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Obituary

Mogens Schou (1918–2005)

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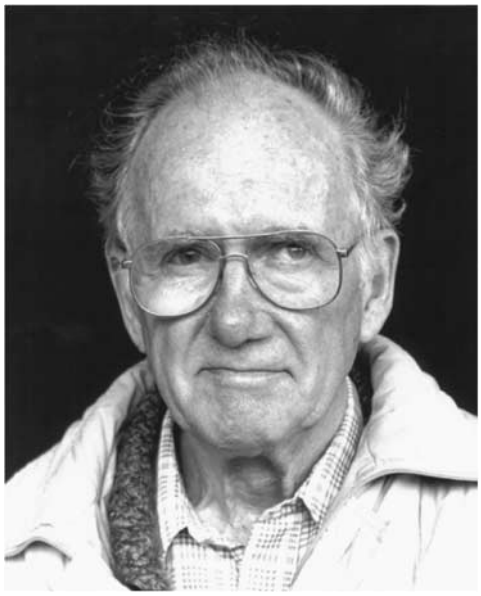

After a brief illness, Mogens Schou died on September 29, 2005. He was born in Copenhagen on November 24, 1918 and would have turned 87 in November. It is with great sadness that I want to commemorate him here with thoughts about his life.

Mogens had a long and very distinguished career dedicated to research on therapeutic uses of lithium rooted in his deep concern for all patients with mood disorders. He was a man of science and a man who enjoyed art immensely. He developed his appreciation of music from his mother, who was a concert pianist. He developed his passion for science and for psychiatry, in particular, from his father, who was a psychiatrist and medical director of a large mental hospital in Denmark. Mogens had vivid memories of depressed patients wandering in the hospital park with drooping heads and melancholic faces, waiting for the depression to pass and fearing future recurrences of the illness. In the 1930s, the emergence of electroconvulsive therapy had enormous value in shortening the attacks, but left the future recurrences unaverted. This impressed upon Mogens the need for a sustained prevention of depressions.

The psychopharmacological era began in earnest in 1949, with the article John Cade published about the observed antimanic action of lithium in Australia. Intrigued by these findings Mogens, a meticulous researcher who in the meantime joined the Psychiatric Research Institute of the Aarhus University, Denmark, confirmed these findings in a double-blind placebo-controlled study with his co-workers. This marked the beginning of Mogens' illustrious association with lithium.

Since then there have been a number of interlinked research themes that run through his work. However, the primary one, and in any case the one on which I feel best to be able to comment is the use of lithium in stabilizing treatment of recurrent mood disorders. In the 1960s, Mogens and Poul Baastrup discovered that long-term lithium treatment prevents the recurrences of illness in bipolar and some unipolar patients and they were understandably exhilarated.

Since then, Mogens felt that his journey with lithium was an uphill push much of the time. He often referred to his heated debates with Shepherd and Blackwell in the 1970s who flatly denied a prophylactic effect of lithium. That was not because they had failed to find such an effect, for they never tried to give lithium to their patients. Mogens objected to the criticism that was purely speculative. He was also troubled that the critics chose to disregard the serious long-term prognosis of bipolar disorder in patients not given prophylactic treatment.

In a classic example of being motivated by one's critics, Mogens supplemented his non-blind 7-year trial with a randomized double-blind placebo-controlled trial. This confirmed, with a high statistical significance, the prophylactic action of lithium. Psychiatrists in many countries found the same, and since then numerous ill patients have benefited from lithium.

Acutely aware of some of the limitations of lithium treatment, Mogens welcomed the introduction of other prophylactic agents into the market. From the available observations he concluded, however, that antiepiletics and atypical antipsychotics act on different kinds of bipolar patients than lithium does.

He often found it difficult to find support for his research, because as a nature product lithium cannot be patented and therefore is without commercial interest. His research accomplishments have been recognized all over the world. He received several honorary doctorates and many awards. He was proud and grateful for these accolades and appreciated the esteem of his colleagues. Yet, as he once said while receiving one of these awards: '… For me every single patient whose life was changed radically by lithium outweighs honors and awards. I trust that you understand and agree…'

He was at least twice nominated for Nobel Prize for medicine and physiology. Much as Mogens deserved this prize, it has complex politics and seems to value more basic science over clinical discoveries.

Once Mogens discovered lithium's prophylactic action in mood disorders, he tirelessly researched all its aspects and did not spare any effort to make the treatment available to all those in need. Millions of patients with recurrent mood disorders benefited. He loved to meet with patient

support groups; a caring man with great humility, he felt he had so much to learn from them. I had the pleasure to observe him at several such get-togethers and it was an amazing experience. He showed immense concern and always offered good counsel. And he was greatly appreciated by those who felt that he gave them a second life with lithium.

Mogens was one of the most extraordinary people I have ever met. He was brilliant and creative throughout his life. However, looking back now, what was most striking and profound about him was his love and compassion for people. He was a kind and caring father, husband, doctor, colleague and friend. From special situations to ordinary ones, when any one of his family or friends was in distress or pain, he would reach out and offer help, support or consolation. Amazingly, he would always find some new and original things to share. Always thoughtful, he would never forget birthdays or anniversaries.

Highly meticulous, Mogens was in the habit of writing many versions and revisions of each paper, and publishing a paper or a chapter with him always meant sweating through at least a dozen versions. He always insisted that the message must be crystal clear, the shortest possible, with words chosen economically. I must confess I am relieved that Mogens will comment on this eulogy only from 'the other side'. To wit, when I drafted our first joint paper in 1968, the text had 41 pages. After Mogens' revisions, seven pages were sent for publication to the British Journal of Psychiatry.

An abiding memory for me is of Mogens lecturing; often serious and at times witty and amusing his message was always intriguing and crystal clear, polished to perfection and dead on as to the allotted time. He never exceeded his time by even a second. Strikingly, respect for allotted time was strictly adopted by anyone who had ever trained under him, or had worked closely with him.

Mogens retired in 1988, but his retirement was anything but that. After his retirement he continued his mission, publishing at a rate and of quality that would be the envy of most 'working' psychiatrists. Mogens was a life-long learner. He taught himself computer programming and particularly enjoyed mastering new technology whenever it presented itself to further his mission.

His sight and hearing frustrated and handicapped him during the last couple of years. However, his writing remained creative, his mind radiant and his sense of hilarity fully alive to the very end. The weekend before his death he presented at the IGSLI meeting in Poznan, Poland, and proposed a new study in 'hidden bipolars' (ie patients with depressions who in fact have unrecognized bipolar disorder).

In recent years he was also preoccupied with what he called his Swan Song. It had three themes:

First, he was concerned that the evidence about stabilizing effects of lithium in recurrent depressive disorders—'hidden bipolars'—did not have much impact on clinical practice, to the detriment of many patients in need. He, of course, found it highly gratifying that his major findings shaped clinical practice but was troubled that one important aspect of his work had not fully reached the patients in need, namely the benefits of lithium in many recurrent depressions.

Second, he stressed the unique antisuicidal properties of lithium. Patients attempt or commit suicide 10–15 times less often when they are on lithium than when they are not. Mogens felt that this observation is still largely overlooked, or at least rarely quoted.

Third, he was also much preoccupied with the future of psychiatry, sufficient use of lithium and other prophylactic treatments in recurrent mood disorder and the possible impact of genetic discoveries on bipolar illness.

He was determined to do more research work and when he finally collapsed on 29th of September, it was in the middle of working on another manuscript. He achieved what he intended to do: 'If this should happen to be my swan song, I want at least to be a swan with these messages… I shall repeat that song whenever there is a chance until my dying day'.

Mogens never left a task undone. In fact, after his death, his family found extensive instructions for his funeral arrangements on his computer. True to his nature, and ever planning ahead, Mogens mentioned to me recently that he had completed his autobiography for publication. There are also several previously published papers about Mogens Schou, offering extensive biographical content, much more than I can provide here.

Paul Grof
Mood Disorders Center of Ottawa and
University of Tornato,
ON, Canada