallon of water on a quart of tar, and stir and mix them thoroughly with a ladle or flat stick for the space of three or four minutes, after which the vessel must stand eight and forty hours that the tar may have time to subside, when the clear water is to be poured off and kept for use, no more being made of the same tar, which may still serve for common purposes."

The evidence provided by the bishop that tar water works was of the testimonial kind: "This cold infusion of tar hath been used in some of our colonies, as a preservative or preparative against the small-pox, which foreign practice induced me to try it in my own neighbourhood, when the small pox raged with great violence . . . In one family there was a remarkable instance of seven children, who all came very well through the small-pox, except one young child who could not be brought to drink tar-water as the rest had done."

We laugh condescendingly: what about double-blind trials? But can we also know that it didn't work without such trials?

Of course, trials would have been rather difficult to conduct, considering the doses of the stuff the Bishop recommended, and the taste of it. "Those who labour under old habitual illnesses, must have great patience and perseverance in the use of this . . . [and] which, if grievous or inveterate, may require a full quart every day . . . In acute cases, as fevers, of all kinds, it must be drunk warm in bed, and in great quantity; perhaps a pint every hour, till the patient be relieved; which I have known to work surprizing cures."

Yes indeed, surprising: though whether they were cures, or the patient simply stopped complaining for fear of another dose, will probably never be known.

Tar water survived the bishop, being used at least a century after his death, and we find Mrs Gargery, in *Great Expectations*, forcing a pint of it into Pip after she suspected him of having bolted his food. She gave her husband a dose too, when he had what she called "a turn."

We shouldn't be too hard on poor old Bishop Berkeley. His belief in tar water was no more ridiculous than Bernard Shaw's in Dr Jaeger's sanitary woollen system, or my grandmother's in weekly castor oil.

Theodore Dalrymple is a writer and retired doctor

MEDICAL CLASSICS

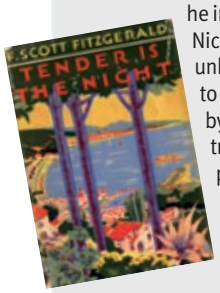
Tender is the Night By F Scott Fitzgerald

First published 1938

Tender is the Night is one of the earliest novels to feature a distinctly modern psychiatrist as a major character. The novel documents a pivotal point in the literary depiction of psychiatric medicine. It is predicated on knowledge of Freudian concepts and shows acute awareness of increasing medical specialisation, yet the character of Dick Diver echoes many of the traits that Victorian authors found alluring of doctors as literary characters.

Dick and Nicole Diver are a wealthy, successful couple holidaying amid adoring acolytes. They saccharinely refer to themselves as the conjunction "Dicole," and seem for all the world to be the perfect couple. As the narrative unfolds, the opening scenes retroactively take on the appearance of a mirror ball—plenty of glister, but a hollow core belies the sparkling exterior.

Dick Diver is a medical doctor, psychiatrist, and writer. When they meet, Nicole Warren is the mental patient of a friend. The Freudian theme of unresolved transference forms the axis about which their marriage turns. Dick is unable to sustain indefinitely the roles of father, lover, and doctor to Nicole. He is flawed as a husband, but also his clinical abilities as a psychiatrist to her seem deeply questionable. Dick is adamant that Nicole must subjugate her symptoms and any acknowledgment of the incest that triggered her illness. "Control yourself!" he insists whenever she has a "turn."



Nicole comes to realise that repression is unhelpful. She resents playing "planet to Dick's sun." Her cure is effected by divorcing Dick, thus resolving the transference—and affirming the novel's pro-psychoanalytical credentials.

The explanatory models for madness in the novel are complex. For Nicole and her father, mental illness is the plausible consequence of distressing events, congruent with Freud's theories on trauma as a trigger for hysteria. Yet, Dick Diver's madness is a moral condition. The pleasure principle reigns in Dick's weakness for alcohol, youth, and beauty. He finds it increasingly difficult to reconcile his own quasi-incestual sexual impulses. But Dick's indulgence is harnessed to an abrogation of social responsibility, especially in relation to work.

For all the novel's commitment to modern themes of commercialism and voyeurism, Diver exhibits many of the familiar hallmarks of the Victorian doctor in literature. Reminiscent of Flaubert's Charles Bovary, he has his professional life proscribed by the social circumstances brought about by marrying "out of his class." Like Tertius Lydgate in *Middlemarch* (*BMJ* 2007;335:213), he fails to show insight into the psyche of either his wife or himself in spite of being a member of a profession predicated on diagnostic skill. Also in common with his Victorian antecedents, the early promise of a brilliant career is never fulfilled. It all ends ruinously.

Fitzgerald succeeds in fashioning a thoroughly modern novel, which recognises psychoanalysis as an important opportunity for fiction, particularly for sexual confession.

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REVIEW OF THE WEEK

Sleep is the best medicine

Colin Martin visits an exhibition that explores the biomedical and neurological processes that occur during the third of our lives when we are asleep

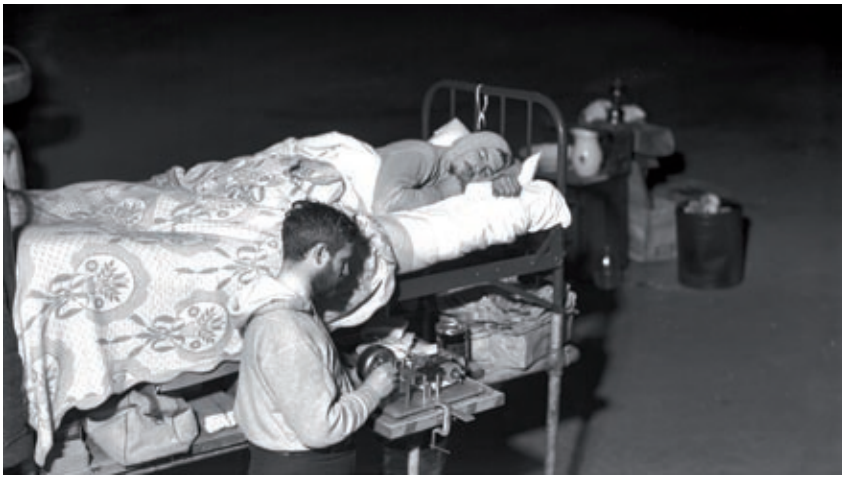
Sleeping and Dreaming
An exhibition at the Wellcome Collection, London NW1, until 9 March 2008
www.wellcomecollection.org/
Rating: ★★★★

"Good sleep is as important as diet or exercise in keeping us happy and healthy," says Professor Kevin Morgan, director of the insomnia research programme at Loughborough University's sleep research centre and participant in a forthcoming symposium in association with Sleeping and Dreaming, an exhibition at the Wellcome Collection in London. First shown at the Deutsches Hygiene-Museum in Dresden, the exhibition encourages visitors to explore the biomedical and neurological processes that occur during the third of our lives when we are asleep, and the social and cultural aspects of sleep and dreams.

Five major themes are developed using 250 objects, drawn from science, art, and social history collections, displayed in a dark, dramatically lit rectangular space. Smaller rooms, opening off the central space, cover subsidiary themes in greater depth. Because of the choices provided, no two visitors are likely to have identical experiences, in much the same way that their dreams differ, even though their lives might be similar. Designed as a labyrinthine sequence, the exhibition's form mimics many unknown aspects of its content.

The "Dead Tired" section explores sleep deprivation, including attempts on the world record for staying awake. It is held by American student Randy Gardner, who clocked up 264 sleepless hours over the new year of 1963-4, breaking the previous record of 201 hours, set by American disc jockey Peter Tripp in 1959. Both men experienced hallucinations and became grumpy; however, unlike Tripp, Gardner did not take any stimulants, claiming his feat was "just mind over matter." My poor performance, on a "Test your tiredness" computer programme designed to evaluate attentiveness, was attributable to jet lag, as I had flown from Melbourne to London less than 24 hours before. This section covers other states of consciousness between wakefulness and sleep, such as hypnosis, fainting, and anaesthesia.

"A World Without Sleep?" examines how artificial lighting changed our sleeping habits and work patterns. It documents experiments, including US scientists Nathaniel Kleitman and Bruce Richardson's investigation of whether the 24 hour cycle of sleep and wakefulness could be influenced by changes in light or temperature, undertaken in a Kentucky cave over 33 days in 1938. Richardson adjusted his body to a rhythm of 28 hours (nine hours asleep, 19 hours awake); Kleitman, however, did not.



Cave experiment by Nathaniel Kleitman and Bruce Richardson: Dr Kleitman checks the read-out devices while Richardson sleeps

in 1923 a popular science magazine predicted that office equipment using electrical current and an enhanced oxygen supply would eliminate the need for sleep

Dedicating rooms solely to sleeping is a relatively new phenomenon, which is explored in "Elusive Sleep." Theo Frey's black and white photographs, of a young girl receiving a bed for herself in 1955, following the Swiss Red Cross's campaign to improve children's sleeping conditions, exemplify social and cultural changes associated with sleeping. There's also an instance of life imitating art. What at first glance appears to be a photograph of German performance artist Joseph Beuys wearing his trademark felt hat, carrying a mattress on his back through an alpine landscape, is actually Frey's photograph of a farmer taking his bed with him to ensure that he would get a good night's sleep while his livestock grazed their summer pastures.

"Dream Worlds" looks at how artists derive creative ideas from nocturnal inspiration. For several years Jane Gifford's work has been exclusively concerned with dreams and ways of recording and perceiving them. *Dream Paintings 2004* records 144 dreams she had that year, in a series of small paintings hung together as a grid, with text describing the dream depicted. Rodney Graham's film *Halcion Sleep 1994* shows the artist, clad in striped pyjamas and fast asleep on the back seat of a car, being driven through Vancouver after having taken a Halcion (triazolam) sleeping pill. Images of the urban landscape appear dreamlike in the car's rear window, even though what the artist dreamt is unknown.

The exhibition is complemented by a book of essays on sleeping and dreaming, edited by Nadine Käthe Monem, with a wide ranging selection of literary excerpts and quotes chosen by Hugh Aldersey-Williams, including "Sleep is the best medicine," an English proverb that says much about our belief in its restorative power in five simple words.

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