HAL
open science

Joseph Schorstein: R. D. Laing's 'rabbi'

Kenneth Collins

To cite this version:

Kenneth Collins. Joseph Schorstein: R. D. Laing's 'rabbi'. History of Psychiatry, 2008, 19 (2), pp.185-201. 10.1177/0957154X07081132 . hal-00570906

HAL Id: hal-00570906

https://hal.science/hal-00570906v1

Submitted on 1 Mar 2011

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

History of Psychiatry, 19(2): 185–201 Copyright © 2008 SAGE Publications
(Los Angeles, London, New Delhi, and Singapore) www.sagepublications.com
[200806] DOI: 10.1177/0957154X07081132

Joseph Schorstein: R. D. Laing's 'rabbi'

KENNETH COLLINS*
University of Glasgow

The Scottish psychiatrist R. D. Laing (1929–88) was one of the most influential but also one of the most controversial figures in twentieth-century psychiatry as he explored the boundaries in schizophrenia and serious mental illness in families. Joseph Schorstein (1909–76) was born in Moravia, graduated in medicine in Vienna, specialized in neurosurgery and eventually settled in Glasgow following wartime army service. Laing acknowledged the role of Schorstein as his 'spiritual mentor' and guide to the European intellectual world. This paper looks at the relationship between these two very different men and examines the career of Schorstein and the influence of his cultural background in Central Europe in shaping aspects of medical thought and culture in Glasgow.

Keywords: *Glasgow; Joseph Schorstein; neurosurgery; psychiatry; R. D. Laing*

R. D. Laing's career has been the subject of innumerable studies, papers, articles and books while that of his spiritual mentor, Joseph Schorstein (Fig. 1), has been sadly neglected. Few of his writings were ever published and much of his thought and philosophy was imparted only to his closest colleagues. Although the connection between Schorstein and Laing has often been made, this paper examines more closely the talented and complex individual who was such a crucial figure in Laing's development.

Schorstein's influence on Laing was considerable. Daniel Burston (2000: 4) comments that 'From an intellectual point of view it was absolutely pivotal. With the possible exception of Gregory Bateson, no living person had a comparable influence on his later development.' Laing believed that there was more to mental distress than solely biological, chemical and genetic factors and that

* *Address for correspondence:* 3 Glenburn Road, Giffnock, Glasgow G46 6RE, UK. Email: K.Collins@arts.gla.ac.uk

FIG. 1. Joseph Schorstein, *c.*1955
(photo in author's possession)

personal experience and inter-personal relations played significant roles in the creation of such mental states (Mullan, 1999: 208). He also considered that for psychiatry to become more effective and more ethically acceptable it would have to truly and sincerely see the patient as a human being. Laing felt that judgements about madness were as much a reflection of the operations of social and political power as a disinterested search for medical and scientific truth (Beveridge and Turnbull, 1998: ix). His major interests included theology and philosophy, as well as psychology, and the public saw him as a revolutionary theorist. Despite his status as an outsider in his own profession Laing was, at the height of his career, the most widely read psychiatrist in the world, reaching people across disciplinary boundaries and in all walks of life (Burston, 2000:1). We shall examine Schorstein's background, interests and views to analyse the significance of his influence.

Schorstein's career

Schorstein was born in 1909 in the small town Misslitz (Miroslav), Moravia, where the Jewish community preserved its medieval rights to autonomy in civil matters. His father, Nachum, served as the rabbi in the Misslitz Tempel between 1903 and 1912. Rabbi Schorstein, a biblical scholar with a PhD from Berlin, had, like Martin Buber, a literary interest in the Hasidic tradition. Misslitz had only a few thousand inhabitants and its Jewish community usually numbered less than a thousand, but its synagogue rabbi usually had a doctorate in philosophy. Although at the edge of the Slavic world, Misslitz's German-speaking Jews were firmly planted in the style of Rabbi Samson Rafael Hirsch's *Torah im derekh eretz* which aimed to show how a modern yet Orthodox Jewish world could cope with emancipation and the Enlightenment. Hirsch, a rabbi in Mikulov in Moravia from 1846–51, turned down the offered appointment as Chief Rabbi in London, preferring to minister to a small community in Frankfurt while providing the philosophical underpinning for Orthodoxy and modernity.

The Schorsteins moved the forty miles to Bruenn (Brno) when Joseph was still a young child, and his father ministered to the Jewish community there. Rabbi Schorstein seems to have been a stern disciplinarian, bizarrely

communicating with his son only by sending him notes. Laing recorded that Schorstein had recounted an episode when his father had punished him for some misdemeanour when he was 10 years old. He was made to read Kant's *Critique of Pure Reason* over a three-month period and was then interrogated about it in front of his father in his study (Laing, 1998: 92). Schorstein attended the Bruenn Gymnasium, and then went on to university. He grew apart from religious orthodoxy at a young age while always preserving an acute sense of his Jewish identity. He had a brief flirtation with the Communist Party as a student, but was said to have broken with it when he was expected to carry out menial tasks such as distributing leaflets. Even as a young man he clearly saw his role rather as an intellectual than as a foot soldier. Laing (1978) considered that the young 'Hasidic Marxist' had totally seen through Communism.

Schorstein began his medical studies at the University of Vienna when was still only 17 years old, and he graduated in 1931. He moved to England the following year, before the Nazis seized power in Germany. He is believed to have attended a meeting at which Hitler was the speaker and, convinced of the risks of staying in Germany or Austria, he wanted to start his medical career elsewhere. Most family members were to perish in the Holocaust, but his mother survived and came to Glasgow to join him after the war. By 1935 Schorstein had obtained British medical qualifications, passing the final examinations of the English Conjoint Board. He had undertaken clinical studies at University College Hospital in London and subsequently moved to Manchester where he trained in the developing speciality of neurosurgery under Professor Jefferson in the Royal Infirmary. He also worked as Assistant Director of the David Lewis Centre for children and adults severely affected by epilepsy. He passed the specialist surgical FRCS examinations in 1938.

War service

Schorstein served as a senior neurosurgeon in the British Army during World War II, attaining the rank of Lieutenant-Colonel in the RAMC. He was selected as the neurosurgeon in charge of the No. 5 Mobile Neurosurgical Unit (MNSU) in North Africa and Italy (Cairns, 1947: 9; Hughes, 2004: 18). This Unit, one of only seven to see wartime service, had been commissioned in December 1942 and was first sent with the 1st Army to North Africa as part of Operation Torch, later functioning in Italy with the Allied advance. The MNSUs received cases following triage at Central Casualty Stations (CCS) and the Units had their own operating tables, generators, water tanks and sterilizers but relied on local hospitals, or 'host units', for in-patient beds, nursing care and radiology and pathology services. Brigadier Sir Hugh Cairns (1947: 21), one of the leading figures in wartime neurosurgery, later reflected that 'one never ceased to wonder that the massive brain surgery required … could be so effectively carried out by MNSUs in such primitive conditions'. At the time of the fighting in Sicily in July and August 1943, Schorstein participated in the first trial of penicillin

in war wounds, showing a reduction in levels of infection (Cairns, Eden and Horeston, 1943). During his war service he was known as Shorestone, taking the advice given to Jewish refugee personnel in the British Army to change their Central European surnames in case of personal risks if captured.

Schorstein's Unit was based at a hospital in Naples during the carnage at Monte Cassino in May 1944, dealing with 333 head wound cases in just two weeks (Schurr, 2005: 423).[1] There was some satisfaction that about 80% of the soldiers with brain injuries arrived at the host Unit in Naples within 12 hours, but Schorstein (1947*a*) expressed concern at the delays in evacuating the severely wounded from the beach-head. The Unit continued in operation in Italy until after July 1945, gradually moving northwards and based for a while near Florence, having admitted 4600 neurosurgical casualties. Schorstein reckoned that he had personally dealt with 70% of the brain wounds of the 1st Army. Cairns (1947: 19) considered that Schorstein's meticulous work, especially on the management of intracranial haematoma caused by missile wounds, was a 'fine achievement' and his studies were the largest on the subject ever collected by one surgeon.

Schorstein published extensively on his wartime neurosurgical experience, contributing no less than three articles to the *War Supplement* of the *British Journal of Surgery* in 1947. In one paper, dealing with intracranial haematoma from missile wounds he pointed to the need for a consistent scale to note levels of consciousness (Schorstein, 1947*a*). In the other papers he described using acrylic plates for primary skull closure under makeshift conditions (Schorstein, 1947*b*), and provided an elaborate atlas of head wounds illustrating standard operative technique (Schorstein, 1947*c*).

The experience of wartime surgery, sometimes operating for eighteen hours a day on the most serious brain injuries under the most adverse conditions, was to take a heavy toll on Schorstein, and it affected his mental equilibrium at times in the following years.[2] After the war he was a patient of the psychiatrist Dr Mayer-Gross, then at the Crichton Royal in Dumfries, and had further treatment on later occasions. On returning to Britain at the end of the war, he was based first at the Military Hospital for Head Injuries at Headington in Oxford, subsequently moving to Glasgow to take up the post of neurosurgeon at Killearn Hospital where Sloane Robertson was the senior surgeon. The West of Scotland Neurosurgical Unit was based at this small hospital in the country, a few miles outside Glasgow.

Schorstein enjoyed a high reputation among his colleagues as a brilliant surgical technician and as a skilled diagnostician. Laing (1978) thought that he had been 'exiled' to the West of Scotland having 'blotted his copybook' after leaving the army, but clearly his specialist training and wartime experience had been exemplary and Glasgow represented a major medical centre. Schorstein soon pushed for a specialized neurosurgical unit to be based at the Stobhill Hospital with himself as the chief surgeon, but it was felt that his proposals smacked of 'empire building' and that Killearn Hospital should

remain the centralized focus for neurosurgery for the Glasgow area, as only a single specialized unit would provide the necessary surgical experience.[3]

Laing and Schorstein

Laing graduated in medicine from the University of Glasgow in 1951, and always remained conscious of the Hippocratic Oath he had taken prior to graduation 'not to do or administer anything to [patients] to their hurt or prejudice', which he took as a sign not to impose treatment on those who did not want it (Laing, A., 1997: 43). Laing acknowledged the influence of Schorstein while his career was in the formative stage, describing him as his 'rabbi' and drawing on his thoughts in many of his key works, including his crucial book *The Divided Self*. Laing first met Schorstein in about 1951 at Killearn Hospital, where he had his clinical experience after graduation; he described the meeting in somewhat dramatic terms – to say the least – in his autobiography *Wisdom, Madness and Folly* (Laing, 1998: 92–3).

> At three o'clock in the morning in the changing room after one operating session that had been going on for hours, Joe Schorstein decided to check me out. He proceeded to grill me from Heraclitus, and, in between, Kant, Hegel, Neitzsche, Husserl, Heidegger, in very specific detail. The interrogation went on for over two hours before Joe was 'convinced'. Then began a real argument that went on for another two hours. No one, before or since, has put me through such a grinder. After that night, Joe adopted me as his pupil; he became my spiritual father, neurological and intellectual mentor and guide to European literature.
>
> He was the first older, fully educated European intellectual I had come to know. He seemed to be the incarnation of all the positions of the European consciousness: Hasidism, Marxism, science and nihilism … He was a master of the European tradition to which I was becoming mature enough to presume to be born.

Indeed, Laing's choice of title for his autobiography is also significant. *Wisdom, Madness and Folly* is a repeated theme from the Bible, Ecclesiastes (1: 17). 'And I gave my heart to know wisdom and to know madness and folly: I perceived that this is also vexation of spirit. For in much wisdom is much vexation; and he that increases knowledge increases sorrow'. These verses, well known to Schorstein, would have struck a clear chord to both men indicating the limits of understanding and the narrow margin between wisdom and madness.[4]

Laing (1998: 92) was to become close to Schorstein, not only regarding him as 'spiritual father, neurological and intellectual mentor and guide to European literature', as quoted above, but they were 'even closer to each other than Ronnie was to his own father' (Laing, A., 1978: 45). The relationship was built on mutual respect – the consultant surgeon in his early forties brought musical talents and an awareness of the rich Jewish cultural milieu of Central

Europe, as well as his profound knowledge of the intellectual world he had left behind to flee to safety in Britain. Schorstein also maintained contacts with aspects of the cultural world he had fled, such as keeping in touch with the existential philosopher and psychiatrist Karl Jaspers. Laing (1978) noted that Schorstein had an:

> impassioned, ethical and ontological objection to the prevailing epistemological presupposition of what he took to be the mainstream, the avalanche of western science. He hated its premises and despised its conclusions and had come to the conviction that it could not but destroy us in only a few years.

Laing, a new and somewhat immature graduate, felt encouraged that his dissent was acknowledged, even if in a diluted form by others. He also became aware that his future was to lie in psychiatry and not in surgery. Laing came to espouse the view which questioned whether there was such a condition as schizophrenia, feeling that the application of the label degraded the individual and enabled the medical profession and society to take steps to deprive him of 'civil liberties in being imprisoned in a total institution known as a "mental hospital". More completely, more radically than anywhere else in our society he is invalidated as a human being' (Laing, 1964). This is not to say that Laing had no awareness of the therapeutic needs of the patient, but noted that 'we have to recognise all the time his distinctiveness, his separateness and loneliness and despair' (Laing, 1965: 38).

After leaving the Army and returning to Gartnavel Royal Hospital in Glasgow in 1953, Laing (1998: 126–7) kept up a working relationship with Schorstein for a year. He had wanted to continue a clinical link which would maintain the connection he was establishing between psychiatry and neurology. Setting up a Headache Clinic gave the two men the opportunity to diagnose and manage together a condition with organic and functional components. Laing's co-operation with Schorstein also extended to clinical management of certain in-patients. Laing noted that, 'The interpersonal processes in the recovery from head injury seemed a strategic point on which to focus'. This too was Schorstein's concern. One example of clinical collaboration follows 'The case of Nan', published by Schorstein (1961) in a paramedical journal after an oral presentation at a nursing conference. The long, slow clinical recovery of a teenager with severe head injuries is quoted extensively in *Wisdom, Madness and Folly* but with emphasis on Laing's observations, his area of clinical input and, most significantly for his future career, his understanding of her post-traumatic personality (Laing, 1998: 129).

The patient and the Health Service

Schorstein was concerned with the problems faced by the National Health Service as it grew and developed. He felt that simple treatments for common

ailments were being squeezed by the priority given to more glamorous treatments including the remarkable life-sustaining developments in his own speciality.[5] At the same time he was quick to point out the difficulty of providing the human resources needed to deliver the care required for increasing numbers of severely disabled patients requiring long-term institutional care. Indeed, Schorstein looked on scientific and medical advance with a jaundiced eye, describing patients as 'prisoners of progress'. Cultured and urbane, he had a welcoming clinical manner taking time to support patients through their surgery and rehabilitation at a time when senior surgeons in Britain did not communicate freely with their patients.

Schorstein's commitment to the welfare of the individual patient was absolute. He felt that the improvement in neurosurgical techniques during and after the war had been accompanied by a danger that one important detail might be neglected. In the lengthy case study of Nan, the teenage girl mentioned above, Schorstein (1961) wrote: 'We were so fascinated by our technical abilities, so keen to create new records of survival, that in the dramatic recoveries which we witnessed we were forgetting the main actor – the patient'.

Schorstein was a remarkable polymath. He was fluent in Latin, French, Hebrew, German, Italian, Czech and English, and could expound for hours on a range of philosophers from Plato to Descartes, Nietzsche and Heidegger. Laing (1978) noted that Schorstein had been acquainted with Buber, Jaspers and Heidegger but that 'he was entirely isolated medically. There was no-one he knew in his own territory who knew what he was talking about'. Laing could easily identify the contradictions in Schorstein's beliefs and actions. Schorstein was a convinced vegetarian who kept on eating meat, and who tried to maintain his hope in the future without the buttress of faith. In *Wisdom, Madness and Folly*, Laing (1998: 93) enigmatically described his Jewish mentor as believing in the crucifixion but not the resurrection which he felt was 'the ultimate cosmic nightmare'. However, we have to reckon on this as allegorical as we see Laing's use of the expression again when describing his own intellectual ferment at the time of his being conscripted into the British Army. He was searching for something beyond normal politics, which would be 'the politics of the human bond itself'. Yet in the 'politics of love' he saw love as being crucified and his nightmare was that he could not see its resurrection (Laing, 1998: 96).

The leucotomy argument

Besides the normal neurosurgical patients, Killearn also dealt with a number of severely disturbed psychiatric patients for whom there was no current psychiatric treatment. Two of the three consultants, Alistair Paterson and Joseph Schorstein, refused to carry out lobotomies. Paterson, like many of his contemporaries, considered the procedure to be primitive and brutal while Schorstein believed that there were deeper ethical issues to such brutality

masquerading as treatment (Laing, 1998: 45). Laing was outraged at the concept behind this treatment and had been impressed by Schorstein's principled objections to carrying out lobotomies on psychiatric patients. Schorstein's opposition went much deeper than merely practical concerns and his reasons included the potentially unpredictable damage to healthy brain tissue and the problem of the division of clinical responsibility between the psychiatrist and the surgeon. He made his views clear at a meeting of the Scottish Analytic Group, probably during the early 1950s, which he chaired.[6] The subject of the ethics of pre-frontal leucotomy was considered by the Group which included a number of neurosurgeons, neurologists and psychiatrists. Schorstein had noted that the operation had moved from being a treatment of last resort for institutionalized patients, barely regarded as human, to one which was being more widely performed. The numbers in the USA had increased from about 50 a year in the late 1930s to some 5000 a year a decade later. Even in Scotland where the treatment was applied only very conservatively, it was used not just for schizophrenia but also for phobias and homosexuality.

Schorstein felt it should be a forbidden treatment as it had not arisen out of a new knowledge of and valuation of man but rather, he considered, it came from the Nazi attitude towards the chronic sick. He did not believe that individual suffering, be it mental or physical, or even just saving the health service money justified a procedure which did away with the highest faculties of man. He felt that the abuse of the operation could not be stopped without rejecting it as a permissible treatment: 'It is a question of principle and no compromise is possible or workable as little as we can admit a compromise with regard to the medical killing of people'. Most of the members of the Scottish Analytic Group could not agree with Schorstein's critique of the procedure, pointing out that the illness had destroyed the personality more radically than the surgery would and that these patients were usually destined for a life time of institutional care.

The mainstream view of leucotomy in Scotland was that the procedure was one of last resort and one which doctors should be reluctant to recommend and perform but not, as Schorstein argued, one which should never even be considered. In 1952 Peter McCowan reported from Crichton Royal in Dumfries that a follow-up of 238 leucotomized patients showed that a third had been discharged fully recovered while a further third though improved still required hospital supervision (Williams, 1989: 42). Schorstein felt that if the operation were permitted families would put pressure on doctors to perform it – the urge that something *ought* to be done – and serious attempts at alternative treatment would be neglected.

In the typescript of his play, *Time Out of Mind*, which was never performed publicly though it may have been read privately, Schorstein's medical characters discuss the need for a young patient to have a frontal leucotomy.[7] The language of the script has innumerable sharp word plays, and the characters are predictable stereotypes so they permit the dramatic elaboration of

Schorstein's views of psychiatry, science and industrial mechanization. Peter has been diagnosed with schizophrenia and Sir Mortimer, the psychiatrist, explains that you:

> cannot make an omelette without breaking eggs … after the leucotomy (the patient) embraces concreteness and concreteness concretely embraces him … we do away with the subtle intangible … and leave a simple, reliable reasoning nervous system … on the whole the aspects of the personality lost after leucotomy are those which in our present society are not held in very high esteem.

After Peter's leucotomy his mother is delighted by the improvement but his wife, who had been happy with 'the mad Peter' feels that 'Life has become endless … something has stolen my Peter's skin, my Peter's eyes and even his voice'. The play ends, predictably, with Peter and Sir Mortimer taking over Peter's father's business, dispensing with the paternalistic factory regime and introducing a system of computers and technology which will make the most loyal of the workers redundant.

Life, culture and philosophy

Schorstein published 15 medical papers during his career, with the majority of his neurosurgical articles appearing in the medical journals during the 1940s.[8] Many deal with head injuries, especially from missile and gunshot wounds, and relate to his wartime practice. A major paper, jointly authored with his former neurosurgery chief from Manchester, Geoffrey Jefferson, deals with injuries of the trigeminal nerve. However, he also published or presented a wide range of papers to members of his Glasgow study group and it is from these publications that we can gain some awareness of his outlook on life, culture and philosophy.[9]

Schorstein (1964*a*) clearly felt that the success of science was ambiguous for the survivors of the Hiroshima generation. In a paper entitled 'Social responsibility of the scientist', he shows himself consumed by the concept that, rather than the scientist pursuing knowledge, the scientist is being pursued by the need to produce machines with ever greater complexity.[10] He was able to see beyond the risks posed by the existence of the atom bomb to the other dangers that scientists are causing to the planet. He could also see man's alienation from the world as a threat to nature with the exploitation of the oceans and the forests, the pollution of rivers and the extermination of animals. Could the scientist, asked Schorstein, answer the crucial question, not of 'What is to be done about it?' but of 'Who has done it to us?'

Schorstein (1963: 200–23) was thus naturally sceptical that science could solve all the problems facing humanity, and he felt that to believe that 'a profound knowledge of electronics and neuro-anatomy suffices to the give the scientist a superior insight into the meaning and aim of human existence,

which is Job's concern, is both arrogant and confused'. He considered that 'how it came about that the soul, conscience and finally human consciousness departed or were taken from us is a question which still awaits answering'. He asked why the promise of science was turning into threat, questioning why scientific and analytic understanding was leading to manipulation and control and ultimately denying man his freedom. He would not have been surprised by global warming.

Schorstein (1964*a*: 33), like Laing, was tormented by the image and potential for mass destruction that the bomb represented and was appalled that something should be produced just because it was technologically possible. 'When you see something that is technically sweet', Oppenheimer had said in 1949, 'you go ahead and argue about it only after you have had your technical success'. For Schorstein the bomb symbolized the 'dreadful' that had already happened, namely man's alienation from himself and from the world. Schorstein quoted from a lecture given by Martin Heidegger in 1950, entitled 'The Thing', during which he said, 'Since the dreadful has already happened for what awaits this helpless fear.' This was to become a catch phrase of Laing.

Nihilism argues that the world, and especially man's existence, is without objective meaning, purpose or essential value. Laing looked on the scientist who approaches the world objectively in the sense of eliminating subjective wishes, emotions feelings and valuations, as follows.

> We who are all professionally concerned with man are faced with decisions as to how far we want to admit a scientific loveless and impersonal approach to man and how we can avoid it without sacrificing those benefits we all receive and want to have from science. I do not know a general answer to this question. (Calder, 1991: 111)

Schorstein felt that such answers can only be found after going through nihilism, guided by Nietzsche, while realizing the precariousness of the cultural valuations on which our behaviour is based (Calder, 1991: 112).

Jewish medical refugees

Schorstein was part of the influx of mainly Jewish medical refugees from Central Europe during the 1930s which was to have a profound influence on Scottish medicine, especially in psychiatry and psychoanalysis. With the encouragement of local psychiatrists, such as Angus MacNiven in Glasgow and Peter McCowan in Dumfries, leading figures in Continental psychiatry were attracted to Scotland to study and practice, developing new techniques in psychotherapy and neuropathology. McNiven had received support from Edward Glover, born in Lesmahagow, near Glasgow, who took up the cause of the refugee psychiatrists and analysts before the war, enlisting the support of MacNiven for their cause (Collins, 1985: 18).

The Scottish medical colleges had been welcoming to the refugees, enabling them to obtain a British qualification. Medical qualifications from most European countries were not recognized in Britain and the medical graduates who arrived in Britain following the Nazi rise to power in 1933 required British qualifications. This could be most simply done by a short period of study, then taking the final examinations of one of the Royal Colleges of Medicine and Surgery. During the 1930s, the English colleges increased the length of study required to take their examinations, but the Scottish colleges, who provided the Triple Qualification covering the Royal Colleges in Edinburgh and Glasgow, still permitted requalification after one year. So it was not surprising that most of the continental medical refugees headed north after their arrival in Britain.[11]

Karl Abenheimer and the Abenheimer/Schorstein group

No account of Schorstein's impact on the intellectual life of Glasgow would be complete without an acknowledgement of the contribution of Karl Abenheimer (1898–1973). He was born in Mannheim and graduated in law in Heidelberg after wartime army service in the Pale of Settlement where he was uplifted by the vibrant Jewish life he found there (Calder, 1991: 9–13). He had already started psychology studies under Karl Jaspers as early as 1919 but became a legal partner in what was to become his father-in-law's practice in Karlsruhe. Even before he was precluded by the Nazis from working as a lawyer, he returned to his interest in psychology. In 1931 he had started working with Frieda Fromm-Reichmann and in 1932 he began publishing short papers on psychoanalytic topics. He was with Jung in Zurich in early 1936, but by October he was in Glasgow being recruited to a post as analyst by Angus MacNiven, then probably the most respected psychiatrist in Glasgow.

Abenheimer established a reputation in Glasgow as a therapist, writer and lecturer and developed a friendship with Schorstein following his arrival in the city. Abenheimer lost his hospital post after the establishment of the National Health Service, as he did not possess medical qualifications, but doctors continued to refer patients privately or came to him to train. His own insights, born of the anxieties of psychological exile, had no shortage of experiences on which to feed, whether as the schoolboy turned soldier in 1916 or as a German Jew in the 1930s. Abenheimer saw 'Freud's lasting achievement and merit not in his theory but in his having created a new empirical science of man's motivation, having found new methods for studying it' (Calder, 1991: 113). His thought, 'The urge to know what I am is identical to the will to become myself', gave succour to a generation of disciples (Calder, 1991: 172).

One of the legacies Laing was to leave behind at Glasgow University was the Socratic Club, formed for the purpose of open discussion on theological and philosophical subjects. Besides the Socratic Club, which Schorstein often attended, with its lively debating character, Laing participated for a short time in the early period of Schorstein's and Abenheimer's study group.

This group brought the culture milieu of Central Europe and the thought of Martin Buber, Soren Kierkegard and Karl Jaspers to a generation of Glasgow physicians, theologians, philosophers and scholars from other disciplines. As to its philosophical orientation, Jack Rillie saw the predominant existentialist interest of its members inclining it in a personalist direction (Rillie, 1978–79: 106).

The group had gradually formed in Glasgow during the 1950s when the restless intellectual energy of Abenheimer and Schorstein coalesced around a small discussion group of about a dozen academics discussing papers presented by its members. The Schorstein-Abenheimer Group examined basic questions of human existence, meeting every few weeks until after Abenheimer's death in 1973 (Calder, 1991: 166; Rillie, 1978–79: 104). Variously known as the Abenheimer Group or the Schorstein Group the participants covered a wide field of philosophy, theology, psychology and medical humanity. Members of the group were personality vetted as the Group functioned also as a congenial social gathering besides its intellectual function.

Members of the Group included the philosophers J. J. Russell and John Macquarrie, and the theologian Ronald Gregor Smith who supplied a natural intellectual energy and a passion of conviction to the Group. There were Jewish scholars such as the Slavist Jacob (Jack) Miller, the classicist Abraham Wasserstein and later the child psychiatrist Fred Stone, who enhanced the Group's intellectual underpinning. Laing participated briefly in the Group until he went to London in 1957 and he presented papers to it on subsequent visits to the city. The drafts of some of *The Divided Self,* on which Laing was working before he left Glasgow, were discussed in the Group. Some of Laing's literary control in this work can be attributed to input from Schorstein and Abenheimer (Calder, 1978–79: 111).

While suggestions have been made as to the extent of native Scottish intellectual influence on Laing's thought, and good evidence exists for its contribution, it seems impossible to give credence to any view which does not acknowledge Laing's own statements and the evidence which exists on their behalf.[12] Beveridge and Turnbull (1998: ix) write, in their introduction to *Wisdom, Madness and Folly*, that Laing's work is 'a notable recent moment in a Scottish intellectual tradition, in its dialogue with European thought'. Abenheimer eventually came to disagree with Laing though he commented on Laing's books as they appeared. In 1958 he suggested to Laing that 'alternative formulations' would be needed for the basic ideas in *The Divided Self* (1965) if it was to achieve 'its potential of a good book'.[13] Nevertheless, there were too many coincidences of interest and attitude to ignore the influence that Schorstein and Abenheimer had on Laing. Although the Group leaders were close personal friends and the two men were very different in their personalities, there was an intellectual rapport. Rillie described Abenheimer as charismatic and clever but also very wise, with an appalling English accent,

while he considered Schorstein a very 'driven' personality – 'well read, very intelligent, often obsessively serious, but somewhat unpredictable and undisciplined in his contributions' (Rillie, 1978–79: 105). Indeed, Laing (1978) described him as a tormented genius.

Rillie (1978–79: 106) acknowledged the personal contribution the Group had made in providing a context within which he could read and appreciate the work of Martin Buber as something not distant or foreign and, moreover, his friend and fellow Group member Ronald Gregor Smith was the English translator of Buber's *I and Thou*. Rillie was to meet Buber during a visit to Glasgow – and used his ideas in classes over the following decades.[14] Laing (1998: 139), however, met Buber at a small meeting of about fifty members of the Jewish community where Buber was able to elaborate on the challenge to faith in the post-Holocaust world. Robert Calder (1978–79: 111) observes that Schorstein simply lacked the time and energy for the exercise of all his gifts – 'pulled on the one side by his physically exhausting work as a neurosurgeon, and on the other by the intellectual passion that was one with his profound understanding and deep reading in philosophy.'

The Group was weaker after the death of Gregor Smith in 1968. By the time of Abenheimer's death in 1973, Schorstein was himself in poor health and without their presence the Group could not survive. There were attempts to revive it, but it had been a product of its times and founders. As Rillie (1978–79: 107) observed, it was a unique organism and had come to the end of its natural life. One of the participants, Dr Cameron MacDonald a physician trained in psychotherapy by Abenheimer, formed part of a second group, established by Abenheimer for psychoanalytic and psychotherapeutic practitioners.

Jewish writings

Schorstein wrote little about his Jewish background, communicating his meditations and thoughts to only a few. However, some of Schorstein's surviving texts of papers, mainly given to the Schorstein-Abenheimer Group, fill in some of these gaps. In one paper, on the history and philosophy of Hasidism, Schorstein presents a fair and reflective view of the revivalist Jewish movement which electrified parts of Jewish Eastern Europe in the eighteenth and nineteenth centuries. Schorstein had little sympathy for its leadership cult and he distanced himself from the way in which Hasidism had used the mystical approach. However, he considered that, 'Mysticism by no means overlooks the gulf between the infinite and the finite; on the contrary the separation is its starting point for the quest – for the secret path which will close the abyss and unite Man and God'. He was clearly enamoured with the way of life it represented and the parables of its rabbis which reflected the search for the union of Man and God, often in the most mundane ways.[15] 'Personality takes the place of doctrine – what is lost in rationality in this change is gained by efficiency.'

Schorstein also attempted to grapple with man's isolation and conflict with God, which he saw as inherent in Jewish monotheism, in a series of handwritten jottings about the *Book of Job*.[16] The writings show his effortless facility with the Biblical text, with the *Book of Psalms* and with Talmudic interpretation. Schorstein clearly saw in its unique poetic force the insistent posing of a question to which there is no answer, believing that the very basis of Biblical faith creates a tension between man and his maker, and in the *Book of Job* the bond, stretched beyond its elastic resistance, finally snapped. He considered that the intimate father and son relationship could only be found in the Garden of Eden and that from then on there was a widening gulf and a search from both sides. The *Book of Job* confirmed for him that 'Man's search for clarity and certainty can originate neither from the scientific method nor from its results. Its source is the faith, scientifically invalid, that there must be clarity and convincing conviction.'

Schorstein (1964*b*) considered that religious faith contains the fundamental experience of a personal relationship with the divine. While Schorstein had drifted from personal observance of religion, he acknowledged that the present need of society was to confront the sickness that had accompanied scientific development. In this area of personal concern he felt that science was certainly irrelevant. Schorstein was also a skilled musician and was wont to play his violin at the hospital for relaxation and pleasure. He also had a repertoire of Hasidic tunes and melodies. Music was important to the Hasidic way of life, and Laing picked up a few of Schorstein's songs and later in his life he took pleasure in relaying classical Jewish melodies from Central Europe to astonished listeners.

Retirement

Schorstein retired early from neurosurgical practice in 1967 because of ill health, but was found a clinical home in the University of Glasgow's Department of Psychological Medicine, then based at the Southern General Hospital. This Department was known affectionately during its medical refugee heyday as the 'Department of Psycho-Semitic Medicine' (Laing, 1998: 138). This honorary post gave him time to think and write without the requirements of a defined clinical role. Schorstein had been sceptical about the value of neuroleptic drugs and, while acknowledging that they had done much to ease the burden on psychiatric care, he felt that 'the mental distress and loneliness remain undisturbed under the camouflage of the drugs whilst the disease runs its course' (Schorstein, 1963: 221).

Summary

This paper has looked at the relationship between men from very different backgrounds and has examined the contribution of Joseph Schorstein and

his cultural milieu in shaping the development of aspects of medical thought in Glasgow over a generation and in particular on the outlook of R. D. Laing. We can indeed see how Schorstein's worldview illuminated Laing's and can trace the parallels between their often tormented lives.

Acknowledgements

I would like to express my thanks to Robert R. Calder for his generous help and support, and to him and Pat Schorstein for sharing with me their collection of Joe Schorstein's writings (including material held by Aileen Campbell Nye) and copies of presentations made to the Abenheimer-Schorstein Group. I am grateful to Dr Malcolm Ingram, former psychiatrist at the University of Glasgow Department of Psychological Medicine; and to Professor Fred Stone, former Professor of Child Psychiatry at the University of Glasgow, for his reminiscences of the Schorstein-Abenheimer Group. Also I was fortunate to have discussed aspects of the refugee psychiatrists in Scotland with the late Dr Arthur Shenkin prior to his sudden death in 2002.

Notes

1. Schorstein's wartime case records are held by the Library of the Royal College of Physicians and Surgeons of Glasgow, and they detail the daily operations schedule of the Neurosurgical Unit.
2. Interview by author with Dr Arthur Shenkin, Glasgow, January 2002
3. Reminiscences of Alistair Paterson, Consultant Neurosurgeon, 1998; unpublished record held by Library of the Royal College of Physicians and Surgeons of Glasgow.
4. Schorstein enjoyed a considerable facility with Biblical and Apocryphal literature; see his letter to Professor Jefferson (28 Oct. 1945) comparing a letter in the *BMJ* to a question of the Preacher in Ecclesiasticus; Rylands University Library, Manchester, JEF/1/6/1/49.
5. Joseph Schorstein, 'A crisis', an essay about the National Health Service, no date, held by author.
6. Minutes of a meeting of the Scottish Analytic Group, no date, copy held by author.
7. Copy of typescript of play, held by author.
8. Schorstein published papers in the *British Journal of Surgery*, the *Lancet* and the *British Medical Journal*. Most of these papers appeared between 1940 and 1945 with a couple in 1955.
9. Laing (1978) noted that it was 'a pity that he (Schorstein) hardly wrote anything down about his Hasidic, theological and philosophical reflections. He meditated and prayed, though he spoke of them only to a few.' However, enough of his papers to the Schorstein/Abenheimer Group have survived to give an account of his religious views.
10. Joseph Schorstein, 'Social responsibility of the scientist', unpublished paper, held by author.
11. The whole story of the medical refugees, and requalification in Scotland, during the 1930s is told in Collins (1998: 133–58).
12. See, for example, Miller (2004: 99–100), who minimizes the importance of the contribution of Schorstein and Abenheimer to Laing's development.
13. Letter (10 Sept. 1958) from Karl M. Abenheimer to R. D. Laing, Glasgow; Special Collections, Glasgow University Library, MS Laing B47–8.
14. Edwin Morgan, in his poem *Thirteen Ways of Looking at Jack Rillie* (2002), includes the lines:

When I look into my cat's eyes
I forget that the cat
is also looking into mine.
Buber's *I and Thou*
was a bible for Rillie
in existential days.
That Group he joined,
it was existential,
didn't need a name,
Abenheimer & Co.?
Laing was there
but he didn't like Laing,
so that's a plus.

15. Paper presented to Schorstein/Abenheimer Group, n.d.; held by author. At the conclusion of his talk, Schorstein relates the tale of the tree, the prayer and the fire. See Weisel (1982) and Buber (1948).
16. Joseph Schorstein, unpublished writings on the *Book of Job*; held by author

References

Beveridge C. and Turnbull, R. (1998) Introduction. In R. D. Laing, *Wisdom, Madness and Folly: The Making of a Psychiatrist 1927–1957* (Edinburgh: Canongate), vii–xxvi.

Buber, M. (1948) *Tales of the Hasidim* (New York: Schocken).

Burston, D. (2000) *The Crucible of Experience: R D Laing and the Crisis of Psychotherapy* (Cambridge, MA: Harvard University Press).

Cairns, H. (1947) Neurosurgery in the British Army. *British Journal of Surgery: War Surgery Supplement 1: Wounds of the Head*, (June), 9–26.

Cairns, H., Eden, K. C. and Shoreston, J. (1943) *A Preliminary Report on the Treatment of Head Wounds with Penicillin. Investigation of War Wounds* (London. War Office publication AMD7/90D/43).

Calder, R. (1978–79) Abenheimer and Laing – some notes. *Edinburgh Review*, 32, 108–16.

Calder, R. R. (ed.) (1991) *Narcissism, Nihilism, Simplicity and Self: Studies in Literature as Psychology*, *Karl M. Abenheimer* (Aberdeen: Aberdeen University Press).

Collins, K. (1985) Angus MacNiven and the Austrian psychoanalysts. *Glasgow Medicine*, 2, 18–19.

Collins, K. (1988) *Go and Learn – the International Story of Jews and Medicine in Scotland 1739–1945* (Aberdeen: Aberdeen University Press).

Hughes, J. T. (2004) Hugh Cairns (1896–1952) and the mobile neurosurgical units of World War II. *Journal of Medical Biography*, 12, 18–24.

Laing, A. (1997) *R. D. Laing – A Life* (London: Harper Collins).

Laing, R. D. (1964) *New Left Review* (London: New Left Review).

Laing, R. D. (1965) *The Divided Self* (London: Penguin).

Laing, R. D. (1978) Biographical notes on Joe Schorstein, December 1978, Special Collections, Glasgow University Library, MS Laing A531/1–3.

Laing, R. D. (1998) *Wisdom, Madness and Folly: The Making of a Psychiatrist 1927–1957* (Edinburgh: Canongate).

Miller, G. (2004) *R. D. Laing* (Edinburgh: Edinburgh Review).

Morgan, E. (2002) *Thirteen Ways of Looking at Jack Rillie* (London: Enitharmon).

Mullan, B. (1999) *R. D. Laing – A Personal View* (London: Duckworth).

Rillie, J. (1978–79) The Abenheimer/Schorstein Group. *Edinburgh Review*, 32, 104–8.
Schorstein, J. (1947*a*) Intracranial haematoma in missile wounds. *British Journal of Surgery: War Surgery Supplement 1: Wounds of the Head*, 96–112.
Schorstein, J. (1947*b*) Primary skull closure with acrylic plates. *British Journal of Surgery: War Surgery Supplement 1: Wounds of the Head*, 256–7.
Schorstein, J. (1947*c*) An atlas of head wounds illustrating standard operative technique. *British Journal of Surgery: War Surgery Supplement 1: Wounds of the Head*, 27–51.
Schorstein, J. (1961) The story of Nan: a case of severe head injury. *Physiotherapy*, 47, 335–6.
Schorstein, J. (1963) *The Present State of Consciousness* (London: Penguin Science Survey B).
Schorstein, J. (1964*a*) The metaphysics of the atom bomb [Address given to the Glasgow Royal Philosophical Society, 5 Dec. 1962]. *Philosophical Journal*, 1, 33–46.
Schorstein, J. (1964*b*) The irrelevance of science – a review of *The Relevance of Science*, by C. F. von Weizsacker. *Glasgow Herald*, (7 Nov.), 9.
Schurr, P. H. (2005) The evolution of field neurosurgery in the British Army. *Journal of the Royal Society of Medicine*, 98, 423–7.
Wiesel, E. (1982) *Souls on Fire* (New York: Summit).
Williams, M. (1989) *History of Crichton Royal Hospital 1839–1989* (Dumfries: Dumfries and Galloway Health Board).