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From the Editor's desk

By Peter Tyrer

Evolutionary psychiatry

Shorter's welcome editorial (pp. 473–474) on Darwin reminds us of this giant of a man, whose influence on philosophy was at least as great as his influence on science. Most of his writings emanated from Down House in Kent, where he lived after his return from his voyages on the *Beagle*. During this time he seldom moved far from his secure home base, had regular promenades around the grounds at fixed times of the day, and worked solidly in his study for eight hours each day. Down House has now been refurbished to create a permanent exhibition of his life, work and correspondence and when I visited it recently this last activity struck me as so essential to his theories. Writing letters to his dozens of contacts round the world was his equivalent of accessing PubMed today. His correspondents included mathematicians, botanists, geologists, philosophers, explorers (the Haast Pass in New Zealand links to Darwin) and psychologists, but not alienists (psychiatrists), which, considering the isolation of our profession in the 19th century, is not surprising. Despite this he made important contributions to psychiatry, of which *The Expression of the Emotions in Man and Animals*[1] is the best known. Here he might well have described both his own experiences and solutions when he wrote that 'he who does not control his signs of fear will experience fear in a greater degree, and he who remains passive when overwhelmed by grief loses his best chance of recovering elasticity of mind'.

So, would Darwin's life have been different if he had had more awareness of mental health? He protected himself from criticism of his theory of natural selection by letting others such as T. H. Huxley take the public stage, and so avoided burnout (Lasalvia *et al*, pp. 537–544) but he avoided mental health attributions too, possibly a form of self-stigma (Rüsch *et al*, pp. 551–552), and his favourite doctor was the homeopathic physician, Dr Gully. Like many important historical figures, he has attracted (somewhat superficial) psychoanalytical case reports, such as Bean's conclusion that he had a 'psychoneurosis provoked and exaggerated by his evolutionary ideas',[2] the published value of which I suspect Wolpert and Fonagy (pp. 483–487) might interpret differently. But when we read in his correspondence about his vomiting, flatulence, bowel movements, fatigue, and many other complaints it is likely he would be described as having medically unexplained symptoms (MUS),[3,4] a condition that does not really fit well into any diagnostic lexicon but, as Rait *et al* (pp. 520–524) have noted, symptoms are now attracting more attention than formal diagnoses. There have been many other diagnostic explanations, including panic disorder,[5] a prolonged bereavement disorder,[6] possibly evoked by the mechanisms suggested by Wichers *et al* (pp. 498–503), Crohn's disease, lactose intolerance, myalgic encephalomyelitis, and Chagas disease. Despite these, I feel it might be best to summarise MUS in Launer's retranslation as 'medically unexplored stories'[7] rather than indulge in speculative musing. What I found most surprising about my visit to Down House was the sight of the privy lodged in a corner of his study, as his visits to the lavatory bowl were so frequent it was felt it would disturb Darwin's studies less to have it in close proximity. So the origin of faeces was never far from the origin of species, but the explanation of its individual frequency proved more vexing than his search for the general cause of biological variation. But as Charles was tough enough never to descend into hypochondriacal despair we should celebrate his achievement on this anniversary with even more enthusiasm, and with the expectation that his legacy is likely to become increasingly relevant to the practice of psychology and psychiatry (Nesse, pp. 471–472).[8,9]

Leon Eisenberg

'The flag will be lowered to half-staff today and tomorrow in honor of Leon Eisenberg, the Maude and Lillian Presley professor emeritus of social medicine at Harvard Medical School MS, who died on Sept. 15th'. This was how the death of Leon Eisenberg at the age of 87 was announced three months ago. Leon was an outstanding figure in American psychiatry; his achievements include a dramatic number of firsts: the first evidence that rapid return to school was the key to treatment in the management of the separation anxiety underlying school phobia, the first outcome study of children with autism in adolescence, and the first randomised controlled trial in childhood psychopharmacology. He and Michael Rutter bestrode the old narrow world of child psychiatry like colossi, and now one of them has gone. But Leon was much more than a child psychiatrist; he epitomised the best of social psychiatry and his common sense and pragmatism were a welcome balance to the uncritical enthusiasm that often followed alleged breakthroughs in psychopharmacology, brain chemistry, neuropsychology and genetics at different times over the past 50 years. He, as a child psychiatrist, saw the value of the developmental perspective[10] in all parts of psychiatry and kept this at the heart of his thinking. His depth of knowledge from brain function to social psychology made him an ideal umpire in interdisciplinary disputes, and he would have relished our recent tussles,[11] in which he would have charmed both sides effortlessly. He was the source of our e-interview question in *Psychiatric Bulletin* on mindless and brainless psychiatry[12] and he was a great fan of the *British Journal of Psychiatry*. He was also a marvellous correspondent. In his last communication to me he commented on our new editorial structure where he noted that I had reported that 'some speaker at a recent APA meeting "identified at least 80% of clinical psychiatric academics in the US as satisfying the criteria for narcissistic personality disorder,"'[13] and added, 'I thought my own massive study of the Harvard Faculty, which found even higher rates, would be published first, and now I discover that I have been anticipated.' I leave it to our readers to decide whether this indicates wit, perspicacity or scientific honesty, or possibly all three.

1 Darwin C. *The Expression of the Emotions in Man and Animals*. John Murray, 1872.

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4 Sumathipala A, Siribaddana S, Abeysingha MRN, De Silva P, Dewey M, Prince M, et al. Cognitive–behavioural therapy *v.* structured care for medically unexplained symptoms: randomised controlled trial. *Br J Psychiatry* 2008; **193**: 51–9.

5 Barloon TJ, Noyes R Jr. Charles Darwin and panic disorder. *JAMA* 1997; **277**: 138–41.

6 Bowlby J (1990). *Charles Darwin: A Biography*. Hutchinson.

7 Launer J. Medically unexplored stories. *Postgrad Med J* 2009; **85**: 503–4.

8 Abed RT. Evolutionary psychiatry on the 150th anniversary of *On the Origin of Species*. *British Journal of Psychiatry* 2008; **192**: 476–7.

9 O'Connell HP. 150 years of evolutionary theory. *British Journal of Psychiatry* 2008; **193**: 258–9.

10 Eisenberg L. Development as a unifying concept in psychiatry. *Br J Psychiatry* 1977; **131**: 225–37.

11 Craddock N, Antebi D, Attenburrow M-J, Bailey A, Carson A, Cowen P, et al. Wake-up call for British psychiatry. *Br J Psychiatry* 2008; **193**: 6–9.

12 Eisenberg L. Mindlessness and brainlessness in psychiatry. *British Journal of Psychiatry* 1986; **148**: 497–508.

13 Tyrer P. A journal describing present undertakings, studies and labours of the ingenious. *British Journal of Psychiatry* 2008; **192**: 1–2.