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Dear Burkhard,

I shall try to be helpful. It will help to tell you what I do not know as well as what I know. I will attach a CV to give you some background on me. But I cannot make a brief story into a longer one or give a false impression of it.

I had worked for Falconer, during a training rotation at The Institute of Psychiatry. But as I had done Neurology as a houseman, he used me for the Clinical work usually done by his research Senior Registrar, most recently Dr E Serafetinides, who had left to go to Los Angeles. I later was appointed to that post.

Soon after I started I decided to change my MD thesis. I had been working on "Work History" as a measure of mental well-being and already shown it varied widely with psychiatric diagnosis but it was getting very philosophical. Murray was a tenacious, driven New Zealander. His EEG man was Maurice Driver, innovative and excellent. The X-rays were with Richard Hoare also on at Queen Sq. We relied heavily on the plain x-ray which would reveal the poorer development of the middle fossa in MTS especially. Frontal and Mastoid sinuses would be overdeveloped on the affected side; raindrop calcification in tumours was seen best by holding the x-ray at a slant. We did Air studies.

I sat with the conscious patient, under the covers during the operations that lasted up to six hours in order to do the cortical EEG's too. Many Psychologists had been involved but it was Colin Blakemore in my time.

My new Thesis was “That the outcome of epilepsy surgery as represented in Work, Mental Health, Sexual behaviour, etc etc would vary depending on patients prior achievements, family background, IQ and education AND on the nature of the pathological changes and their timing in ontogeny and their location and by Sex of the subject”. The relevant papers that came from it are listed in my publications. One won the annual Gowers Memorial Prize for advances in Epileptology in 1967.

Looking at the Path reports was an essential feature of my work. All I wanted to know was whether there was MTS, Small Focal Tumours (Alien Tissue), Non-specific changes, or nothing. Occasional reports read as though there was some anomaly that the Pathologist could describe but not give a name to.

There were 100 patients in my follow-up study all seen in person back at the unit or at a home visit by me. I was intrigued by these curious “anomalies” that read similarly despite being the reports of several different Pathologists. I showed them to Corsellis. He found the original slides and told me they were indeed similar but a lesion unknown to him. They were often so hard to detect that we assembled a montage of 16 gyri and sulci with some other pathology, or none, or one of ‘these’. At various Path meetings we showed them and asked for guesses or knowledge of these things. I just can’t remember where and when. That was not really my work. Corsellis certainly took them to Germany. The only ones I know about are those he chose to illustrate the paper. After our initial searches in the cases in my 100 series we searched all available cases, he microscopically, and I by reading the notes.

I was also interested by then in patients with Schizophrenia who showed an excess of Female over Male, Focal lesions over MTS and Left rather than right locations. That search also took me through all 300 sets of notes available trawling again for FD.

By this time I had moved to Oxford, CT scanners had arrived, we were starting to operate in Oxford rather than London. My trajectory moved towards clinical care of children and teaching “Developmental Psychiatry” the best euphemism for “Mental Handicap; Syndromic children; Genetic disorders, Odd behaviour, and Specific Learning difficulties”.

I was amazed, and gratified to see FD become a growth industry. Corsellis had offered me a career in Neuropathology, but it was not my scene. He was generous with the paper but he insisted that it was my work that had raised the issue “discovered” it. It was Fred Andermann that first used my name for it. So, I am in much the same position as my one time teacher at The Maudsley Dr Dennis Leigh of Leigh’s Disease. In that rotation I saw more brain tumours than in all the other periods of my training combined. Dr Leigh tended to be referred “? Neurological, Hysterical cases”. But I learned t look out for the tumour fooling me.

Looking at the slides of Hodgkin’s Disease that he described it was shown, many years on, that several of them did not have Hodgkin’s! I wait for the day!

Meantime, Corsellis, Falconer, Bruton are all dead. I am 76 but still active when I can be.

Yours, David

P.S. My paper on Mental State and TLE was my largest contribution to science. I wrote it in 1967 and it was finally published the way I wanted it published in 1972! You did very well in comparison!!