PSYCHOLOGY REVIVALS

Fifty Years of the Tavistock Clinic

H. V. Dicks

ROUTLEDGE

Psychology Revivals

Fifty Years of the Tavistock Clinic

Originally published in 1970 this title commemorates the men and ideas that started, inspired and established a pioneer institution in British psychiatry. Based on the impetus of Freudian and related innovations after the First World War, the Tavistock Clinic offered treatment, training and research facilities in the field of neurosis, child guidance and later on group relations.

Dr Dicks, who had been associated for nearly forty years with the work and personalities that helped to develop the Tavistock venture, describes the struggles and capacity for survival of the clinic. He shows how, belonging neither to the older classical psychiatry nor to orthodox psychoanalysis, and suspect to both, the Clinic nevertheless became increasingly used by the rest of the profession as a psychotherapeutic resource. Dr Dicks describes the influence of the Tavistock on the medical, psychological and social work scene both before and after the Second World War, and assesses its achievements as a centre of psycho- and socio-dynamic thinking.

The Tavistock is shown as a pioneer *sui generis*, launching psychosomatic research and initiating the exciting ventures in social psychiatry associated with the Army in the Second World War. As the Tavistock was the outcome of work with shell-shock victims in the first war, so its offspring, the Institute of Human Relations, was the natural continuation of the military effort in man-management, morale and group dynamic studies. The book includes an account of the inter-relationship between the Clinic, now part of the National Health Service, and the Institute, a private corporation. Still going strong as part of the Tavistock and Portman NHS Foundation Trust today this is an opportunity to revisit its early history.

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H.V. Dicks

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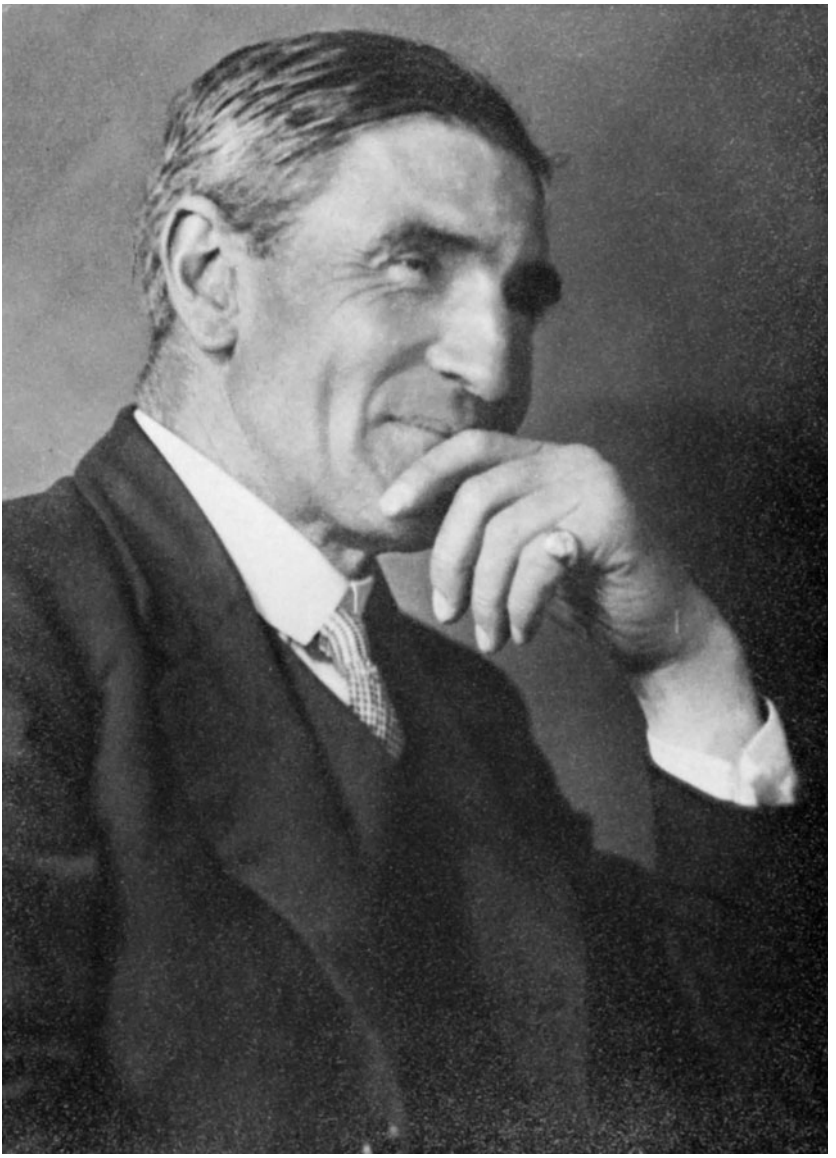

H. Crichton-Miller, M.D., F.R.C.P.
Medical Director 1920-1933

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H. V. DICKS

with a foreword by Sir Leslie Farrer, K.C.V.O.

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Foreword

I have been asked to write a Foreword to this book; mine not to reason why, but, given both the subject and the author, it should not be too difficult.

By the end of the First World War the importance of psychological stresses had become clear, but the close study of the subject was not one that appealed to many doctors. A small group, however, imbued with the conviction that these stresses were the source of much suffering, under the leadership of Dr Hugh Crichton-Miller, created the Tavistock Clinic as a centre where this work could be furthered and taught. As so often for those breaking new ground, financial worries were constant; nevertheless, as also happens, dedicated persistence and good work began to bring their rewards. The small band of pioneers soon attracted others who wished to pursue this daunting yet fascinating subject, and by the mid-thirties the Tavistock Clinic was becoming known throughout the world.

From the start there was a breadth of vision which readily allowed these doctors to realize the importance of what was going on in the social groups in which the individual lived as well as the factors that his own development had formed inside himself. As a result, training was soon extended beyond doctors to the new professions of the psychiatric social worker and the clinical psychologist—an invaluable innovation for those attracted to the possibilities in these fields.

When the late Dr J. R. Rees, the Medical Director of the Clinic, became the psychiatric adviser to the British Army, this dual perspective on the individual and the society in which he had to function enabled the 'Tavistock Group', as they came to be known, to make many major innovations in handling the urgent social psychological tasks of the Army in the Second World War. After the war the Council of the Clinic agreed with

the plans put forward by the staff—now augmented by many new members who had shared their experience in the Army—for a new sister body to complement the work on the clinical side. The Clinic was to enter the National Health Service, and the new body, the Tavistock Institute of Human Relations, was established in 1946. In the next two decades both Clinic and Institute made the name of the Tavistock renowned amongst those concerned with mental health and with social science. Despite the administrative separation of the two bodies, the combination of the viewpoints, the forces internal to the individual and those in his social milieu, persisted. It was an inspiring recognition of the work of both bodies after twenty years in extremely restricted premises, when the Minister of Health, Mr Kenneth Robinson, agreed to provide magnificent new premises, and the staffs are permanently indebted to his encouragement. In the spring of 1967 the late Princess Marina opened the new building. Her Royal Highness had succeeded her husband, the Duke of Kent, after his tragic death in 1942, as the Patron of the Tavistock, and her keen and informed interest, expressed in several informal visits as well as on more formal occasions, was a constant source of satisfaction to the Councils and to the staffs. The Tavistock is very happy that the daughter of its first two patrons should now have accepted the office.

It is, however, unnecessary for me to try to write the history of the Tavistock myself. As the fiftieth anniversary approached, the Council of the Tavistock Institute of Medical Psychology, the original Council, which had remained in being, considered the project of getting a history written to mark the occasion. Little thought was needed as to who should do it. Dr Henry Dicks was the obvious choice. He was one of the early distinguished members of the Clinic staff and had been at the centre of its affairs for over thirty years. The Council was delighted when he undertook this task, an arduous one, but, I believe, for him, who had the welfare of the whole Tavistock so much at heart throughout this period, a labour of love. His book admirably conveys his deep identification over this long period with all that was going on.

The history of an institution is naturally of interest primarily

to those who have been connected with it. Nevertheless, the history of the Tavistock should have a wider appeal. For, along with their professional work, the staffs of both bodies devoted a great deal of effort to making their own organizations function as satisfyingly as possible for their own members and for their governing bodies. Staff participation in the management of their affairs is a widespread and urgent concern today. How the Tavistock did this is a most important feature of their work, and many institutions will find much of interest in the way the staff created its own democratic organization with a clear structure of responsibility attached to the various leadership roles, both in their relationships internally and to their external authorities.

As one who has been connected with the Tavistock in one capacity or another for thirty years or more I find this book extremely interesting and hope that it may be widely read.

Leslie Farrer

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Author's Preface

The Council of the Tavistock Institute of Medical Psychology has honoured me in asking me to prepare this jubilee volume on the history and vicissitudes of the Tavistock Clinic during its first fifty years. In some ways I am, I suppose, the most obvious person, since I have lived through some thirty-eight of those years as a member of its medical staff—a sort of latter-day Talleyrand who survived all régimes until my retirement from the active staff in 1965.

I am aware that this book has perhaps become too long, with some tendency to repetition. Undue and rigorous compression and strict logic might, however, have made it too formal and abstract. I have aimed to avoid the narrowness of a mere parish chronicle, but rather to afford the 'outside' reader some notion of the place of the Tavistock Clinic in the history of British psychological medicine, while, also paying, in some instances all too brief, tribute to those men and women, professional or administrative, who in my view have made the greatest contributions to the growth and good name of this rather unusual institution in their several roles. I hope that those colleagues and helpers, past and present, whose share in carrying the responsibilities of clinical work, education, research or administration has been just as essential, though not named by me, will forgive my subjective emphases.

I was fortunate in having, at an early stage, the help of our greatly loved Dr J. R. Rees, C.B.E., recently deceased, whose tape-recorded account of the origins and first few years is the main source material for 1920–7. It tallies with his own brief account in *Reflections* (1968). As some readers will know, after 1945 the original Tavistock Clinic budded off a new institution —the Institute of Human Relations. It would have been impossible, on the one hand, to write the post-1945 history of the

Clinic itself without constant references to its vigorous twin. On the other hand, it was also beyond the scope and intentions of this present volume to include a detailed account of the complex development of the Institute, very much a flourishing body, corporate in its own right. I therefore, on my sole responsibility, invited the Institute's own Secretary, Mr Sidney G. Gray, to contribute a chapter covering in outline the main events and developments from the Institute's standpoint, which he has, I think, done admirably. It was the best practical solution I could think of. To Mr Gray, therefore, as well as to the late Dr J. R. Rees, I want here to express my gratitude for their part in this volume. To Miss Marjorie Harborough I owe thanks for her transcription of tape-recordings and help with the secretarial side, including some appendices, and to Mrs Mollie Tupholme (herself a former staff member) for her excellent and patient preparation of several versions of the manuscript. Mrs Maureen Wright and Miss Veronica Nicholson have kindly helped with the appendices.

I am greatly indebted to Dr J. D. Sutherland, John Bowlby, A. T. M. Wilson and Professor E. L. Trist for valuable suggestions and correction of inaccuracies in the text, which Mr Gray has also improved.

To Sir Leslie Farrer, K.C.V.O., in his role as Chairman of the Council of the Tavistock Institute of Medical Psychology, I am grateful for his kind Foreword to this book, which has only been made possible through the generous encouragement of that Council, the direct heirs of the original Tavistock's governing body. I wish to add, however, that for the views and orientations expressed in what follows I assume sole responsibility.

Lastly, I wish to thank the Crichton-Miller Trust for permission to quote passages from the memoir, *Hugh Crichton-Miller, 1877–1959* (privately printed), in which I have drawn on the contributions by Mrs Leith-Ross and Mr Donald Crichton-Miller.

H.V.D.

I

Introductory Outline

The Tavistock Clinic was established in 1920 as one of the first out-patient clinics in Great Britain to provide systematic major psychotherapy on the basis of concepts inspired by psychoanalytic theory for out-patients suffering from psychoneurosis and allied disorders who were unable to afford private fees. The clinic owes its foundation to the vision and energy of the late Hugh Crichton-Miller, M.D., F.R.C.P. (Founding Medical Director), who had worked with a group of doctors of academic standing on what was then called 'shell-shock' (battle neurosis) in the First World War. He wished to carry into the civilian sphere their fruitful military experience of gaining understanding and power to help neurotic sufferers by adapting Freud's theory of neurosis to treating these shell-shocked soldiers. This origin of the Tavistock Clinic in psychodynamic thought is stressed from the outset of this book because it has imparted a lasting orientation to the Clinic's structure and staffing, despite departures from strict psychoanalysis, and because it has provided a special image of the Clinic both to its staff and to the British medical scene.

The focus that is characteristic of the Tavistock is the emphasis on the until then ignored or misinterpreted sphere of the neuroses and personality disorders now illuminated by the 'New Psychology' originating in Vienna and Zürich. This distinctive 'mix' was in the fourfold aim of *understanding and treatment,* the furthering of *research* into causation in the hope of finding rational means of *prevention* in mental hygiene, and on *teaching* the emerging concepts and skills to future specialists as well as to all those, medical and non-medical, concerned with mental health and human relations.

On the basis of this orientation, it was logical that there should be emphasis on understanding the patient as the product of his environment and of his own history. This led to the Clinic being organized in two parts; the Adult Department and the Children's Department, conceived as a unity although differentiated in roles, where the aim was to understand the child as the father of the man and the parents as conditioning the new generation of children. It also led from the first to the notion of the multi-disciplinary team to cover all aspects of personality study: the psychiatrist, the psychologist and the social worker. The first patient ever seen in 1920 was a child; this was some years before the first 'official' Child Guidance Clinic opened in London. The Clinic from the first had a curiously independent, indeed isolated, position somewhere between official psychiatry and medicine on the one hand and 'orthodox' psychoanalysis on the other. Both of these were in development, and the Tavistock was, in a sense, part of this forward movement.

The Clinic's revenues were derived from sympathetic guarantors and donors with impeccable credentials, who provided social support at high levels; from public subscriptions as the result of appeals and charity functions; and to some extent from such small fees as the patients could afford. With few exceptions, the medical staff gave their services free or for nominal honoraria, as in other voluntary hospitals of that time.

While psychodynamic, the Clinic's doctrine beyond this general orientation was to 'have no doctrine', but only aims: to help, to understand more and to teach its work. As such it was the meeting-ground of psychotherapists of several schools or of none, making for a certain vagueness and lack of theoretical homogeneity, but also for flexibility and a wide variety of techniques and viewpoints. These were from the beginning debated at monthly meetings of the compact, small staff. The Clinic's existence as a medical institution, not wholly committed to the then still much-feared and suspect psychoanalytic school (to whom none the less the Tavistock staff group owed most of its conceptual basis), made this new approach to psychoneurosis more acceptable and 'respectable' to British medicine in the 1920s. Its image was always that of an open forum, of a synoptic viewpoint and ethically above reproach.

Contrary to Crichton-Miller's hopes, other clinics were slow in being established. Crichton-Miller had conceived the Tavistock as a model, as we should now call it, which he expected would be copied by the teaching-hospital psychiatric departments and by out-patient centres elsewhere based on mental hospitals; but this development was slow and halting. Consequently, this little pioneer centre in a decrepit building in Bloomsbury was before long swamped with immense demands for both clinical services and for training facilities, to which the staff responded to the best of its ability. By 1932 it was already necessary to make a move to a larger home than the original dwelling-house in Tavistock Square (from which the Clinic derived its name). This move was made possible by the good husbandry and the generosity of the voluntary help from Treasurers and Finance Officers who were able to secure a lease of some disused mews in Malet Place, by University College, where a reconstruction was carried out. Here we had premises suitable for instituting systematic training in psychotherapy, in child guidance, in psychiatric social work and in the then existing elements of clinical or educational psychology. Some of these courses were later sponsored and recognized by London University.

Shortly after this move, which was still under the direction and inspiration of Crichton-Miller, events occurred which led to Dr Crichton-Miller's resignation, when the direction passed to his Deputy Director, J. R. Rees, in 1934. The phase from 1932 to 1939 represented the period of greatest expansion in treatment, training, external lecture courses and in numbers of staff and trainees. Many former students of both sexes and from many countries who received their training at this time came to occupy leading positions in psychiatry and child guidance and in related fields in Britain and overseas. Two closely-related centres were founded by members of the Tavistock Clinic in association with others during this period, and may be said to be 'daughter colonies'. The first of these was the Davidson Clinic in Edinburgh; the second was the Portman Clinic, as it was later called, originally the Institute for the Scientific Treatment of Delinquency, opened in 1931.

Research as a major activity in the Tavistock Clinic was a

relative latecomer, due largely to economic conditions. The medical staff, as mentioned, were all working part-time, mostly unpaid, and burdened with big case loads. Such 'academic' time as they had was devoted to teaching their skills to the younger generation while having to earn their livelihood in private practice. It is also fair to add that the psychotherapist is not often a rigorous research methodologist by nature. However, the volume of publications of papers and books flowing from the Clinic was quite considerable, and individual members of the Tavistock staff achieved eminence for their contributions to the growing mental-health field and to psychopathology. By the mid-1930s we were fortunate in securing two research fellowships endowed by the generosity and belief in our work of the Rockefeller Foundation and of the Sir Halley Stewart Trust respectively. By the onset of the Second World War a number of original contributions of more rigorous research design and content had appeared. These were chiefly along the lines of the then novel psychosomatic method of enquiry. The two holders of these fellowships, Dr A. T. M. Wilson and Dr Eric Wittkower, made a considerable impact on the younger generation of teaching hospital physicians by pointing to this link between psychological and somatic aspects of sickness. Their work answered to some extent what had been justifiable criticism of the Tavistock Clinic's tardiness in research.

In these first twenty years of its development the Tavistock Clinic thus came to be a national school for the skills and approaches required for the treatment and understanding of neurotic illness and many similar conditions. It consequently was able through its various staff members to play a considerable part in the diffusion of the concepts and practice of a somewhat eclectic dynamic psychology, not only in its everyday work with children and adults and in its intra-mural teaching, but also by the great demands made upon it for extra-mural activities covering the country: the British Mental Hygiene movement, the fostering of interest in the problems of neurosis in provincial centres, by lectures and discussions to divisions of the British Medical Association, participation in scientific societies, notably the British Psychological Society's medical

section, etc., which were to a surprising extent Tavistock-linked.

This activity was to have resulted in a move to a larger permanent home planned by our Governing Council. A site had been bought and was to be developed in close proximity to the new London University curtilage. However, this project was not implemented because the outbreak of the Second World War brought an abrupt change as well as great new opportunities to members of the Tavistock staff. The destruction of our Malet Place building by bombs was perhaps the least of these.

The Influence of the Second World War

The premises of the Tavistock Clinic were, fortunately, together with most of its clinical records and a large part of its library evacuated to temporary wartime premises in Hampstead, where a core staff of those not mobilized for the armed services carried on an uninterrupted service. The appointment of the Clinic's Medical Director, J. R. Rees, as head of the Army's psychiatric services during the war was not only a well-deserved tribute to the man, but a mark of confidence on the part of the Army medical authorities in the approach which he and the Clinic had consistently upheld. The greater part of the Clinic's professional staff joined the armed services as psychiatric specialists, mostly the R.A.M.C. under J. R. Rees's active leadership. This experience with massive human-relations problems under stress and dislocation has strongly influenced the second post-war era of the Clinic's life and thought, as will be seen in subsequent pages. The problems thrown up in Army psychiatry were perceived by the group around J. R. Rees to be largely those of social psychology, of interpersonal relations. We were not concerned ourselves so much with treatment of war casualties, of which during long stretches of the war there were few. The focus of interest was on the questions of morale-building, as exemplified in man-management problems between officers and other ranks, hence on selection methods for such leadership; on re-adapting the displaced and the traumatized, especially of those who had long been prisoners-of-war (civil resettlement); on the proper allocation of skills for the various roles of the soldier in military

life, including the use to which the dull and backward soldier might be put; on the study of the mentality of enemy nations, with its feedback into social and political psychology, and many more.

It was within this group drawn from among staff members of the pre-war Tavistock and from psychologists, psychoanalysts and psychiatrists from other centres that a new trend of thinking grew which they were as eager to apply to peacetime problems, as Crichton-Miller and his colleagues a generation earlier had been to transfer their new insights and skills to civilian life. These concepts came to be based on clinical psychiatry and dynamic psychology, on psychoanalysis and on recent work, especially from the United States, on the frontiers of psychoanalysis and cultural anthropology, on the social psychology and the group dynamic studies of the field theorists among the *Gestalt* school, and also on some sociometric techniques. This preoccupation with social, large-scale group phenomena in the Forces dominated the interests of this very closely-knit Army group. Thus it came about that we made scarcely any major new contribution to the treatment of traumatic neuroses, which were largely 'farmed out' to the emergency medical services run by the Ministry of Health. It inevitably also resulted in something of a gap between the Army group and those who had not been called up, but had carried on gallantly the hitherto customary services of the Tavistock Clinic in its wartime premises.

1945–8

In the years immediately following the Second World War, and indeed before it ended, the new trends became embodied in the policy and structure of the Clinic. A planning committee with wide powers had been *elected by the whole staff* in order to implement them. It was already apparent that a National Health Service was on the way. That the Clinic should play its full part in the psychiatric area of that Service was generally accepted with considerable enthusiasm, because we had become accustomed to working without the need to consider the voluntary hospital financial difficulties or the claims of private practice

during our war service. So once again war was the stimulus of the 'second birth' of the Tavistock Clinic into its more or less present-day guise. However, it was only for three years that the old Tavistock Clinic emerged as a new entity which we called the Tavistock Institute of Human Relations, embodying the multi-disciplinary and integrative approach to the behavioural sciences listed a moment ago. Once more the Rockefeller Foundation generously came to help us with the start of this momentous new development. There were also other substantial grants from anonymous donors. In this new Institute it was hoped to integrate the study of personality development and its vicissitudes with medical sociology and with group dynamics. The work retained its clinical base in the therapeutic and training activities of the 'old' Clinic rejuvenated by the infusion of new staff members, among them a much higher proportion of doctors and psychologists appointed for whole-time or near whole-time service. Some of the older staff members who could not visualize themselves working happily in the changed conditions withdrew. The group of those who started the new venture had been close collaborators in the Army and developed a common viewpoint on their future problems and on the theoretical basis for approaching them.

In this new setting, in a house procured by the sale of the old Bloomsbury site on which the pre-war Tavistock was to be re-erected, there could be a promise of continuity of teamwork and a concentration on teaching and research as well as on improved skills in dealing with clinical psychotherapy. It was perhaps because of the inherent sociological interest no less than for their clinical importance that the staff of the whole Institution began its development of group methods (of study and of therapy) with which the Tavistock Clinic was now to become largely if inaccurately identified at home and abroad. The theoretical framework characteristic of the Tavistock Clinic's approach to group therapy had been laid down by W. R. Bion and the late John Rickman originally for purposes of economy in manpower, as well as for leadership studies in the Army. Now the therapeutic group became the main link connecting personality study, the endeavour to change personality disorder and the study of group dynamics or interaction psychology.

The staff group during this time spent much effort in debates on the decisions to be taken about our role in the National Health Service and the plans for it. In view of the likely preoccupation of that Service with clinical work in the strict sense rather than with developments in what was likely to be viewed as the 'para-medical field', it was to be assumed that only the clinical departments would easily fit into the National Health Service. That part of our new structure concerned with social psychology and group dynamics of institutions – e.g. industry – was more likely to succeed in its pioneer function if it retained its independence. In consequence, the Tavistock Institute of Human Relations was separately incorporated before the Health Service took effect. There remained in legal being also the old Council of the pre-war Tavistock under the name of the 'Tavistock Institute of Medical Psychology'. This continued to contribute to developments from what resources it had and was legally entitled to accept legacies and donations helping the Health Service body with free moneys. This is the body which is making possible the publication of this present volume.

It was inevitable also that there should be considerable conflicts of orientation. It was as the result of such difficulties that a second crisis in leadership structure resulted in the resignation of J. R. Rees from the directorship of the Clinic, to be replaced by Dr J. D. Sutherland, the third Medical Director, in 1947. Limiting ourselves for the moment to the organization of the Clinic, the division into departments for adults and for children was preserved because of the necessarily different skills and approaches required. Dr Sutherland also acted as head of the Adult Department, while Dr John Bowlby, another of the post-second-war recruits to our staff, was appointed head of the Department for Children and Parents and Deputy Director of the Clinic. In their day-to-day work the departments remained largely autonomous, but the unity of the whole was preserved by a Professional Committee drawn from staff members of all disciplines of both departments and by frequent joint meetings and seminars.

Medical responsibility for the treatment and disposal of every patient accepted by the Clinic has always rested, from the

beginning of the Clinic, with psychiatric consultants, though the actual work of therapy and of certain diagnostic procedures is shared by non-consultant members of the medical, or by non-medical staffs.

The National Health Service

On 5 July 1945, then, in common with nearly all other voluntary hospitals of the country, the Clinic became part of the National Health Service. Administered for some seven years by the Central Middlesex Group Hospital Management Committee of the North-west Metropolitan Regional Hospital Board, it changed in 1956 to the Paddington Group Hospital Management Committee for geographical and administrative reasons. Whilst thereby the necessity for having a Governing Council for the Clinic was done away with, the now separately incorporated Institute of Human Relations came under the administration of a new Council, partly recruited from members of the Tavistock Clinic's pre-war Council and partly from new professional circles with the relevant interests. Until 1959 the Clinic and Institute occupied parts of the same building at No 2 Beaumont Street, W.1, but with the growth of both organizations additional accommodation became an urgent necessity. A large house at No 3 Devonshire Street, in the vicinity of the Clinic, was acquired by the Institute in that year, and by arrangement with the Health Service authorities this building also was shared by both Institutions. These two bodies continued to have close working ties, with some overlap in staff. Senior members of both staffs constituted a joint Staff Board. The Institute was able to raise considerable funds from private foundations and from grants by public authorities to finance training and research based on the Clinic. These funds are now administered by the Institute through a special Sub-Council for Family Psychiatry and Community Mental Health. From 1949 the Clinic developed a new unit devoted to the study and treatment of marital conflicts. In 1957 the Institute took over the administration of another marital casework centre, the Family Discussion Bureau, founded originally within the Family Welfare Association. Both these units have substantially

added to the resources for treatment of family and marital problems. The Clinic also developed, in 1959, a new unit devoted to problems of adolescents, who often do not fit readily into a department organized either for adults or for younger children. This unit is developing into a full new department.

To summarize: the structure of the total Institution as it now stands is that, *qua* Tavistock Clinic (with which my history is largely concerned), it is a special centre not designated as a teaching hospital, for the diagnosis and treatment of neurotic and personality disorders. This is financed by the State. *Qua* teaching institution and research centre, it largely relies on its twin sister, the Tavistock Institute of Human Relations, which, as a private corporation, is able to accept donations and grants to organize teaching and to finance and administer major research work. This dichotomy arises from N.H.S. policy and structure, which limit these latter functions to designated teaching hospitals. Many of the developments of the post-war era sponsored by the Clinic and the Institute have been generously supported by grants to the Institute from the Ford Foundation, the International Children's Centre, the Josiah Macy Junior Foundation, the Foundations Fund for Research in Psychiatry, the Old Dominion Foundation, the Grant Foundation and the Field Foundation in the United States of America, by the Sir Halley Stewart Trust, the Carnegie United Kingdom Trust, the Gulbenkian Foundation, the Home Office, the Joseph Rowntree Memorial Trust, the Mental Health Research Fund and the Mellanby and Southfield Trust in Great Britain, and by the Regional Office for Europe of the World Health Organization.

In 1956 the Clinic and Institute were invited to submit plans for future development to the Regional Hospital Board which were worked out in a liaison committee with the Institute's Council. After consideration of the programme, the Ministry of Health approved the plans for our new building in Belsize Lane at Fitzjohns Avenue, which we now occupy. The new premises are a much more fitting home for the work of treatment, teaching and research for which we have become known. In October 1965 our former Medical Director, J. R. Rees, was able to lay the foundation-stone, suitably inscribed. Our present

building, about three times larger in floor space than our previous one in Beaumont Street, was taken over at Easter 1967 and opened officially by our Royal Patron, the late Princess Marina, Duchess of Kent, on 4 May in the presence of a large and distinguished company. At this point its history merges into the present.

II

Origins

All sources that we have been able to consult are united in describing the inception of the Tavistock Clinic as something which originated in Dr Crichton-Miller's[1] mind. Thus in a private biography of H.C.M., Mrs Leith-Ross, who was our first and voluntary Secretary, refers to his 'vision' of founding a clinic. The same kind of statement is made by Dr J. R. Rees.[2] This 'vision' H.C.M. expressed in words in his first Tavistock Clinic report, which will be cited later in this chapter. On the level of action, the Tavistock Clinic may be said to have been launched at a meeting which took place some time in 1919 in the drawing-room of Lady Margaret Nicholson in Pont Street, Chelsea. Lord Wolmer (now the Earl of Selborne) was in the chair, Dr Farquhar Buzzard (later Sir Farquhar), then a physician at St Thomas's Hospital, the Reverend Lionel Ford, Headmaster of Harrow School, and H.C.M. himself spoke. There was a promise of £300 and the Tavistock project was now a reality. This was to be, as stated in ch. i, a clinic where psychotherapy would be offered to people of modest means, in order to continue what had been achieved in the Army with cases of war neurosis or shell-shock. At this meeting, also attended by a medical member of the Army, Lieut. Colonel H. Gordon Mackenzie, D.S.O., it was pointed out that 'the treatment of functional nervous disorders had received a great stimulus as the result of war experience . . . that much had been

[1] We shall mostly refer to Dr Crichton-Miller by his well-known initials, 'H.C.M.', by which he was nearly always addressed by his friends and even by his juniors.

[2] We shall often refer to Dr J. R. Rees, second Medical Director, by his habitually used initials of 'J.R.' in the Tavistock. In his W.F.M.H. contacts he appeared to prefer 'Jack'.

done for the war neurotics and much was being done for pensioners, but little, if anything, was being done for civilians'. It was also suggested that 'many of the younger medical men who had had war experience might be given an opportunity of working at a clinic with such [i.e. neurotic] civilians'. It was expected that the larger hospitals would soon establish psychotherapeutic clinics. It was therefore agreed to start a clinic on an experimental basis of three years' duration, with the understanding that it should be closed if and when the hospitals could meet the need.

As mentioned above, subscriptions and donations were given or promised that assured an income of £300 a year for three years. A committee was formed and an honorary medical director appointed. The latter was, of course, H.C.M. himself. The Committee should here be named. It consisted of J. Douglas C. White, M.A., M.D., who became the first Chairman; the famous Dean of St Paul's, the Very Reverend W. R. Inge, Sir Lindon Macassey, K.B.E., K.C., the Hon. Mrs Edmund Pery,[1] Mr Owen Hugh Smith (Chairman of Hay's Wharf) and Sir F. J. Willis, K.B.E., C.B., the Chairman of the Board of Control, which at this period of history looked after the welfare of mental patients with direct responsibility to the Privy Council. In addition there were in attendance the officers of the Executive Committee. These were the Honorary Medical Director, Mr Dougal O. Malcolm (later Sir Dougal), our first Honorary Treasurer, and Mrs Leith-Ross who, as mentioned, was the first Honorary Secretary, a position which she occupied for some six years.

Progress

The hunt for suitable premises which were central and easily accessible from the Harley Street area (in the expectation that doctors would give what time they could from their private practice to this new venture) proved difficult, not only because after the First World War the housing problem was as acute as it was after the Second World War, but also because it was difficult to secure permission from ground landlords for what they

[1] Later the Countess of Limerick on the succession of her husband to the title.

feared might turn out to be a clinic for wildly disturbed lunatics! At last, however, a house was secured in Bloomsbury at No 51 Tavistock Square, W.C.1. This had been run as a 'Victory Club' (a veterans' hostel) after the war but had failed, and the lease was very cheap. It had a number of small rooms and one considerable drawing-room which could be used for meetings and lectures. As all of us who worked there knew, it was a depressing, gloomy, tall old house, but it was situated close to the centre of things, and it looked out over the trees of Tavistock Square. Furniture and furnishings were supplied by Mrs Leith-Ross and her personal friends and the friends of the early staff members; these fittings were both sparse and ramshackle. No one wanted a high-sounding title, so the new venture simply came to be called the 'Tavistock Square Clinic for Functional Nervous Disorders', and quickly became 'Tavi' to all its friends.[1] It was here on 27 September 1920 that the first case was seen, and H.C.M. said, 'My dream has come true'. The first case seen was a child; the second case seen was an adult.

Owing to the loss of pre-1939 records due to bombing, the earliest details are in some cases not very reliable. Thus it was stated that the original staff consisted of seven persons, but in fact nine are listed as having been appointed in September 1920. Here are the names, with such details as can be found: H.C.M. himself as Honorary Director, J. R. Rees (to be made Deputy Director in 1926), Dr Mary Hemingway, who was soon to become Mrs J. R. Rees; Dr J. A. Hadfield, Dr E. A. Hamilton Pearson, Dr D. Leslie Tucker. But there is also the name of Dr Neill Hobhouse, who was to be the neurologist and general physician in order to keep an eye on the physical state of every patient who applied. There also occurs the name of Dr W. A. Potts, whose work lay in Birmingham, but who became honorary head of the children's service of the early Tavistock. Then there was a lady doctor, Dr Evelyn Saywell; and Dr David Yellowlees (brother of Dr Henry Yellowlees) was attached to the Tavistock for a few months before moving to

[1] J. R. Rees suggests that the original name was the 'Tavistock Clinic', but that, owing to many complaints by the G.P.O., who were always sending letters to Tavistock in Devonshire, the name was changed and the word 'Square' inserted between 'Tavistock' and 'Clinic'.

Glasgow, where he became one of the earliest exponents of psychotherapy.

Dr W. A. Potts was a Medical Officer with Birmingham City Corporation, in care of mental deficiency and a psychological expert to the Birmingham Justices. He published a good deal on the subject of subnormality and entered child psychiatry through the mental-deficiency field. He was also a Jungian.

Dr Leslie Tucker was a recently qualified man who had just done house jobs and then went to Bowden House (H.C.M.'s private nursing-home) as a resident medical officer, and was brought in by H.C.M. to help at the Tavistock.

Dr Hamilton Pearson qualified in 1912 and with his adventurous temperament became a surgeon in the Chilean Navy after leaving the R.A.M.C. He then came into psychiatry via a resident post at the Lawn at Lincoln, then a private mental hospital for paying patients. He served the Tavistock Clinic as Director of the Children's Department until the outbreak of the Second World War, when he went back to his love of the sea and volunteered, no longer a young man, to be a medical officer on board the ships that were taking child evacuees to overseas countries just before the Blitz. Thereafter he served in the Children's Branch of the Home Office as a senior medical officer, until his death some few years ago.

Two other near-original members of staff should be mentioned here. Dr P. F. Barton, who qualified in 1890, was a senior and experienced general practitioner with strong talents for psychotherapy who served the Clinic well until his retirement around 1929. Similarly, Dr Eleanor Montgomery, a venerable mother-figure and also a retired general practitioner, did, according to J.R., very good work in the earliest days, using the Crichton-Millerian psychosomatic or 'double-barrelled' approach to the neuroses.

Before going on to describe the kind of clinical life that was lived in this austere building, we should perhaps note that, however sketchily the physical base of the Tavistock was organized and financed, there was no lack of influential community and medical support for H.C.M.'s new Clinic. Thus, one is impressed with the list of Vice-presidents, varying from marquesses and marchionesses to the two First World War

Commanders-in-Chief of our two services, Earls Beatty and Haig; academic support in the persons of William McDougall (at this time already gone from Oxford to Harvard) and Sir Henry Newbolt; Dame Katherine Furse of the Red Cross. No less impressive was the earliest Medical Advisory Board, which contained many of the most distinguished physicians of the London teaching hospitals, including the already mentioned Sir E. Farquhar Buzzard (of St Thomas's and the National Hospitals), who later became Regius Professor at Oxford; Dr Walter Langdon-Brown (later Sir Walter) of St Bart's. Hospital, later to be Regius Professor of Physics at Cambridge; Dr Adolphe Abrahams (later Sir Adolphe), the Dean of Westminster Hospital, Mr Wilfred Trotter, F.R.S.,[1] and many more. It was interesting that Queen Square and organic neurology were well represented. A particularly valuable supporter was Dr C. W. Kimmins, the Chief Medical Officer of the London County Council Education Department. A word should perhaps be said about our first Chairman of Executive, Dr J. Douglas White, who was not a psychiatrist, but a Harrow doctor who was greatly concerned with the then nascent interest in social factors in health, and in health education. In addition to chairing the Executive of the new Tavistock Clinic, he was also the originator of the Council for Health Education, of which he later became the first Executive Officer.

As without doubt the Tavistock was very much the creation of that remarkable man, H.C.M., his general orientation and attitude towards the treatment of neurotic and personality disorders should be placed on record. This is not only in order to praise him, but also to emphasize the continuity through all these years in the ideas and values which the Tavistock has consistently represented, and which remain very much closer to his original vision than he himself at a certain point in the history of the Clinic was willing to believe. The principle on which H.C.M. wanted the Clinic to develop was one of freedom from administrative and institutional bureaucracy, a place where a patient could come with a sense of privacy and confidence; a place where each person was seen punctually by

[1] A pioneer of neuro-surgery and famous also for his book on *The Instincts of the Herd in Peace and War* – an early essay in group psychology.

appointment and always by the same doctor, in which there were no forms to fill in and no awkward details to be given in cold blood, so different from the dreaded long hours of waiting in the hospital out-patient departments, never knowing which doctor you might see. It is true that many patients and many referring doctors were at first nonplussed by this great difference from any then-existing medical institution. Only bare rooms with tables and chairs and an occasional couch; no apparatus, no dispensary, no medicine to take away, no white coats or syringes, except in one room!

H.C.M. had gathered a small band of early enthusiasts around him who belonged to all manner of orientations in psychotherapy and who had varying academic or clinical backgrounds and standing. Having himself begun as a most successful general practitioner with experience of the rich and idle on the Riviera and also in Aviemore, he knew the prejudices of the medical world against neurotics as the people of imaginary illness who were under-employed and lacked purpose in life. H.C.M. was most anxious to dispel this image of neurotics as either the *malades imaginaires* of the 'useless Society woman type' or else as 'dregs of society', idle, unemployable and malingering. In fact, from the first he visualized the Tavistock as a place where people who were still struggling to hold on to work and to being useful members of society could find comfort and support. One knew that his sympathy and focus of interest lay with these middle sort of people whom he called 'the educated poor': the students, the clerks, the overworked housewives of the middle class and similar sections of the population, who had slender means and a maximum of social stress in the post-war world. Strangely enough, this kind of clientele has also remained the majority of the existing patient load, probably because it was this class of person who had both the intelligence and the insight to understand, in the light of their reading, the essentials of the nature of psychoneurotic problems and symptoms, and who were not content to be fobbed off with bottles of medicine or with various magical techniques which they had had before and which they knew did not touch the core of their difficulties. H.C.M., an aristocrat in temperament, was none the less a man of deep compassion and patience and

continually stressed the importance of respect due to even the most foolish of patients. He also propounded the doctor's own need for self-examination and humility, which naturally led to his advocacy of personal insight derived from a training analysis. He was keen to preserve what he used to call binocular vision – that is to say, paying attention both to physical and to mental factors of the given illness. He felt that the private consulting-room, the 'Harley Street' atmosphere, was more suitable to the treatment of such disorders than the institutional atmosphere. Despite his strong views and values, Crichton-Miller tried not to be an autocrat. He left everybody free to use their best endeavours to produce results. I will quote some of the words he wrote in his first report to the Council of Administration. He said:

> The medical profession suffers from a tacit convention that its business is to cure a diseased condition of the body. *Our* avowed aim is to investigate, and if possible to remedy, disabilities of the personality as a whole. If a man contemplates suicide it is of little use to assure him that he is 'free from organic disease'. He has found that life is not worth living; it is our business to find out why, and if possible to make him feel that life *is* worth living. If a woman complains of numerous and vague pains which have driven her to the out-patient departments of half the hospitals in London, it is not enough to assure her that her pains are all imaginary. An imaginary disease is a disease of the imagination, and as such it may be just as disabling as a disease of the heart or lungs. It is our business to find out why her imagination continues to generate such unpleasant and crippling sensations. Similarly if a child of 12 is referred to us by the headmaster of his school for persistent pilfering, it is futile to say, 'Stealing is an anti-social act; he must learn the consequences of his actions; let him have a good caning or be handed over to the police; that will teach him a lesson he will not forget.' But will it? Our attitude is that a reason must be found to explain why this particular boy should need such drastic penal treatment. What is it in his personality that makes him incapable of assimilating the usual lessons of honesty? If we can find out

the answer to that question we may possibly save the community from having on its hands in years to come one more incorrigible criminal.

The report continues:

Now in these three cases we see personalities that are unharmonized or maladjusted and as such of little or no value to society. The ideal of mental hygiene is incompatible with such social waste. It demands that the healer's function should be interpreted in the broadest way and that consideration be given not only to the body but to the mind, not only to the patient, but if necessary to his environment. Thus it comes about that in his work of salvaging maladjusted personalities, we found ourselves confronting all sorts of problems, applying all manner of remedies and meeting with very varied results.

H.C.M., in a few pungent words, gives us an insight into the catholicity and breadth of his therapeutic outlook. He continues:

It took but twenty minutes to recognize that the man who was contemplating suicide required thyroid treatment. The woman with the 'imaginary' aches had to undergo a lengthy analysis before she obtained freedom from the results of a forgotten sex incident which occurred at the age of five. Six interviews were needed to straighten out the 12-year-old thief, and two of these were devoted to the unconscious cause of his misdeeds, to wit, his new stepmother. Therefore, when the captious critic hints that people who complain of 'nerves' are not worth treatment we reply that there is work to be done – the work of creating harmony in the unharmonized, adjustment in the maladjusted, independence in the dependent, and social worth in the socially worthless: and when we speak of the 'socially worthless' we are thinking of our average patient not as he is but as he may become if he is allowed to drift.

H.C.M. was also keenly aware of the epidemiological distribution of mental inefficiency and suffering. He listed the minority of patients chronically confined in the mental hospital,

an intermediate group who may be allowed to alternate between mental hospital and the community, and, thirdly those who are what he calls

> Men and women by the hundreds who will never enter an asylum but are as good as inside in so far as their value to the community is concerned. These are 'nervous breakdowns' less popularly described as minor mental disorders, that represent a very appreciable proportion of the lost working time in all but manual occupations. In fact it would be a conservative guess to say that at any given moment there are for every certified lunatic at least ten workers not certified but disabled by psychoneurosis or a mild psychosis.

With the help of a table analysing the composition of the case load of the moment (1927) at the Tavistock Clinic, H.C.M. showed that something like three-quarters of the patients were at work and none the less thought it worth while to carry on with their treatment, because he says:

> Without such out-patient psychotherapeutic help they would either be out of work or drifting to the inevitable breakdown . . . hence the economic importance of early out-patient treatment is a logical corollary of the acceptance by the community of the principle of supporting the worker during disability.

H.C.M. next went on to demonstrate by an analysis of occupations of the patients attending that nervous disorders were by no means a prerogative of either 'the idle rich' or of the weak-minded, self-indulgent or hysterical. He says: 'A considerable number of our patients are of outstanding force of character and some of unusual intelligence', after which he proceeds to show the composition of the patient group of teachers, social workers, clergy, artists and students, as well as clerks, artisans, small traders and many housewives. He continues: 'If then we contemplate this vast array of those who are inefficient from mental causes it behoves us to ask ourselves how far so great an evil is unavoidable and how far we are called to endure it'. He then proceeds to plead the essential curability of mental disorders:

> Public opinion is not sufficiently enlightened to realize that in many asylum cases we can recognize no brain changes, and that many a neurosis is a potential psychosis, just as many a cold is potential tuberculosis. Such hard-and-fast differentiations between sane and insane do not belong to life nor yet to science; they belong to social exigencies and are based upon behaviour rather than the origin or presumed course of any given case of mental disorder. Enlightened opinion realizes today that some asylum cases are curable, that many uncertified cases of mental breakdown can be saved and that a very great proportion of both might be prevented.

H.C.M. concluded this part of his first report with a plea for ample funds so that the Tavistock Clinic could continue not only to apply measures for alleviation of maladjustment, etc., already known, but mainly to try to do research into causes with the aim of obviating avoidable mental inefficiency. He expressed his belief that the work of the Clinic, regarded in this light, had a definite economic value to the community. He, moreover, also showed that, owing to lack of whole-time workers, fellowships and proper schemes of training, the mental health professions were being starved of progress in which even in 1920 the United States had shown themselves to be much in advance.

H.C.M. wrote all this some years before the Mental Treatment Act of 1930, which is commonly held to have ushered in a new era in British psychiatry. Here we see not only an appreciation of the economic and epidemiological aspects of the so-called minor mental disorders, but also a very considerable depth of insight into the continuity and possible overlap between the categories of the neuroses and the so-called 'insanities' still called 'lunacy' in 1920, as well as a kind of blue-print for much of what would nowadays be called 'preventive psychiatry'. Thus the three small case vignettes that he chose showed at once that he regarded mental aetiology as between the suicidal depressive with his low thyroid function, the anxiety-hysterical housewife with her unconscious sexual problem and the stealing child as in some way all tied together by a set of common factors for which he uses the word

'unconscious'. With this broad vision of the scope which the Clinic was to cover, it behoves us to try to examine the sources of our Founder's attitudes and scientific orientation.

It would be wrong to assume that H.C.M. learnt his ideas from his work as an Army medical officer in what would nowadays be called a 'neurosis unit', to the possible influence of which I shall return. We read in his son's brief biographical perspective of his father that

> In 1910 the new psychology was very new indeed; a virgin field lay open to a young man whose imagination had been fired by the writing of Freud and who knew intuitively and by experiments he had made in hypnotism and the treatment of 'nervous' cases that he was peculiarly fitted to exploit the weapons now available to medical psychology. In a flash he saw what could be done to save people from mental depression, from the asylums, from suicide.[1]

It would seem, then, that H.C.M. was already a psychotherapist when the war came, and in fact he implemented this new vision of his by starting in 1911 a new-style nursing-home for psychoneuroses and early or mild psychoses in the famous Bowden House at Harrow-on-the-Hill of which he was the Director and moving spirit for some forty years. While it is true that H.C.M. was already a psychotherapist, it seems to be fairly certain that before the First World War he drew his concepts and methods from the French School deriving from Charcot and represented by Déjérine and Janet. His later, more psychoanalytic orientation was probably enhanced by work with the war-time Army unit that treated cases of shell-shock by the 'new psychology' in the not yet inaugurated buildings of the Maudsley Hospital. In 1912, for example, he published a book called *Hypnotism and Disease*, whereas soon after the war he edited a very different book called *Functional Nervous Disease*. William McDougall, one of the group who took part in the war-time applications of Freud's original doctrines, lists H.C.M. among the school he called British or 'integral'. Among them he pays particular tribute to W. H. R. Rivers, and also lists Drs William Brown,

[1] *Hugh Crichton-Miller, 1877-1959*, A personal memoir by his friends and family (1961), privately published and printed by Longmans (Dorchester) Ltd., pp. 6–7.

Millais Culpin, J. A. Hadfield, Bernard Hart, T. W. Mitchell and some others. Among those men William Brown, Millais Culpin, J. A. Hadfield and Bernard Hart, as well as the Editor of the then *British Journal of Medical Psychology*, T. W. Mitchell, were intimate collaborators with H.C.M. during the war and later supported the work of the Tavistock Clinic. Rivers died in 1922. The characteristics of this group were that whilst they accepted Freud's basic propositions concerning the unconscious and conflict and the various mechanisms, they had rather individual approaches, some leaning towards more eclectic and others towards more McDougallian interpretations of the dynamics of behaviour and neurosis. In some cases Jung's ideas also found representation, notably so in H.C.M. himself. Hadfield, a former pupil and assistant of McDougall's during his Oxford days, was a member of the staff from the beginning. Culpin, Bernard Hart and others were at various times members of the Medical Advisory Board and regularly lectured in the Clinic courses. Another influence on the ideas found in the Tavistock at its inception were those of a British pupil of Jung's named Maurice Nicol, who had a hand in analysing several of the early staff members. Others had training analyses by the late James Glover, the brother of Dr Edward Glover, himself a well-known psychoanalyst who died young.

The picture, then, emerges of H.C.M. as the indubitable leader both as regards administration and public relations and as regards the stock of theoretical concepts brought to bear on the practice of the Tavistock. J. R. Rees, who has helped me with the preparation especially of this chapter, recorded his view that H.C.M.'s mind was quite open about Freudian, Jungian, Adlerian and many other ideas, including the French School deriving from the Suggestionists. In addition, he was also very alive to the developing sciences of biochemistry and endocrinology and to the focal sepsis theory, which was just then a fashion in British medicine. It is also fair to call H.C.M. a follower and admirer of the psychobiology of Adolf Meyer of the Phipps Clinic, Baltimore. This is shown in his view of man as developing from the vicissitudes of childhood through human relationships on the basis of inherited traits and instinctual organization which reacts with the environment. Hence his

emphasis on having a Children's as well as an Adult Department in which the staff should gain experience of the whole range of ages – and hence, perhaps his best-known and most important mental hygiene books called *The New Psychology and the Parent*, and *The New Psychology and the Teacher*.

It would, however, be an incomplete picture of H.C.M. were we to confine ourselves to his medical and psychopathological orientation. He was above all a deeply religious person. This was shown not so much by the fact that he became an Elder of the Scottish Presbyterian Church of St Columba's, London, as by his quite open emphasis on the force of Christian moral ideas as bearing upon human conduct, and especially on the development of individuals' moral responsibility for their actions. Among his cherished ideas were those contained in Kipling's 'If', which, if one knew the man, one did not find ridiculous in those early days, because he lived this kind of strenuous, dedicated life. It was not generally known that, hard pressed though he was with a large family to educate, he made up deficits of the Clinic's earliest budgets from his own pocket, i.e. the profits of Bowden House, which he regarded as a way of 'soaking the rich in order to help pay for the poor'.

With this background we may begin to construct something of a picture of the early days at the Tavistock Clinic, its practice and its education work. It would seem that the 'public relations' aspect of the Clinic was from the beginning based on personal links which H.C.M. and J.R. developed with some of the personalities that have been mentioned, and many others. Among these were consultants who advised on the somatic aspects of H.C.M.'s private patients at Bowden House and in Harley Street, those colleagues with whom he came into relationship through his membership of the Medical Section of the British Psychological Society and the many Society people who formed his clientele in Scotland and on the Riviera. In addition, J.R. has told us that one of the first things that was done was to distribute circulars to the profession giving briefly the aims of the Tavistock and its purpose in being founded, and appealing for support in both senses, professional by referral of patients and financial by donations and subscriptions. It certainly is an imposing list of institutions that sent patients in

the very first years of the Clinic's life. Evidently in 1920 there was already some recognition that psychotherapy was a valid treatment even though highly suspect, and, secondly, that there was a woeful lack of facilities for it elsewhere in London. It would be wearisome to list all these bodies, but, as already mentioned, they included such citadels of orthodox medicine as the National Hospital, Queen Square and the major teaching hospitals of London.

H.C.M.'s philosophy and aims seem to have been shared by the small staff. Essentially they continued to regard themselves first and foremost as doctors with the binocular approach to the body as well as the mind of the patient. From the first a pathologist, Dr Gloyne, was employed to help with the necessary investigations; while, as mentioned, Dr Neill Hobhouse acted as the consultant physician and neurologist covering our responsibility for somatic factors. Social enquiry, in the absence as yet of a psychiatric social work profession, was carried out by one or two volunteers whose qualifications it is now impossible to ascertain. The name of the first honorary 'social service worker', as she was styled, was Miss N. K. Satow, who was later joined by Miss Doris Robinson. Other early voluntary social service workers were Miss Angela Trotter, later the Hon. Mrs Pery (now the Countess of Limerick), and Miss Sellar, who functioned both as a social worker and as the Librarian. H.C.M. had a wonderful way of inspiring devotion and effort on behalf of his causes in both men and women because he never spared himself and was clearly perceived as a charismatic personality. Miss Robinson became one of the first batch of social workers to be sent to the United States to train as psychiatric social workers and bring the new skills and techniques to this country. She stayed with us as Chief P.S.W. for a number of years. The first few years show no record of any professional psychologist having been appointed to the staff. However, of two of our staff members, Dr J. A. Hadfield was first and foremost a psychologist by training, whilst on the children's side we had Dr W. A. Potts, who was expert with the then prevailing test procedures. Likewise, Dr Hamilton Pearson, who actually saw the very first patient in the Clinic, was well versed in techniques of psychological testing and the ascertainment of intelligence