

THE HENRY PHIPPS PSYCHIATRIC CLINIC

December 7, 1937

Dr. Adolf Meyer  
Henry Phipps Clinic

Dear Dr. Meyer:

I am enclosing a summary of my investigations to date on recording instruments with pictures. I am doing this before my search for information is complete because I have recently heard from the De Vry Company (see Section #2 in the report) that they will have an outfit available for demonstration for a limited period and would be willing to come down here, <sup>from N.Y.</sup> The time during which they can do this is short, because the instruments are only made when ordered and the machine which they have on hand at present must be delivered before long.

If you think well of securing any type of recorder, whether sound and picture or merely sound, I should be interested in developing the technique in regard to making recordings for case histories and research and more complete films for teaching. It might be that something could be made which would be worthwhile of exhibition next April.

I have been looking about the hospital and find that the Dispensary class-room would be a good temporary studio for this type of work. The acoustics are good and the instruments when not in use could be kept in one of the large closets.

I have yet to hear from several motion picture engineers concerning the cost of making films here with their own equipment, and I shall send you another report when I have this material together.

Sincerely yours,

Alexander H. Leighton



## REPORT ON SOUND AND PICTURE RECORDING INSTRUMENTS

There are two sizes of motion picture sound film. One is 35 millimeter and is employed by the professional and commercial studios. The other is 16 millimeter film which because it is smaller is markedly cheaper and is used throughout the world by educational institutions. For non-theatrical productions the quality is eminently satisfactory. In considering equipment for the Phipps Clinic only the 16 m.m. instruments have been investigated.

All sound motion picture recordings may be divided into two types. First, one known as the double system and in this the sound and the picture are simultaneously made on two separate films, later printed together on one positive film which is projected. The second type is the single system in which sound and picture are recorded on the one strip of film which is in itself reversible on developing and requires no negative. The advantage in the double system is that it provides greater freedom in editing and enables one to make sound and picture under optimum conditions for each. For example, since the two films are developed separately, the quality of the sound can be given special attention. The single system is simpler to use and very much cheaper. The double system costs about \$40.00 for a strip of film lasting eleven minutes. The single system costs \$24.00 for the same length of time. With either system sound alone may be recorded in which case the cost is about \$8.00 for eleven minutes of recording.

The sound cameras available for 16 m.m. film are as follows:

- (1) The camera formerly manufactured by the Radio Corporation of America and now put out by the Bess Company in Chicago. Single system recording; price - \$1000 complete. The apparatus is probably to be viewed with suspicion. It is not well guaranteed and is no longer made by the original manufacturers. The technical advisor of the Amateur Cinema League says that



people have been having difficulty with it.

(2) The DeVry camera, single system recording, price \$2700. The DeVry Co. is a well known organization and manufactures professional theatrical equipment. They give a year's guarantee and instructions in the use of the equipment. The outfit is light and portable.

(3) Berndt-Maurer recorder, price \$2325.00, double system recording. This instrument does not include the camera but is suitable for use with either Bell and Howel or Eastman Kodak cameras which cost approximately \$700.00, bringing the total for the equipment to \$3025.00. Both the Eastman Kodak and Bell & Howel recommend this unit.

In addition to the camera, the Clinic would, of course, need a sound projector. Good standard models range in price from \$4-600. These machines may be used as public address systems and for playing film sound recordings made without pictures.

Instruments for recording voice only on disc are made by a number of different concerns. The prices for good machines range from \$400 to \$1000 which includes the reproduction as well as the recording. The price of operation is approximately \$2-3 for twelve minutes. Not only is disc recording cheaper than film recording, but the quality of the sound is superior according to the motion picture engineers I have consulted. This has raised the question of combining the ordinary silent film recording with disc sound, and such is indeed possible. One motion picture engineer has given me an estimate of about \$1200 for custom building a unit which would include a disc recorder, camera, and projector accurately synchronized. Such an apparatus would, in his opinion, give better sound than any sound film, but is open to disadvantages. One is that the film could not be edited but would have to be shown exactly as recorded unless one were willing to sacrifice the synchronization. The other is that sound picture combinations so made could not be sent elsewhere for exhibition unless we sent our disc and turn table along with them.



In summary, one might say that the impression so far is that the Berndt-Maurer offers the finest but most expensive instrument. The DeVry machine, being a close second and a little cheaper to operate, while a machine involving the combination of disc recording and pictures, would probably give good results and enable one to make cheaper records of sound alone whenever such was desired. It would on the whole be a little clumsier to handle.



THE HENRY PHIPPS PSYCHIATRIC CLINIC

December 7, 1937

Dr. Esther Richards  
H.P.P.C. Dispensary

My dear Dr. Richards:

I am enclosing a copy of the report which I have given to Dr. Meyer. In view of my conversation with you, I thought that this would interest you.

Sincerely yours,

AHL:K

Alexander H. Leighton



THE HENRY PHIPPS PSYCHIATRIC CLINIC

December 7, 1937

Dr. Wendell Muncie  
Henry Phipps Clinic

Dear Dr. Muncie:

I am enclosing a copy of the report which I have given to Dr. Meyer. In view of my conversation with you, I thought that this would interest you.

Sincerely yours,

Alexander K. Leighton, M. D.

AHL:K



MEMORANDUM

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The attached synopsis, comprising 6 "cases", is submitted for your consideration and, if possible, your decision on the following:

- 1 - A choice of 4 of the 6 "cases" as not necessarily the best but reasonably good illnesses to portray;
- 2 - A substitution of 4 (or less) new ones if you are not in favor of any of those submitted;
- 3 - Assuming acceptance of 4 of them, then a resumé in writing of objections (technical and lay);
- 4 - A statement of those points (now included or not) which in your opinion are important to include and/or emphasize.



## "The President's" Case

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From there we pass to a typical crowded scene in the downtown district of a big town. Looking directly across the street and the passing traffic, we see a large business office building with a rotating swinging door, and outside, the usual doorman. Taking the place of the pedestrian the camera threads its way through the traffic and across the street, hurriedly, restlessly and erratically. Crossing the sidewalk, an attempt by the doorman to swing the rotating door is brushed aside and with impulsive speed the "unseen" pedestrian rotates it himself and enters the building.

The interior of an office denotes in its appointments that it belongs to the head of the company. Behind the desk, upon which is the usual equipment (telephone, inter-office phone, private switchboard, etc.) is a swivel chair, and surmounting the fireplace is a large oil painting of Napoleon. "The President" is seated at his desk, he is opening his mail, impatiently tearing open the envelopes, scarcely reading the letters, and quickly passing on to the next. Then he reaches for the inter-office telephone and asks his secretary whether she has completed the documents relating to the "Mammoth Ice Rink Corporation." With an exaggerated smile following upon an apparent "Yes," he returns for a moment to his letters, and then picks up the telephone and asks the operator to get him a long-distance call. In the conversation that follows the situation described is one of "big business" and almost fantastic boasting. After this he abruptly swivels round in his chair and looks up at the oil painting. From another angle we see him



facing the picture, standing with his feet apart, patting his large abdomen, and with a look of bombastic defiance on his face, he says, "Bony, old man, you were a great guy, but there is a greater one looking at you. I am you, and Lincoln, and Rockefeller all rolled into one !!!"

. . . . .

The scene changes into another room in the building and a Board Meeting is in progress. The Directors are seated round a long table, at the end and in the center of which "the President" is standing. He is continuing his boastful, bombastic, witty, self-fancying talk. Shifting to a view of the other directors there are divided looks of surprise and derision on their faces and in their words. When "the President's" outburst subsides, one of them protests against his proposal. Interrupting, he continues unabated, and finally sits down with a look of complete exaltation, smiling, and at times giggling, and with a look of complete inward satisfaction.

. . . . .

From there we pass to an exterior view of the Clinic. A taxicab draws up and out of it get two men - "the President" and another (an attendant or doctor). They enter the Clinic and passing through to a view of the Clinic Lobby, showing a receptionist at the desk, the two men pause and then walk over to a corner where there are chairs. The Director of the Clinic enters and introductions follow while standing. When seated, conversation follows, during which the effect of the calm, unemotional voice of a doctor is clearly seen, and



as a result "the President" consents to remain at the Clinic.

.....

We then see the patient sitting at a table in his private room writing a letter, a close view of which shows that it is to his wife, and the content, that he is improving steadily and consistently, and referring to his treatment. A montage sequence of this follows -- showing hydrotherapy, occupational therapy, etc., etc.

.....

Following this a return to the Board Room shows another meeting in progress. "The President" is talking with contrasting calm, humility and sound sense, and expressing his gratitude to his co-directors for their patience and long-suffering with him.

- ① From the point of view of public education I favor the business man in place of the store keeper. It implies that it suits only the weak fish who break.
- ② The store-keeper is a better story + is probably more entertaining.

Both are O. K. clinically.



## Case of "The Boy"

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Back at the dance, we see "the boy" and "the girl" with the camera centered this time on "the boy."

\* \* \* \* \*

From that the scene dissolves into the interior of a doctor's office in the Clinic, and "the boy" is seated comfortably in front of him. He is reading from a manuscript. It is the boy's own story, written in his own hand-writing, and having turned the last page the doctor says, "Now, tell me, what do you feel led up to your coming here?" "The boy" replies, after a moment's hesitation, "Well, ..... I got to the point of feeling that I would never be able to make a go of anything. I was in a jam with my folks." Here the scene dissolves into the dining room of the boy's home.

His father is eating breakfast and reading the newspaper, frequently looking at his watch in an apparent mood of impatient waiting. "The boy" comes in and sits down by him, whereupon the father begins to upbraid him and state that he has received a very unsatisfactory report on him from the Sales Manager, that he is showing no concentration and getting no results, and that he is positively ashamed of him. During the tail-end of this conversation a girl (the daughter) enters, and in contrast to the boy's apparent sullenness she is vivacious and a "live wire." She proceeds to taunt her brother, calling him a sissy and telling him that he will never be a social success and will never get anywhere. We see the boy's reaction to these two accusations. A look of indignation, mixed with



frustration, shows on his face. Finally he throws his table-napkin onto the table and strides from the room, after which the father and daughter exchange looks which are those of "well, that's that."

. . . . .

Back again in the doctor's office, the questioning continues, "Was there any sequel to that?" To which "the boy" replies, "Yes, a few weeks later ....." We then see him in his office at business.

He is pacing up and down the room, on the walls of which are several photographs of yachts amongst other business charts. The expression on his face and the nature of his movements again denote a state of agitation, restlessness and frustration. He sits down and commences to draw hieroglyphics on a sheet of paper, then picks up a newspaper, and turning over the sheets abruptly pauses at an article, which a closer view shows to be one dealing with the Psychiatric Clinic in the town, with a description of its work. At that moment the telephone rings and he is summoned to the office of his "boss" - the Sales Manager. This man is seen sitting at his desk, and without looking up when "the boy" comes in, tells him to take the chair facing him. He then begins to complain and recites a list of the boy's failures and short-comings, finally asking - with obvious belief that there is none - whether "the boy" has any explanation to offer. His belief is correct. The complaint is received in silence, and "the boy" hears the "boss" say that he is fired. (N.B. This silent acceptance, inferring almost an appreciation of the justice of the punishment, is very important to the illness.) "The boy" returns to his office and goes straight to his desk.



Putting his head in his hands he stares "fiercely" down in front of him, and this is more clearly shown in a big close-up of his face.

There follows a montage sequence illustrating his thoughts - a scene with his father, with the caption, "He will never understand"; one with his sister, "She'll taunt me"; with his boy friends, "He is no good"; selling a commodity to a brusque Jew, "I am no good"; boats sailing in the bay, "I can't, I've got to go to ..." (At this point the montage scene dissolves into a typical scene of an express train speeding past.)

.....

This dissolves back again into the scene in the boy's office. He gets up slowly and then leaves the room without hat or coat. He goes out into the street, gets into his car, where taking it from a side-pocket he swigs a bottle of "Scotch" almost in one swallow. There follows a picture of his erratic and alcohol-stimulated driving through the streets, until he finally comes to a big cantilever bridge spanning a river. He gets out of the car and walks across to one of the "arches," then looks over the edge, and we see the river swirling beneath. His mood seems to be one of quiet determination mingled with hesitation (~~and again in montage we see him in a chemical laboratory, then the sailing boats,~~) We dissolve from this into a view of him standing motionless by the "arch" wiping his hand across his perspiring brow, and after a few seconds further hesitation, he jumps into the river below.

*This could  
be made  
more  
detailed.*

*Seems to show him  
being pushed out +  
how he got to hospital*

→ Back in the doctor's office. This is a later



interview and the conversation denotes that previous ones have fully covered the boy's story. The doctor is now asking him about his <sup>assets</sup> hobbies - (this is important to the recovery) - and question and answer disclose that he has thought little of these as "constructive assets." Cleverly the doctor draws out of him admissions pointing the way to a new conception of life and activity. The discovery has been made that his obvious "bent" is chemistry, and stimulated by the doctor's questions he realizes that this can be directed to research, instead of sales, work in the business.

Gradually the boy's realization and acceptance of "a new order of things" are reflected in his face, and we finally return once more to the dance scene, where he is dancing with "the girl."

They are smiling and he is saying, "So we are both leaving tomorrow." She replies, "Yes, I am going back to college and music, and you will become a great research chemist."

A - To which he answers eagerly, "But how about our both doing a little sailing in my boat during the summer vacation?" "It's a date!!", says "the girl."

.....

The final scene shows a small yacht in the bay, the sail is being hoisted by "the boy" while "the girl" sits at the tiller, and as the breeze fills the canvas the sun comes out from behind a cloud, - (N.B. This is in symbolic contrast to the opening when it went behind the dome) and they sail away

Here it is brought out the boy has a latent interest in chemistry, likes a quiet stable life, it was the push of competitive business which got him.

interest in sailing comes in here.

or industrial chemistry  
we need some scenes to show boy trying + then succeeding.



towards the horizon, with a suitable crescendo of the musical score.

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B - This scene dissolves to an "insert" of the opaque glass panel of a door on which the title appears

Mr. Thomas Robson

Research Department

And then to a view of the entrance door and steps of the Clinic, down which we see "the girl" go and enter a waiting car to be driven away.

Finally to a typical "bay or harbor" scene, with a sailboat in the foreground, and "the boy" at the tiller. As the breeze fills the canvas the sun comes out from behind a cloud, - (N.B. This is in symbolic contrast to the opening when it went behind the dome) and the boat sails away towards the horizon, with a suitable crescendo of the musical score.

↓ like B. Betty.

It might have somehow mingled a background music of the girl playing her violin.



COMMENTS ON SYNOPSIS

Dr. Muncie: Approves of all illnesses selected and of their presentation and "causal" story in general.

Approves the dance introduction sequence and the two scenes depicting staff meeting.

Regarding the girl's case - At some time she must be examined by a doctor to verify whether or not she has a legitimate heart ailment.

The thunder storm must show the continuation in adolescence of a childhood fear.

Regarding the plowman's case: The depression must be linked to a definite and real cause, with "imaginary depression" added.

The business man's case: It should be shown or inferred that, when at the Clinic, he is visited by one or more of his business colleagues, - this to prove that such is not only allowed but encouraged as part of his treatment.

The boy's case: In referring to his interest in chemistry and research work, a scene should be included of this being tried out and approved in a laboratory at the Clinic.

The ending: Though not insistent on the point, ending 2 (no romance) is preferred.

Dr. Rennie: Approves of all 4 types of illnesses selected, but dislikes the unfoldment of all of them, with a possible exception of the business man's and the boy's cases.

Disapproves the dance introductory sequence on the ground of it being too infrequent an occurrence at the Clinic.

Disapproves the shock treatment sequence as likely to frighten rather than interest the public.



He objects strongly to a romantic ending.

Disapproval of the other cases in particular, and the whole 4 in general, is based primarily on their lack of dramatic content and a "saneness" in regard to their therapeutic handling.

Dr. Fox: Approves of all types of illness selected, and although feeling that the dance sequence is not typical, agrees that its inclusion is interesting and unusual.

He feels that in general the stories do not adequately or convincingly explain the case, and that the events do not prove the ailments, i.e., they are all "too lay."

He is of the opinion that "the girl" should be examined by a medical practitioner to prove or disprove the heart ailment. Comment amongst themselves and conversation with the girl should all denote their sympathetic concern concerning her "heart ailment", rather than denying it.

"The girl" should be shown to be a "bridge-crosser."

Regarding the plowman's case: The presentation does not "sell depression." It should be shown by (1) impaired sleep and early awakening; (2) impaired thinking processes; (3) self-depreciation; (4) inadequate motivation; and (5) being suicidal.

He disapproves inclusion of shock treatment, and would prefer substitution of it by occupational therapy.

In regard to business man's case: The general introduction is good, but abnormal joking and wise-cracking should be more stressed. Approval and appreciation of this rather than



derision and amazement should be shown by colleagues and family having effect. Allusion to Napoleon is out of place, and is more typical of a paranoid patient.

Occasional weeping should be shown, and also the general wearing effect of his behavior on all who come in contact with him.

Instead of occupational and other therapy being applied, sleep treatment should be substituted, showing the great contrast in condition before and after.

In regard to "the boy's" case: This is not well chosen and should be, if possible, an "emancipation" case, but he agrees that this might be too involved and therefore costly to film.

As an afterthought he would prefer the theme of the inducement of the illness to be a relentless demanding by the father that he (the son) should successfully follow in the business footsteps of himself and his grandfather and the male ancestors, who have all engaged successfully in the same work.

The ending should not be romantic.

Dr. Booth: In general approves and likes all cases selected and their treatment and presentation.

In "the girl's" case: Feels that the thunder storm should not be present, as the public would think that this in itself would be sufficient to cause the anxiety.

Regarding the plowman's case: The initial depression must be attached to a definite reality, but that otherwise the presentation is good and convincing.



Approves of all the other cases and their presentation, subject to the dialogue bringing out more forcibly than is inferred from the synopsis the peculiar and characteristic symptoms of each illness.

Approves introductory dance sequence and is entirely neutral in regard to the ending.

NOTE: In answer to the question "Are you in favor of this type of picture - i.e. proposition (1) of the memorandum being attempted in preference to proposition (2) or any other - all the doctors answered "yes."

SUMMARY OF ABOVE COMMENTS

It appears:

1. That there is a general approval of the illnesses selected.
2. There is majority approval of their presentation.
3. That (itemizing the above)
  - a. General approval of introductory dance sequence.
  - b. Majority approval of inclusion of thunder storm, if properly and technically introduced.
  - c. Universal insistence on examination by doctor of the girl's heart ailment.
  - d. Universal insistence on the depression being originally caused by a legitimate event.
  - e. Divided opinion on the inclusion of shock treatment scene.
  - f. Universal insistence on the reactions of surrounding colleagues and family, both in the



girl's and the business man's case should be those of sympathy rather than derision.

- g. Equal division of opinion as to the plausibility of causes of the boy's illness.
- h. Universal insistence that there should not be a romantic ending.



## THE JOHNS HOPKINS HOSPITAL

Unit History No.....

NAME..... WARD..... Psychiatric No.....

The films.

View them with an eye to the potentialities as well as for what they actually show.

A no. of correctable errors.

a.) The lighting is poor. Faces hair.

b.) Should be a greater use of the close up.

c.) Position of the table is wrong.

d.) Un-edited which means they are unemphasised, like a history without a summary or marginal notes.

The Taking.

Camera in closet, mike concealed in back ground. Signal to operator.

The Pt.'s reactions.

except  
 \* Paid no attention to the lights or operations. One commented on lights and said she liked the warmth. Even the two paranoid Schiz. did not notice the wires on the floor. Refined technique the concealment can be better.



MENTAL HYGIENE FILM.

Jane and ~~her~~ Tom, both in their early 20s are having lunch in a cafeteria. Signs in the back ground show that the prices are very low. They pick at their food, looking serious and unhappy. She is telling him that their engagement is off. It isnt that she wouldnt like to marry him, but she has a mother with a very serious heart trouble, and now her father is getting thin and losing weight and may not be able to hold his job. She must earn a living to support them and her brother of 14 who has to be educated. Tom's farm could support her, but not her family as well. He is willing to ~~weight~~, but she sees no hope in it and tells him the no is final.

They walk toward the factory where she works. The whistle blows, she becomes one of ~~an~~ a thousand ~~an~~ other girls filing back to their places thru the factory doors. He slowly walks away.

Jane sits at a table wiring filaments for electric lamps. In rows and rows are hundreds of more girls doing the same type of work. Thoughts go through her head. Tom and his farm, the plow and the Spring time, Hate this work. So monotonous. Days and nights stretch ahead and behind her all alike just as the ~~working~~ girls at work sit in a line ahead of and behind her.. Mother sick, father ~~getting~~ sick, brother Billy acting like a devil. No one to help but herself, no one to bring in the money. If ~~father~~ father gives out, what can they do? What will happen~~x~~ if she gets sick? What will happen if she strats to slow up? Girls are old ~~x~~ in this job at 35. Tom again, but cant let self think of him, cant. Cant desert the family, cannot bring their troubles on his head. Another ~~lamp~~ lamp, another lamp and another. No time to rest not time to live. It is the same thing at home. ~~Hardly~~ Work all day and then work at home in thevenings too, not even



Sunday off. Scarsley time to wash her stockings or iron a cuff. Can hardly look decent. One of a thousand girls, a thousand horses on a ~~xxx~~ tread mill. Well, she can fight, she wont quit. Fight. Fight. Fight. Another lamp, and another lamp, and another.

She thinks of her father now and we see him a thin clerk at a desk. His face is unhappy as he drearily works a book-keeping machine. Thoughts go through his head. 50 and no good. A miss spent life has come to this. A good thing his parents are no alive to see what he has come to. I cant control these machines, I cant think fast enough, I cant be done by 5, what makes that clock ~~ke~~ tick so fast. I am slow and getting slower. The boss will soon see, the office force talk about me already. "John a dead weight in this outfit." "The old gray mare aint what she used to ~~be~~be, aint what she used to be,-- " Mary has heart trouble, my fault, weakened her heart, ~~xxxxxx~~ working hard because I wasnt able to give her the comforts she needed. (Whispered voice) " John is the boy who never made good, made invalid out of his wife and a slave out of his son." Billy is in trouble in school, and that is my ~~xxx~~ blood showing in him. Oh, that clock moves so fast.

He leaves the machine and saunters to the window, looking out on the city. We can see streets, buildings, people moving below. He looks down way down to the side walk. Double exposure of a body falling down, and John sleeping peacefully on a pillow. He thinks again. Cant sleep, cant eat. Have lost ten pounds in the last month. ~~xxxxxx~~

He looks again over the city thinking what a horrible place it is. How can he ever go through it to get home.

Montages to show mice sized men dodging about among huge rushing cars. Traffic noises. Sign flashing Stop. A policeman



advancing with a threatening gesture saying, "Say what's the idea,"  
Telegrams, ~~xxxxxxxxxxxxxxxx~~ special delivery letters. Bills,  
Ambulance goes by with bell. Close up of an undertaker's ad.  
with fancy neon lighting. Building on fire, fire whistles.  
News paper with robbery and murder head-lines. Notices about  
War, Thousands killed, shells bursting, the dead on the battle  
field. Rent collectors, ~~xxxxxxxx~~ evicters. Soap box orators,  
one shouting communism, an other shouting ~~Nx~~ Nazism, then both  
shouting together, gradually blending till it is a simultaneous  
and rhythmic shout, "Kill, kill, kill."

We see the father again, moving away from the window, with the  
above cry still faintly heard. He says to himself that he must  
not let these sort of thoughts run loose, must pull together,  
get back to machines. He goes heavily to work, the background  
voices are ~~now~~ now saying "slow, slow, slow". A man comes in and  
tells John that the ~~fx~~ boss wants to see him. He wearily stops  
machine and follows with a dead expression and drooping posture.  
"Going to be fired," the voices say, going to be fired, fired into  
poverty, want and starvation for the family, complete failure,  
no good, no good, none."

The girl Jane again at her lamps, thinking again, this time  
of her brother.

He is wandering along the docks, past ships, wharves,  
sailors, restaurants, flop houses, bars, a store with pornographic  
literature, behind him at one time a girl can be seen <sup>6</sup> boasting a ~~man~~  
man.

As he walks, his thoughts are to the effect that he is play-  
ing hooky from school. What is the use in Geography, history and ~~that~~  
that stuff? None. I aint got clothes, the kids all laugh,  
girls laugh, girls laugh. But I dont care nothing about them.  
No money for movies, no money for shoes, no money for a soda.



Well, I hate the other guys, I wouldnt go with them if they asked me, not for a million dollars. They cant make me care, and I aint no teachers pet like they are. Teachers dont mean nothing to me neither. They cant make me do nothing. Pop cant get me nothing, not like other Dads. Jane always cross and mean. Mother well, I aint going to think of her, she dont care nothing about me. She wont last long any way with her bad heart. I aint got nothing, but by God I'll get things. I cant get work, too young to work, But I'll get money. I'll beat them all, I'll fight, fight fight.(echoe of sister.) I'll beat them all, cops and all. I'll beat them cops and all. Fight.

As he walks he has passed some news papers and stops to look at the headlines about the murder and robbery that appeared before in the sequence about his father's thoughts. He is looking at this as he thinks about beating cops and all. The News boy comes up and they get talking about how much he makes. ~~The boy tells~~

~~Billy about selling contraceptives on the city.~~

Newsboy persuades Billy to peddle obscene literature in the school. Billy takes some. Soon after heavy hand of the truant officer falls on him.

Billy in the school ~~pr~~ principle's office with sullen look and hanging head. The truant officer is there and the obscene literature is on the principle's desk. This is the last straw, and a serious offense. Billy must go ~~the~~ to the criminel court. He is told to go home and the principle says he will inform the father later.

Billy pl<sup>o</sup>dding homeward in the dusk, as he goes thinking of his mother and that she will surely have a heart attack, and may be die ~~ix~~ in it and it will be all his fault and they will send him to the reform school and he will never see his family again.

At the same time Jane ~~canzhaxsaxnz~~ pl<sup>o</sup>dding ~~home~~, is coming home



making ~~the~~ plans to straighten things out, ~~thinking of her father~~ thinking of her mother and how she can save her work and protect the bad heart.

The father is also coming home, ~~has been warned by his boss~~ his boss has suggested a vacation and he takes this as a hint that he ~~is~~ better snap out of it, or else. How can he tell his wife,? she will have a heart attack and die if she hears. May be he better step out ~~of~~ of the picture, then at least there would be one less mouth for Jane to feed and no one would have to bother with him. ~~Very~~ Very rhythmic drum like music as these three all walk toward the same house with their apprehensions.

In the house is the mother, Mary. She is rather stout, high-~~strung~~ ~~xx~~ strung, rigid and consciencious. She is busy at her stove, getting supper ready. As she works she thinks about Jane and John and Billy coming home, supper must be ready for them. She has a bad heart, cant go up stairs, Jane does all the upstairs work after she comes home. This rushing will kill ~~me~~ me, but I must do it, the least I can do is get their supper, I must and will. Bad heart, cant stand it, Better take more medicine. She goes to a closet to get ~~a~~ it and while doing so displays a great array of patent medicines on the shelves, with various advertisements and instructions pinned up on the inside of the door. Close ups of some of these. She continues to think, my heart is jumping, feels as if it were going to stop, it must be stopping, I can hardly breath. She takes medicine closes cupboard and sits on a couch, after fanning herself a few minutes, she turns on the radio. ~~With Billy's music~~ She hears the strains of "There is a little box of pine on the 7.29, And its bringing back a lost sheep to the fold." Then some comes scare ~~advertising~~ advertising by a quack to which she listens all attention.

The house in which these scenes take place is very clean and



neat.

Jane comes in, ~~take~~ changes from office to house coat and sets  
She looks very tired.  
about ~~xx~~ dusting the up-stairs. Her mother is up again working,  
But Jane ~~gentl~~ persuades her to rest on the couch and do no work.

John comes home, the same though trends running thru his head,  
but outwardly he looks ~~xxxxxxxzlyzxx~~ irritable as well as sad.  
He glooms in a corner, holding the paper but not reading it. Jane  
and the mother try to cheer him up, but he counters all their  
attempts with pessimistic replies, or else says nothing. He keeps  
thinking that the boss is going to fire him because he is slow and no  
good.

g

Billy comes in after haning about outside. ~~Hxxxxxquitzzilkzatzxaxx~~  
~~waitkngzfxzxtxxzxxzxx~~ He soon sees from the expressions on the  
faces of the family that no word has come yet from the principle.  
He is very restless and ill at ease, and his guilty waiting for the  
blow to fall heightens the suspense. There can be a moderate build  
up here. In the kitchen mother and daughter whisper together about  
the father's condition and the mother shows a ~~patentxxmedicinx~~ blurb  
for a cander cure. During the meal the mother dips agin into the  
medicine cabnet.

The phone rings, John answers it. Billy's hands wring the table-  
~~clzthex~~ cloth. John replies wearily yes and no, and finally "Yes,  
I'll bring him there." Billy is white and trembling, looking at  
his mother,. Jane and Mary sense something is wrong, but they dont  
know what. John comes back to the ~~x~~ table and breaks the meal  
up by telling in a dull way that Billy has to appear at the criminel  
court. The mother jumps up, while Jane sits down as if struck.  
Jane says with anger looking at her mother that they should have taken  
Billy to the psychiatric clinic long ago, as the school suggested.  
Her mother protests, saying that ~~is~~ her boy is not insane and why



should Jane blame all this on her any way? Then Jane and Billy rush to her and tell her not to get excited, remember her heart, and start to lead her to the couch. On the way she begins to scream that she cant breath that she is dying, wide-eyed and wild, rushes to ~~xx~~ the window and leans out gasping for air, then collapses. Jane and Billy help her to the couch, prop her up, get her water, and phone the doctor. The mother continues to moan and say she is dying and hold tightly to ~~x~~ Jane. The father sits dully staring ahead, not helping or looking at all this. Fade out.

The doctor is present, in the middle of examining the mother and ~~x~~ telling her that she is all right. Just stay where she is until morning and he will give her some medicine, and will be back to see her next day. In the hall talking to Jane alone, he urges hospital ~~x~~ examination. Jane explains how often she has ~~xxxx~~ asked in vain that her mother go and no result. Mary is frightened of it. Jane ~~x~~ asks him what ~~she~~ found. Dr. says nothing but a fast heart, case puzzles him but to be on ~~one~~ safe side they better keep her still and give sedative and a little digitalis, to slow the heart down. ~~Max~~ Jane goes back and gives her mother the medicines, assuring her the doctor found nothing wrong. Mary is a little calmer, but she refuses to accept this, saying that is just being told her to keep her quiet, she knows the doctor doesnt think she will live, look at the medicine he is giving and that green stuff, she has read about that, it is digitalis for bad hearts.

Through all this Billy is very helpful, while the old father sits and does nothing.

~~Jane and Billy~~ Billy urges Jane to go to bed as she has to work in the morning and he will sit up with his mother. After a little ~~x~~ when the mother seems to be sleeping, Jane goes to lie down, ~~remarking that~~ and Billy sits gazing at his mother with tears in his eyes. ~~x~~ Presently the mother begins to



stir, then she wakes up and doesn't know Billy, talks out of her head. Billy in terror calls Jane. The father has gone to bed. Billy awakes Jane if ~~he thinks~~ she she thinks the mother is dying, that this is just before death. The mother gets up, and goes completely delirious and fearful. Tries to run out in the street. She thinks that people are after her. Finally the doctor and the police round her up and take her to the hospital, Billy and ~~the~~ Jane going ~~on~~ along.

Scene in the accident room. Psychiatric interne appears. Business of getting facts, examination, showing furred tongue, and thick speech. Blood tests for bromides. Mary put in a pack and treatment started. The doctor has the medicine cabinet brought to the hospital and he gives a little talk on these sedatives.

At last in the early hours of the morning, Jane and Billy come home very weary, but feeling relieved to know that their mother isn't dying or permanently insane, and that she is getting good treatment. They have seen her relaxed and sleeping in the pack. As they tumble into bed and get to sleep, the ~~old~~ father is lying wide awake in his room, thinking and thinking that all this is his fault, the ~~the~~ hurly burly of the world rumbling thru his mind with the thoughts of eternal sleep ~~is~~ looking more and more sweet to him. ~~Vague thoughts of turning on the gas to kill himself~~

Some days later, Jane at the hospital is probed by doctor about causes of mother's drug addiction. Heart condition discussed and then the complete check made. Montages to show E. K. G, Xrays etc. Ending up with finding of no organic heart disease. Then comes the explanation of the Anxiety Attack and causes. Inquiry made into why Mary should have them. This gives chance to show some pictures of ~~the~~ how the family was some years ago. They are all younger, but much ~~happi~~ happier. John in particular is a different man, full ~~of~~ of life and fun. The original setting of Mary's anxiety attacks emerges.

(It can be later stressed that psychiatrist's job is to salvage these happy hours.)



- 1.) Looking after a mother who had heart disease + who died of it.
- 2.) Economic depression, having to do all her own <sup>children, clothes etc</sup> house work, chronic uncertainty of finances.
- 3.) Familial instability (w remarks on its Rx?).
- 4.) Her reaction to + first attacks.
- 5.) Threat of fire closure w strong desire to keep the house.

Rx - Resonance on phys. status.

How to handle attacks + to nature -

(some get some headaches + all the stuff)  
 (the body not made of sep. organs)  
 Relief on situation → tension.

- 1.) Cut out expense of Dr + med. - swept out
- 2.) Her sup. social life dropped because of poverty.
- 3.) Renewed religious life.



Billy's Exam.

School trouble may be,

- 1.) Diff in school, (social)
- 2.) Reactions for home life
- 3.) Physical defects - eyes + ears
- 4.) Specific med. disabilities
- 5.) Mental retardation (explain vocational schools)
- 6.) no home training (use of foster families)
- 7.) Criminal tendencies (psychopaths)
- 8.) Mental disease.

Difficulties of the various possibility require trained physician, - not some person in authority just operating by hunches.

Billy is found to have normal intelligence, but to be v. uncomfortable in school due to poor clothes, etc + unsettled due to his desire to help family situation - wants to work + earn money.

He listens to psychiatrist who has already helped his mother. Charges against him are suspended. He sees his reactions to + situation tend to make it worse. Fresh start, in group move on his economic level in diff school - Boy Scouts.



Notes

7 family cd live wgtl wou psych clinic  
w all th problems go on + wntg f  
callg to fr help. To wd give chance to  
introduce theme of psych clinic early.



T father is strangled dependence - He gets  
shock treatment, but also psycho therapy.  
Readjustment in mid-life - things better  
arranged by coop with bosses. Takes up again  
some lost hobbies such as making models  
Learns to live for life & not setting everything  
by words &



Gertrude suggests:-

Starting off with happier tone, so audience will identify themselves with Jane. It might be Jane out with her gang having a good time, but having to go home early to take care of her mother. Nonetheless, Jane able to handle the situation. Then alling comes the brother's delinquency, or some such and this brings about Jane's reactions, into which the audience follows her.

The mother should enter the psychiatric hospital under the advice of a friend or in her anxiety attack, but not in the violence of the bromide delerium. Have the delerium happen to some one else and be shown to Mary by Dr. as a lesson ~~x~~ in what can happen to those who take too much patent med.

Have the psychosis happen to some-one else beside the father, as all these disasters to one family makes heavy going.

The film might open in a department store with the woman<sup>a</sup> having a heart attack and being sent to a hospital, where the anxiety nature of the condition is discovered, daughter called and the explanations made.

*There sd be no impressionistic stuff in the film, but realism to make it convincing, every day + such to audience will take it to themselves.*



## THE JOHNS HOPKINS HOSPITAL

Unit History No. ....

NAME ..... WARD ..... Psychiatric No. ....

January 10 1938.

A. H. Leighton.

*possibility of*

I am interested in the making of sound moving pictures in the clinic. Such ~~xxxx~~ material would have a variety of important uses. ~~In special-  
xxxxxxxxxxxxxxxxxxxx~~. A library could be built up of records of especially interesting cases. In identical twins for example, detailed study could be made not only of form, but of mannerisms, gait, posture, and general appearance, tone ~~xxxxxxx~~ inflection of voice and characteristics of the stream of talk. Persons receiving metrazol could have a careful ~~xxxxxxxx~~ record made before during and after treatment. All those cases who now have stenographic verbatim reports could be more accurately recorded on film. A uniform technique of making the records could be developed so that results of many different cases would be comparable for study. ~~and xxxxxxxxxxxxxxx~~ A person examining the films for research would be able to go over them again and again, an advantage which the original examiner of the pt. does not now have since he cannot ~~ever~~ make the pt. repeat exactly what he said.

Teaching presents a field of equal importance for the films. Good material could be kept permanently on tap to supplement the actual interviews which the students witness. A series of reels could be made which ~~xxxxxxx~~ would show the ~~characteristics of the~~ chief reaction types.

It has seemed to me that it would be of interest to have a reel prepared for the April meeting. ~~and xxxxxxx~~ I have cast about for something which would be useful, demonstrate the value of the technique and at the same time not too ambitious for a first attempt. For this purpose I have thought that we might ~~make~~ *produce* a film which would make the students familiar with the ~~xxxxabularyx~~ the symptoms to be found in



~~to be found in patients~~ and the words used to describe the symptoms, without reference to diagnosis or arrangement into reaction ~~to~~ <sup>sets</sup>.

I know of course that the best policy is to let the student describe what he sees (in his own words), but I feel that a film properly made could enrich his vocabulary and give direction to his observation without ruining his spontaneity. Due to the fact that we ~~never~~ cannot *always have just the right Vt. ready for a demonstration* keep good teaching material always on tap, the student hears by name many symptoms which he never actually sees. Here follows a list of words culled from Dr. Meyer's "Leading Concepts of Psychobiology and Psychiatry." which if illustrated in a film, would be helpful to the students. *particularly in the 2<sup>nd</sup> year.*

Delusion.

Hallucination. ✓

Paranoic.

Paranoid.

Flight. ✓

Scattering. ✓

← *Neologisms*,  
Verbigeration.

Confabulation.

Blocking.

Euphoria. ✓

Agitation.

Catathymic.

Projection.

Ideas of reference.

Compulsion.

Obsession.

Paraphrenia.

Hebephrenia.

Catatonic.

Automatism.







## THE JOHNS HOPKINS HOSPITAL

WINFORD H. SMITH, M. D., DIRECTOR

WARFIELD T. LONGCOPE, M. D.  
PHYSICIAN-IN-CHIEFDEAN LEWIS, M. D.  
SURGEON-IN-CHIEFADOLF MEYER, M. D.  
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OBSTETRICIAN-IN-CHIEFALAN C. WOODS, M. D.  
OPHTHALMOLOGIST-IN-CHIEFTHE HENRY PHIPPS PSYCHIATRIC CLINIC

Baltimore, Maryland

February 9, 1938

Dear Dr. Meyer:

RE: Sound Moving Pictures

The Berndt-Maurer Company brought their equipment (price \$3500) to the Clinic and made films of patients. I have not yet seen the results.

The DeVry Company (whose camera costs about \$2500) have promised a similar demonstration but are awaiting the completion of a camera which is being built.

There have been some interesting developments in connection with the camera formerly made by the Radio Corporation of America. This instrument was discontinued by the original makers who designed it for amateur use and sold it for \$600. It apparently was not efficient enough for professionals and too expensive for amateurs. The entire stock was sold to the Bass Company in Chicago who have modified it and added many accessories to it and offer it now as an adequate instrument. Mr. Kenneth Lambert, assistant sound director at the Metro-Goldwyn-Mayer studios in California, has written me that he believes this camera would suit our purposes. The total cost of the modified unit would be between \$10-1500. Mr. Lambert has kindly offered to examine the camera, make tests, and give an opinion as to whether it would do in its present condition and if not, what modifications should be made.

The Bass Company will send us their modification of the Radio Corporation of America camera for three months' trial without obligation upon receiving our order.

Mr. Cyril Presgrave, a moving picture engineer in Philadelphia, has



Dr. Meyer

-2-

February 9, 1938

been working on his own modification of the Radio Corporation of American camera and will have it ready to demonstrate in a couple of months. He has visited the Clinic and talked over our requirements with me and is designing an instrument especially for our needs. We are, of course, under no obligation to buy it.

I would suggest that the best method of coming to a decision about these various possibilities would be to order a camera from the Bass people and experiment with it here in the hospital. Then, if feasible, Dr. Dorothea Leighton and I could utilize our two weeks' vacation to take the camera out to California for further testing and checking by Mr. Lambert. This would have the additional advantage of enabling us to learn about the tests, technical parts of sound photography and studio work. It so happens that Mr. Presgrave quite independently is taking his camera West in the month of March, and it might be possible to have this instrument also examined by Mr. Lambert.

An itemized list of the camera and accessories needed from the Bass Company is approximately as follows:

Camera	\$250.00
Amplifier	135.00
Galvanometer	100.00
Motor and installation	195.00
Head phones	6.00
Magazine	275.00
Tripod	50.00

Very sincerely yours,

AHL:K

Alexander H. Leighton, M. D.



September 23 1938.

Dear Dr. Meyer,

We should like permission to set before you a further development of the problem for research which we communicated to you last Spring. In essence our scheme is to visit and examine selected regions of the world during a period of about 12 months. Our goals and reasons are set forth below.

First, if we settled down to spend a number of years studying one group of people in one place, we feel it is important to have a proper perspective of the human race in many of its various groups and places. We suggest that this bears somewhat the same relationship to our proposed research that a training in general medicine bears to psychiatry. The reading which we have done in general anthropology leads us to feel that an actual acquaintance with the principle cultural groups of man is essential, and that to try to learn about the varieties of the human race through books alone, is like trying to learn anatomy or psychiatry without benefit of practical experience. The parallel is inadequate because of a person could get a much better idea of anatomy from books than he could ~~from~~ human groups. The facts about man have been much less thoroughly studied, and much more colored by the emotions of the investigator.

We do not propose to disregard books and try to work completely from first principles, but we wish to give proper evaluation both to first hand inspection, and to knowledge culled from the works of others. It is the combination of these two things that strikes us as important. ~~important~~

Neither do we expect to be able to cover the entire human race, but rather to make soundings of selected regions planned with care from the study of the literature and the advice of experts.

Second, Travelling of this sort will give us an opportunity to make the acquaintance of anthropologists and sociologists in different parts of the world which will doubtless be very useful in later work where mutual help and understanding and the comparing of data may be needed.



Third, we shall get insight into the methods and personalities of various workers and this will be an asset in studying their products, and supply us with ideas and techniques for handling our own problems.

Fourth, we shall be able to see what work is actually being done by psychiatrists in the realms of anthropology. Contacts could be made with people like Laubscher, and a survey made of the opportunities, both current and potential that lie before those who are situated as he is.

Fifth, some idea of comparative psychiatry could be formed by visiting clinics around the world, observing methods, ideas, personalities, and in perusing clinical notes and case histories.

Sixth, the plan offers many opportunities of being of service to the Clinic. Special inquiries and contacts could be made for any of the members who wished to give us commissions. The data which we collected in other clinics could be organised and sent back in a form that would be available to all. The ideals and work going on at Phipps could be brought more closely to the attention of people in different parts of the world. Finally our ~~lack~~ total data on the various racial groups, in the form of written, photographic and perhaps sound-moving picture records, could make a valuable prominent addition to the Phipps library.

Seventh, we feel it is only fair to mention that there are personal reasons for proposing the scheme at this particular time. The first is that we are both anxious to spend a few months in Europe because D. C. L. has never met any of A. H. L.'s relatives aside from his immediate family. The second and more important is that we wish to have children before many more years roll by. Once we begin to increase our domestic circle we shall be forced to a sedentary life for a number of years and we should like to make this survey first.

From the financial point of view, we are not equipped to carry out the plan, but we hope that if we were to secure your approval, we might succeed in getting a fellowship or a fund.

It is probably best not to burden you with any details of a tentative plan until we have experienced your reaction to the scheme as a whole. Therefore we respectfully await your reply.

Very sincerely,

*Handwritten signature: H. Laubscher*



# THE JOHNS HOPKINS HOSPITAL

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WARFIELD T. LONGCOPE, M. D.  
PHYSICIAN-IN-CHIEF

DEAN LEWIS, M. D.  
SURGEON-IN-CHIEF

ADOLF MEYER, M. D.  
PSYCHIATRIST-IN-CHIEF

WILLIAM G. MACCALLUM, M. D.  
PATHOLOGIST

EDWARDS A. PARK, M. D.  
PEDIATRICIAN-IN-CHIEF

NICHOLSON J. EASTMAN, M. D.  
OBSTETRICIAN-IN-CHIEF

ALAN C. WOODS, M. D.  
OPHTHALMOLOGIST-IN-CHIEF

Baltimore, Maryland

September 28, 1938

Dr. Alexander H. Leighton  
Spring Grove State Hospital  
Catonsville, Md.

Dear Dr. Leighton:

I fully appreciate your suggestion in your letter of September 23. It might be possible to get some support from the Social Science Research Council or some other source, although I am a little inclined to think that such a fund would be more inclined to help out after a somewhat stronger foundation has been laid for the whole issue. Nevertheless, I shall give it what support I can and we shall have to discuss the details further. Unfortunately, I am under very strong pressure just now up to October 18 and very anxious to concentrate on the absolute necessities and to keep my time free for the preparation of the Rhode Island address.

With my best wishes,

Sincerely yours,

*Adolf Meyer*



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OBSTETRICIAN-IN-CHIEFALAN C. WOODS, M.D.  
OPHTHALMOLOGIST-IN-CHIEF

Baltimore, Maryland

October 1, 1938

Dr. Alexander Leighton  
Spring Grove State Hospital  
Catonsville, Md.

Dear Dr. Leighton:

I just received the enclosed circular and without studying it further I am sending it to you. I should like to have it back some time later, but it would have to be along these lines that any applications would have to be thought of. I am, of course, somewhat uncertain as to whether they would consider a more or less migratory plan but think it is best to consider it from this side as an open question worth looking into for all it is worth.

Sincerely yours,

*Adolf Meyer*



## THE JOHNS HOPKINS HOSPITAL

Ward.....

Unit History No. ....

NAME.....

Psychiatric No. ....

November 12 1938.

Dear Dr. Meyer,

So far we have discussed our project with the following people:- Dr. Isiah Bowman, Dr. Diethelm, Dr. Fremont-Smith of the Macey Foundation, Mr. Moe, and Mr. Brigham and Mr. Donald Young of the Social Science Research Council. The Guggenheim foundation is out of the picture for next year because their closing date has passed. The Social Science Research Council seem warmly disposed toward ~~ka~~ our plan but urge us to ~~ka~~ conserve time and money by working in America and recommend that we spend a few of our twelve months attending anthropological seminars at either Columbia or at Chicago.

Several People recommended that we seek help from Dr. Allan Gregg of the Rockefeller Foundation and we wonder if you would approve of this.

We have a report from the Canadian National Committee of Mental Hygiene in which it is noteworthy that the president is Sir Edward Beatty head of the Canadian Pacific Rail Road. From another source we have hear that this rail road does a lot of life history work on its employees. It seems to us that this company could help us a great deal, if they were interested, particularly in the matter of travel. They might be moved to do it, if they felt that our Nova Scotian plan was worth encouraging. Perhaps you have some suggestions about how we might best introduce ourselves to the Canadian group.

Would it be possible to have some regular help from a technician in the moving picture work? It will make for more efficiency and a higher rate of production by giving me more time for planning and



THE JOHNS<sub>2</sub>HOPKINS HOSPITAL

Ward.....

Unit History No. ....

NAME.....Psychiatric No. ....

organization. These problems will become more acute when I return to Phipps and have much less time for the Movie work. There is an able young man known to Dr. Richards who would be willing to come two or three nights a week for six or eight dollars per week.

In New York we were royally entertained at the Payne-Whitney by Dr. Cameron and Dr. Diethelm. Both inquired after you.

Sincerely,



Spring Grove.

December 7 1938.

Dear Dr. Meyer,

I am enclosing a copy of some notes on our plans and qualifications which we left with Dr. Lambert.

In conversation, he questioned us much more about our ultimate plan than about next Year's program and our immediate needs. The absence of theory and the practical possibilities seemed to appeal to him. He mentioned in passing that he was disappointed with the work that was being done by the Mental Hygiene people. He implied that if the foundation supported us at all they would carry on with us into the research program in Nova Scotia, and he wanted to know what institution would be likely to supervise our work and handle the grant. We replied that we could not see clearly so far ahead, but that our own desire was to remain associated with the Phipps Clinic as long as possible and <sup>to</sup> operated part time in the field and part time in the Clinic.

When he turned to the question of utilizing our Year's leave of absence, his first question was as to what we would do and where we would go when the year was over. We said that we believed that we would be able to return to Phipps and continue Psychiatric training while preparing for work in Nova Scotia. He then told us that this was a most important point because it was almost a rule of the foundation to make no grants unless the person had a position to go to when the grant expired. Finally he asked us how we would spend the free year and we said a tentative plan was to spend some months at an institute like Columbia or Yale and then go into the field for 4 or 5 months in the Indian region of the South-West. Following this we might seek more academic discussion of our observations and then visit another primitive group, possibly the Phillipine Islands so as to have at least one contact outside the United States. We said that our plan was still in the making and would depend on ~~the~~ further discussion with anthropologists like Benedict, Sapir, Linton and Malinowski. He did not seem to think that we were too indefinite and he seemed to understand that our plans were still in the formative stages. In the end he suggested that you write to him



and tell him what you thought of the whole plan and of us. He said that he would write to us after a while and probably see us in Baltimore in about a month.

During the interview we forgot to mention to him that we had talked to the Social Science Research people, and we have since been wondering if we should not write and mention it. Sometime in January we shall probably have to ask him whether or not we should apply for <sup>the</sup>~~the~~ fellowship.

Very Sincerely yours,



Spring Grove State Hospital,  
Catonsville, Md.

October 10 1938.

Dear Dr. Meyer,

Your remark about the private service in the clinic has deeply affected both Dorothea and myself. At the time we formulated our plan of research we knew of course that it would cut us out of the possibility of serving the clinic in the capacity of assistant resident. However, in our minds, it was merely a possibility and by no means a probability. Your words last Thursday brought us face to face with the fact that such advancement is possible and that we must weigh it in making our decision. This is a very difficult thing to do, but after much pushing and pulling, we find that we feel it best to stick to our original suggestion. We are only too well aware of what we shall miss, but since the tracks we hope to make are off the beaten path, we believe that the time is coming soon to begin exploring. It is too much, of course, to hope that we can keep the door open in case we fail to secure the funds, and we must take our chance. However, if we can remain associated with the clinic and have your backing, understanding and sympathy, we shall feel that this in some measure makes up for the serious loss of the closer and more personal opportunities of working with you.

Sincerely,



FIFTIETH ANNIVERSARY OF THE JOHNS HOPKINS HOSPITAL

Psychiatric Section

Friday, May 5, 1939

2 P.M.

Lecture Room - Phipps Clinic

Dr. Adolf Meyer - Presiding

---

Dr. Meyer:

It naturally would be a great desire to feel that this department also contributes to the occasion of this 50th anniversary. It is in a position to show some of the activity that is made possible through the association with the big and diversified institution, the 50th anniversary of which we are celebrating, and it has seemed best to offer our share in the form of brief communications that give one an idea of the type of work that is made possible partly through the people that are attracted to work at the Johns Hopkins and partly through that unusual possibility of collaboration of which the first demonstration, I think, is going to give you a very good example.

I don't feel as if there were many words needed in the way of introduction. The work will have to speak for itself and it will do so. The first demonstration is one that is in collaboration between Dr. Lyman and Dr. Loewenbach and the department of brain surgery, the department of Dr. Dandy. Dr. Lyman has undertaken the organization of the study of the brain potentials and he will give us an illustration and sample of the type of work that has become possible through the development of that methodology under his guidance.

Dr. Lyman:

Localization of Pathological Processes with the Brain Waves. (with lantern slides)



5/5/39

Dr. Meyer: It will no doubt be wise to leave room for discussion on a personal basis because it really will be impracticable to cover the program otherwise. I am greatly obliged to Dr. Lyman for this demonstration, which will now be followed by Dr. Loewenbach in connection with the electroencephalogram in healthy relatives of epileptics.

Dr. Loewenbach: The Electroencephalogram in Healthy Relatives of Epileptics.  
(The Constitutional Elements in Idiopathic Epilepsy) (with lantern slides)

Dr. Meyer: We shall now pass to the presentation by Dr. Richter of some topics of the Biological Aspects of Animal and Human Behavior that he is at present occupied with.

Dr. Richter: Biological Aspects of Animal and Human Behavior.

Dr. Meyer: We might now go over to another chapter, namely, clinical psychiatry and particularly the evaluation of the course of certain diseases, namely, specifically the follow-up studies of schizophrenia. Dr. Rennie will give us an account of his investigations.

Dr. Rennie: Follow-up Studies of 500 Schizophrenics.

Dr. Meyer: It is obvious that this is only one aspect of the review because it is so clear that the mere fact of hospitalization or treatment thereof is only a very slight indication of what we are actually dealing with.

The next communication is one by Dr. Joseph Wortis and Dr. Richard Lambert, with regard to some instances that occurred in connection with shock treatment.

Dr. Wortis: Irreversible Coma in Shock Treatment.

Dr. Meyer: I should like to repeat, while it is not practicable on account of the lack of time to have discussion



5/5/39

in the meeting, that any personal conversation with the members of the staff that have given these data will be very welcome.

The next communication is one by Dr. Fox, who will give a statement that will illustrate the issue of collaboration between this department and the rest of the hospital, -  
The Opportunity of the Psychiatric Consultant.

Dr. Fox: The Opportunity of the Psychiatric Consultant.

Dr. Meyer: We shall now have two demonstrations of moving pictures, and for that we had best go down 2 flights lower in the auditorium of the dispensary on account of the fact that we have there better conditions from the point of view of acoustics. The demonstrations will be one by Dr. Gantt on the nature and character of the Pavlovian experimental neurosis in an animal; and the second demonstration will be talking pictures of cases that Dr. Leighton has made a record of.

After the demonstration downstairs there will then be an opportunity to see various things in the clinic. I would like particularly to draw the attention of those who worked here before to some of the changes that have taken place in the utilization of the space on the 5th floor with regard to the occupational department and perhaps also some other changes in other divisions of the hospital. I also would offer my guidance to a brief demonstration of a collection of case material that has been laid out by Miss Bisson in the neurological laboratory. I am sure that also the other labs will be open under the guidance of those who are in charge and their assistants. So those of you who wish to see the demonstrations of Dr. Gantt and our efforts at making talking moview as records of some of our cases will be invited to come downstairs.



5/5/39

- Dr. Gantt:           The Origin and Development of the Artificially  
Produced Behavior Disorder (with movies)
- Dr. Leighton:       Talking Pictures as an Aid in Psychiatric  
Research and Teaching.
- Dr. Meyer:           It is obvious that with these records one  
can actually condense the teaching and bring together comparisons  
of material which in a small institution would be rather diffi-  
cult to bring before students. In the conditions such as I had  
in my days of teaching in Cornell, with 6000 patients to choose  
from, it was easy to have always a whole set of cases available  
for comparisons, but this type of assembling of material can  
help us a great deal, of course, in spite of our relative  
scantiness of case material.

Now I think that perhaps some members of the  
staff would be glad to take some of our guests to show what  
changes have been made in the occupational department and  
things of that sort, and I shall go up to the neurological  
laboratory, 3 flights up just above this room, and give a brief  
account of the demonstration of some of the case material that  
is available in our collection.



January 1939

REPORT ON THE PRESENT STATUS OF THE PHIPPS MOVIES

The following films have been prepared for teaching together with abstracts of the cases which could be submitted to the students before they see the film.

#15 - A depression who shows restlessness and agitation. A second picture made 3 weeks after the first displays some improvement.

#19 - A hyperthymergasia. The film shows euphoria, joking, grandiose conceptions, push of talk, moderate flight of ideas, and delusions of being a special investigator and having many enemies.

#16 - A Korsakow psychosis who shows severe deficiency of recent memory with good perseveration of past memory and social front. There is moderate confabulation. No polyneuritis was present at the time of the film but had been seen earlier in the disease.

#12 - Taboparesis. Speech deficit, positive Romberg, incoordinate gait, absent knee jerks are the essential features. There is a history of alcoholism, delusions of people harming him, and temper outbursts.

#13 - Two interviews with a patient who has general paresis, one before and one after malarial treatment. In the first film there is flight, circumstantiality, euphoria, speech deficit, grandiose ideas, and mood lability.

#7 - A parergasic man of 24 who displays an almost choreic sort of stereotyped posturing.

#23 - An aggressive, paranoid parergasic who shows marked scattering and delusions of being influenced by the devil and having blood taken out of her body.

#9 - A demonstration of a metrazol convulsion (in color).

The following films will be ready shortly:

#22 - A catatonic parergasic who maintains a posture with his head raised from the pillow.

#17 - An anergasic reaction due to advanced arteriosclerosis. In the film the patient can be seen conversing with imaginary voices.



#29 - A 21 year old parergasic who shows passivity, blocking, and echopraxia.

#14 - Severe scattering in a paranoid parergasic.

#28 - Posturing in a 31 year old parergasic woman. She keeps one arm around her forehead to represent a crown of thorns.

#20 - Stereotypy of posture and speech in a 29 year old parergasic man.

The following films are being built up with some care in order to more fully utilize the opportunities provided by the moving picture technique, and they will not be ready for several months.

"A Glossary" - A series of pictures intended to illustrate the terminology of symptoms.

#18 - An agitated rural depression. His past history is being illustrated with scenes taken of his environment.

#30 - Sensory aphasia - didactic film which is being worked out in conjunction with Dr. Gerstmann.

#26 - Mr. R. B. Lloyd. The film will show the patient before and after operation with pictures of the x-ray, the actual tumor, and an illustration of its position made by one of Dr. Dandy's artists.



January 19 1939.

Dear Dr. Meyer,

I should like to submit for your opinion, the general idea of two papers I am thinking of writing.

I. An article on the use and potentialities of sound movies in psychiatry, with a description of the work that is being done here.

II. An article on the types of life-situations that seem to be important etiological agents in the pathergasias. Since our ultimate research is aimed at gathering material about normal people's handling of these events, it seems to me that we should make a start now in discovering the nature of the range and variation. My thought was to go through a number of the Phipps records and pick out those cases in which there ~~xxx~~ were plausible etiological factors. I would keep count of the cases where no such factors could be clearly designated, and omit the organic cases. The findings might be organized somewhat as follows:

The type of factor or factors concerned.

The sort of person involved.

The nature of the illness.

The part played by the factors.

I should be very grateful for your suggestions and references.

In addition to the above items, I am interested in dealing with the personality study, but without any idea of immediate publication. I ~~xxxx~~ should like to organize the general form of the study along the lines ~~xxxx~~ suggested by you to make it more inclusive, but shorter and more pointed. In addition I should like to work over the studies I have conducted and attempt to develop a system for summarizing, cross-referencing, and indexing so as to make the material more available and the gaps more evident.



# SOCIAL SCIENCE RESEARCH COUNCIL

offers for the academic year

1939-40

POST-DOCTORAL RESEARCH TRAINING FELLOWSHIPS

PRE-DOCTORAL FIELD FELLOWSHIPS

GRANTS-IN-AID OF RESEARCH

in the

SOCIAL SCIENCES

including

Economics; Social, Economic and Political History; Political Science; Social Psychology;  
Sociology; Cultural Anthropology; Statistics; and Social  
Aspects of Related Disciplines\*

## *Committee on Social Science Personnel*

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PRINCETON UNIVERSITY

FREDERICK C. MILLS  
COLUMBIA UNIVERSITY

ROBERT REDFIELD  
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REED COLLEGE

LOUIS WIRTH  
UNIVERSITY OF CHICAGO

## *Secretary for Fellowships and Grants-in-Aid*

LAURA BARRETT

230 Park Avenue

New York, N. Y.

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\*The attention of applicants in *physical* anthropology and *physiological* psychology is called to the Grants-in-Aid in the Biological Sciences offered by the National Research Council, 2101 Constitution Avenue, Washington, D. C.



## Fellowships

A major purpose of the Council since its beginning in 1923 has been to assist in the development of an adequate number of well trained research workers in the field of the social sciences. As a means of furthering this purpose, a series of post-doctoral fellowships has been awarded annually since 1925. Recent reconsideration of research-training needs not only has confirmed the Council's belief in the utility of its post-doctoral program but also has led to the conclusion that additional financial support at earlier training stages is required for the assurance of competent research personnel.

While universities and colleges have been able to grant a large number of scholarships and fellowships, nearly all awards have been restricted in use to formal study in a given institution and only a very small number have provided for work beyond the doctorate. It is in view of these limitations on the use of existing graduate awards by academic institutions that the Council has framed its fellowship program so as to include pre-doctoral fellowships for field training, as well as the post-doctoral training fellowships previously supported.

Pre-doctoral fellowships for graduate study (first year) will not be offered for 1939-40.

A brief statement of the objectives and minimum requirements of the awards follows:

### I. Pre-Doctoral Field Fellowships:

These fellowships are open to men and women, citizens of the United States or Canada, who are candidates for the Ph.D. degree, and who will have completed prior to the end of the academic year 1938-39 all courses and examinations for which they are eligible before completion of the thesis. The fellowships are not open to persons who will be over the age of 30 on July 1, 1939, or who plan to receive the Ph.D. before the expiration of the period of appointment for which application is made.

The purpose of these awards is to supplement formal graduate study by opportunities for field work which will assure first-hand familiarity with the data of social science in the making. The candidate should have decided on the general area in which he wishes to prepare his thesis and carry on later research, but it is not necessary that the exact thesis subject should have been selected before application is made. While it is taken for granted that programs at this level will be closely correlated with the applicants' Ph.D. theses plans, the aim of these awards will not be to aid in finishing theses or to assist in the collection of data as such, but rather to emphasize the opportunities for obtaining realistic bases for the dissertation and subsequent research.

It is anticipated that many of the approved programs will call for a year's work in close association with public and private agencies where basic material for research can be observed directly. For illustration, a student of diplomatic history might wish to familiarize himself with selected problems and operations of the Department of State; an economist might find his interest best served by what might be called an "internship" in a banking institution; a political scientist or sociologist specializing in the relations between government and business would have many opportunities for an experiential program in Washington. In offering these illustrations there is no desire to limit the proposals of candidates to programs of similar pattern. Different areas of specialization as well as varying individual needs will naturally lead to diversified proposals. The type of program approved in any given case will depend on the candidate's previous training and on his research objectives, although in each case the experiential aspect of the plan submitted will be a major consideration in the process of selection. **Plans for field training involving foreign travel are not ordinarily considered to be necessary at the level for which these fellowships are designed; it is only under the most unusual circumstances that applications of this type will be favored.**

Every effort will be made to assist successful candidates in choosing a proper location for field experience, in planning the year's activities, and in securing the active cooperation of government and private officials when necessary for the completion of an approved program. All applicants, however, should submit programs carefully worked out, preferably after consultation with their graduate instructors and others whose cooperation may be required, in such form as to assure their feasibility and to show their relation to later research plans.

Appointments will be for not less than nine nor more than twelve months. The basic stipend attached to these fellowships is \$1800 for a period of twelve months, with the possibility of additional allowances for travel and other exceptional expenses when necessary. No applications for reappointment at this level will be considered.

The closing date for the receipt of applications for 1939-40 on blanks to be secured from the Fellowship Secretary is February 1, 1939. Awards will be announced April 15, 1939. *In making initial inquiry, IT IS IMPORTANT THAT age, academic qualifications and tentative field plans be specifically indicated.* It is requested that application blanks be secured well in advance of February 1, 1939, so that there may be ample time to fill out and return them before that date.



## II. Post-Doctoral Research Training Fellowships:

These fellowships are open to men and women, citizens of the United States or Canada, who possess the Ph.D. degree or its equivalent in training and experience at the time of application, or give assurance that the Ph.D. will be received before February 15, 1939, and who, ordinarily, are not over 35 years of age.

The primary purpose of these fellowships is to broaden the research training and equipment of promising young social scientists, not to facilitate the completion of research projects or the continuation of investigations undertaken as doctoral dissertations. **Candidates proposing studies of the latter types may, therefore, expect to have their requests denied without reference to their professional standing or the merits of the project.** Programs of study submitted should provide either for training of an interdisciplinary nature, for advanced training within the applicant's field of specialization, or for field work or other experiential training intended to supplement more formal academic preparation for research.

The choice of place of study is left to the Fellow, subject to the approval of the Fellowship Committee. It is required that, before entering upon the fellowships, Fellows planning to study in non-English speaking countries be able to read and speak the languages of the countries concerned.

The basic stipend for a period of twelve months is \$1,800 for single Fellows and \$2,500 for married Fellows. Supplementary allowances toward the support of dependents, as well as to defray the necessary traveling expenses of the Fellow (but not of members of his family), vary according to individual requirements. During the period of appointment, the Fellow is expected to devote full time to his program of study and not to carry on any other work without the consent of the Fellowship Committee.

Awards are usually for twelve months, but may be made for any period not exceeding two years. Renewals or extensions may be granted in exceptional cases.

The closing date for receipt of applications for 1939-40 on blanks to be secured from the Fellowship Secretary is February 1, 1939. It is requested that application blanks be secured well in advance of February 1, 1939, so that there may be ample time to fill out and return them before that date.

Awards will be announced April 15, 1939.

*In making initial inquiry, IT IS IMPORTANT THAT age, academic qualifications, and proposed program of study, be specifically indicated.*

### Grants-in-Aid of Research

These grants are available to mature scholars, without reference to age, whose capacity for productive research has been effectively demonstrated by published work. They are not open to candidates for a degree. They are offered by the Council especially with a view to assisting members of the staffs of institutions which cannot at present provide adequate funds for social science research, and are designed to aid in completing rather than in initiating projects.

The purpose for which the grants may be expended include the investigator's living expenses while in the field; travel involved in the investigation; stenographic, clerical or statistical assistance; printing, stationery, and photostating; but ordinarily they may not be used for travel to attend scientific meetings, or to purchase books, manuscript materials, or laboratory apparatus. Grants may not be given to aid in the publication of manuscripts.

Before applying to the Council, the applicant should have canvassed other possible sources of support, especially the institution to which he is attached.

The maximum amount granted by the Council will ordinarily not exceed \$1,000.

The closing date for receipt of applications for 1939-40 on forms provided by the Grants-in-Aid-Secretary is January 15, 1939.

Grants will be announced April 1, 1939.

*In making initial inquiry IT IS IMPORTANT TO INDICATE previous research experience, nature of project, and amount of aid required.* It is requested that application blanks be secured well in advance of January 15, 1939, so that there may be ample time to fill out and return them before that date.



Ramah, New Mexico

Jan. 26, 1940

Dear Dr. Meyer,

Here we sit in a Navaho hogan. It is made of mud and logs with a fire in the middle that sends its smoke out through a hole in the roof. Outside the snow is lying on the mesas and canyons of New Mexico, but inside, in spite of the crudeness of this shelter, it is warm and comfortable. It is quite satisfactory to lie in bed at night and look up at the moon through the smokehole and hear the coyotes wailing in the sagebrush.

Our first two weeks of this life have been spent getting to know our interpreter, observing his family, and learning more of the language. I have attended the building of a new hogan and Dorothea is learning to weave.

Enclosed please find the very sketchy outline for the personality study which we have typed up from our notes. We shall value your comments highly.

Before leaving Baltimore, we talked with our friends who live near the hospital, and tried to learn the fundamental expenses of housekeeping. Dr. Lemkau was the source of the most accurate information. He said that with Mrs. Lemkau devoting her whole time to housework and planning, it was possible to live on \$120. a month. Using the figures for household expenses which he gave us, we estimate that \$170. would be the lower limit for us if Dorothea were to devote herself to hospital work and the material we gather this year. That figure does not allow for savings.

Sincerely,



Ramah, New Mexico

Jan. 26, 1940

Dear Dr. Meyer,

After talking with you on our trip to Baltimore in December, I went to see Dr. Kanner at his home. He may have told you about our conversation. He said he would be glad to have me work in his clinic next year, but the question was in what capacity. He told me that he expected Dr. Jack Lambert to leave next year, and that Dr. Mary McKinness had spoken to him about taking Dr. Lambert's place, but that he believed there was a possibility of her staying on as assistant resident at Phipps. In that case, he said, I could be his budgeted assistant at \$1800. That would, of course, solve our financial problem very nicely, but I am not sure that it would allow time for working up our material from this year or for our domestic plans. He said that there is no other salaried position than that of his first assistant, all other physicians in the clinic being on fellowships of one sort or other.

In spite of the attractions of the position, it seems to me that it might not be advisable for me to have the responsibility of being his first assistant this year. I would like your advice on the subject as I am sure you know what the work entails, what other possibilities there might be, and my capacities and limitations. Dr. Kanner says that there is no such thing as part time work in his clinic, but I think that if I were not in the position of being his first assistant it would be easier to find time to work on our material.



## THE JOHNS HOPKINS HOSPITAL

WINFORD H. SMITH, M. D., DIRECTOR

WARFIELD T. LONGCOPE, M. D.  
PHYSICIAN-IN-CHIEFWARFIELD M. FIROR, M. D.  
ACTING SURGEON-IN-CHIEFADOLF MEYER, M. D.  
PSYCHIATRIST-IN-CHIEFWILLIAM G. MACCALLUM, M. D.  
PATHOLOGISTEDWARDS A. PARK, M. D.  
PEDIATRICIAN-IN-CHIEFNICHOLSON J. EASTMAN, M. D.  
OBSTETRICIAN-IN-CHIEFALAN C. WOODS, M. D.  
OPHTHALMOLOGIST-IN-CHIEFRICHARD W. TE LINDE, M. D.  
CHIEF GYNECOLOGIST

Baltimore, Maryland

March 19, 1940

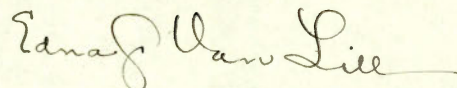
Dr. Alexander H. Leighton  
Ramah, New Mexico

Dear Dr. Leighton:

The first batch of notes arrived all right and I have put them away for you. I shall see that the second installment is taken care of.

I asked Dr. Meyer whether he had received the material you sent him. He said that he had indeed received it. He asked me to say that he has tried to consider what suggestions he could make but that so much depends on the material gathered in the field work that any suggestions he would make at this time might not be pertinent. He has been swamped with work but will get in touch with you.

Sincerely yours,





Ramah,  
New Mexico.

March 29 1940.

Dr. Adolf Meyer,  
The Henry Phipps Psychiatric Clinic,  
Johns Hopkins Hospital,  
Baltimore, MD.

Dear Dr. Meyer,

Thinking that you might be interested in how our work is progressing, we are sending you herewith a copy of our quarterly report to the Social Science Research Council.

Very best wishes from us both and kind remeberances to Mrs. Meyer.

Sincerely yours,



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OPHTHALMOLOGIST-IN-CHIEFRICHARD W. TE LINDE, M. D.  
CHIEF GYNECOLOGIST

Baltimore, Maryland

April 6, 1940

Dr. Alexander H. Leighton  
Ramah, New Mexico

Dear Dr. Leighton:

I am delighted with the scope and content of your report. I should long have reported to you and your wife that I am planning provisions along the lines of your letters. There is no doubt about a solution, but the detail depends on the general arrangements which will fall in line with the general plan but cannot be mapped out in detail before the various arrangements can be made.

The outlines you sent me have to be worked out with the experience you have in the field. I thought next fall you would do well to plan for some time of organization of the material beside the Clinic assignments. The detail cannot be taken up before the selection of the staff is cleared up -- after the Cincinnati meeting.

We are all keenly interested in your adventures.

Most sincerely yours,

*Adolf Meyer*



Ramah,  
New Mexico.

April 20 1940.

Dr. Adolf Meyer,  
The Henry Phipps Psychiatric Clinic,  
Johns Hopkins Hospital,  
Baltimore, Md.

Dear Dr. Meyer,

Thank you very much for your letter of April 6. It gave us both a great deal of pleasure.

The Social Science Research Council has granted our request to spend the summer in Alaska and very generously gave us an additional \$300.00. We are looking forward with great enthusiasm to making comparative notes on the Eskimo. In accordance with our conversation on the subject, we shall return to the clinic on the first of October. Our address will be as above until May 12. After that date we shall be travelling for two weeks, but letters will eventually reach us if sent care of the Alaska Steamship Co, Seattle Washington, S. S. Columbia pier 2 sailing May 30. For the rest of the summer mail will only reach us by chance boat that touches at the island, but can be addressed to us at St. Lawrence Island, via Nome, Alaska. In emergency we can be reached by the radio operated by the Office of Indian Affairs of the Department of the Interior.

With very best wishes from us both,

Sincerely yours,



# THE JOHNS HOPKINS HOSPITAL

WINFORD H. SMITH, M. D., DIRECTOR

WARFIELD T. LONGCOPE, M. D.  
PHYSICIAN-IN-CHIEF

WARFIELD M. FIROR, M. D.  
ACTING SURGEON-IN-CHIEF

ADOLF MEYER, M. D.  
PSYCHIATRIST-IN-CHIEF

WILLIAM G. MACCALLUM, M. D.  
PATHOLOGIST

EDWARDS A. PARK, M. D.  
PEDIATRICIAN-IN-CHIEF

NICHOLSON J. EASTMAN, M. D.  
OBSTETRICIAN-IN-CHIEF

ALAN C. WOODS, M. D.  
OPHTHALMOLOGIST-IN-CHIEF

RICHARD W. TE LINDE, M. D.  
CHIEF GYNECOLOGIST

Baltimore, Maryland

April 26, 1940

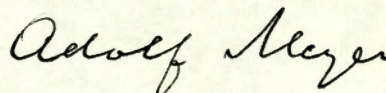
My dear Doctors Leighton:

I am delighted to have your letter which corroborates the hope of an expedition to the Eskimos. It is a real satisfaction to have your hopes for this year in the field satisfied to their full realization.

I am looking forward to your return by October 1 and we shall see what we can do to give you a proper reception.

Believe me

Most sincerely yours,



Dr. Alexander H. Leighton  
Dr. Dorothea C. Leighton  
Ramah, New Mexico



July 6 <sup>12</sup> 1940

Dear Dr. Meyer,

We are expecting a coast guard cutter to call here in a few days, so I am taking the opportunity of sending out our quartely report and this copy for you. As you will see we are ~~galkingxhak~~ having the opportunities we asked for, and we are enjoying ourselves as much as we can in these days of a distressed world.

I dont imagine any letter from you would reach us before we leave the island, but if you wish to communicate with us before we reach Baltimore on the first of October, We would no doubt get an air mail letter sent to us at ~~Nomax~~ the general delivery in Nome and marked to be held until cald for. By radio, we can be reached any time, either via Postal Telegraph or Western Union.

With very best regards from us both and looking forward to the coming year,

Sincerely,







10/17/40

principal point. The obvious thing is, of course, it makes teaching material available when it isn't available on the ward, and if we build up a good library, we can always supplement what is on the wards in order to teach the medical students and give them a rounded picture. So often what is wanted isn't available at the time the students are here, and with the camera we can make a recording and have it for such a time as it will be needed. But I think it has a function over and above that, which is something which isn't to be provided in clinical interviews. For instance, I think it is a means of emphasizing a particular point by going over a particular recording, and you know when you use the film how things are going to go. Another point is that with the talking pictures you can telescope time. You can not only present the facts of the interview with the patient, but you can present the course of the illness. We have now a number of these films that attempt to do that, and we hope to do more by making careful follow-ups on patients, to follow the patient through one or more illnesses, and to follow the therapy and the results of therapy, and by using the silent camera following into the wards and occupational therapy and see what these are doing for him, and other activities that will be important in giving a vivid and concrete picture of what we want to put over to the medical students. Another point is that it is possible to show a patient in one of the more acute stages of an illness and then show him again when he is better and gives a retrospective account of his experience. You can present the acute state and immediately afterwards show the patient's



retrospective account, his recollection of that state, which may be months afterward, and you can compare the two together.

Another thing we had in mind in regard to teaching is the use of the library in referring to the collection of films, and we thought we would like to emphasize this for the students, make it a cross reference library if we can, so that one student or group of students can feel that they can look up any kind of case and familiarize themselves with any group of illnesses. They can notify us that they would like to do this and can have a catalogue such as we have handed out this morning, which is a list of all the films we have ready now for teaching, and pick out those they wish, and we can make arrangements for them to see those pictures at their own convenience, just as in a library. Of course, how much time that would take and how it would be organized would depend on how much use is made of it, and how much use is made of it would indicate how much it is worth and how much is worth putting into it. We are so fixed at present that we can do that to a limited extent without interfering with the taking of the films.

Another thing in the use of the films is to use them to circulate to institutions that don't have access to patients suitable for teaching of this type, in medical schools that are situated far from state hospital and have no psychiatric clinic of their own. They could use films like this which would be an improvement over purely lecture material. So much for the teaching end of it. We would like very much to have constructive suggestions about how to make it better and what other things to bring



into this that we can do with the equipment we have.

In the matter of research, it is obvious that this outfit is a recording unit and can be used to re-anything where cord, motor activity and voice are important, where the coordination is important, and personally I think that is quite important in the testing, because when you try to record everything you see the patient do in a test, sometimes it is inevitable that you only record what you notice, whereas the camera records everything that happens within the area that it is focussed on. This permits you to go on noticing things long after the initial interview is over. You can go over this film again and again, and often after the 4th or 5th interview there will be something happen and you will wonder if it occurred in the previous one, and you can go back over it and check.

In addition to being a recording, it has certain technical advantages of its own. It is a means of comparing such studies as the aphasic studies where you can study the differences and similarities. It is a means of searching out a common denominator in situations which are not necessarily test situations, and the same thing is true of schizophrenic mannerisms and such things. It is an opportunity to compare, to analyze. So far the most research has been done by Dr. Lidz with the aphasic problems, but we would like to expand into other realms, too.

Another point I missed in connection with teaching, and that is the opportunity to use the film when teaching to repeat. You can show the film to students and discuss it and bring out points, and then afterward the film



10/17/40

can be reshowed. Instead of having to be dogmatic about it and say, Well, these and these points were there but you didn't notice them, you can say, Well, what were the points, and then show the film a second and third time and leave it up to the students to draw their own conclusions about it.

The program I handed out this morning scared some people into thinking they were going to see all these films this morning. This is a list of films we have ready for teaching, and we thought if you had them and cases came to your notice, you can tell where our biggest gaps are and what we need to build on. What I said about the student and the library, goes of course for any one of you. If you want to see any picture in this list, we can make arrangements at a convenient time. The hypothymergic reaction sets are not very well represented. We have one or two that have been taken but not edited, but still we don't have enough yet. The parergic material isn't nearly well enough represented, but the most outstanding gap is the merergic type of thing. We haven't any of that, and it is, of course, very difficult to record it. At the same time it is something that is often more available here than some of the other material, but it is something we are trying to go after, and would like to get films of the reaction sets that will be valuable in teaching.

Now I am going to show this one film, a short one, of the type we use for teaching. It is #16. It is a Korsakow syndrome, alcoholic type. It is just to give you an idea of the type of thing we do in the way of putting together the teaching films. Afterwards Dr. Lidz is going



to show you one he has made of a case which is largely a research idea, but is to be edited for teaching.

(Film #16 shown.)

Dr. Fox:                    Would it be possible to indicate somewhere what the right date was and who the Mayor is? As time goes on, no one is going to know who it was. Perhaps it could be put down in the lower corner somewhere.

Dr. A. Leighton:            I think that is a good suggestion.

Dr. Fox:                    Also you didn't bring out anything about his polyneuritis.

Dr. A. Leighton:            It was transient. It was present only on admission to hospital.

Dr. Meyer:                  One might have a casual statement which would appear in contrast by having him react accurately to something of the past after having been shown the incapacity.

Dr. Muncie:                 Is he still in the hospital, do you know?

Dr. A. Leighton:            I don't know.

Dr. F. Lidz:                I think he is.

Dr. Muncie:                 He was there when I went out there, in 1938. I suppose he is still there. Do you think it would be worth while to see what he is like now?

Dr. F. Lidz:                It is a project I have been contemplating. The diagnosis of Korsakow isn't quite as accurate as it sounds. I have 3 patients at Springfield, one exceedingly mild, and one severe, and one a little more severe than this patient. We thought perhaps if we could get the whole series of them, we could show the remarkable difference be-



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tween Korsakows, up from poor memory to those with marked confabulation.

The film we are going to show now is not edited and has no captions, but we offer it as an illustration of what can be done as a research project. The study of this patient has become something of a hobby with me, and some people might say something of an obsession; but I think it is useful to see that here we have a mass of recorded material, all of which would tend to become dead and stereotyped in our minds after a while, but in going over the material in order to refresh myself concerning the actual way in which the patient behaves, I come down and see the film again. It is a recording of a number of basic test situations which took place that we are going to show this morning. This film isn't edited yet because there is more work to be done, but I thought I would tell a little about the patient. We think it is of interest not only because no one who has seen this patient ever remembers having seen anyone quite like him before, but because we think that a study of his defective behavior permits a study of the mentation in *anergasia* which may permit some generalizations which will further the understanding of mentation in general.

At the time the films were taken Mr. Frankton was 50 years old and had been transferred to this Clinic for study after 8 years of residence in the Springfield State Hospital. In his younger days he had been a highly intelligent person, holding the responsible position of private secretary to the Attorney General of the B. and O. railroad. In 1917 he had been unable to speak for several days and



suffered from trembling, weakness, and loss of confidence. He soon returned to work and was well until 1929, when a similar episode occurred which was thought to be due to overwork. He again worked with undiminished efficiency for another year, when the work became too much for him. He could never finish, and he worried and felt weak. Another rest in bed, and he was back at work, but from that time on his efficiency diminished and his entire personality changed. He would stay away from his work frequently on implausible excuses. In place of his former excessive diligence, he now was totally irresponsible. He attended movies all day long, and could never tell what he had seen. He was restless, smoked incessantly, and would repeat questions over and over and not realize that he had done so.

Because of electroencephalographic findings and his behavior pattern, a lesion of the left frontal area was suspected, and he was transferred here for study. I wish to call attention to several things to be noted in the film. There is a practically constant tremor of the head. The rapidity of the responses is very striking; he answers questions sometimes before the question is finished. There is a total lack of reflection in his answers; he tells whatever happens to come to his mind for some reason or other and is finished with it. There is memory difficulty, for past information as well as for recent; what has apparently been forgotten can be picked up by appropriate question. There is a noticeable lack of plasticity, and I think this is demonstrated by the ball and field test and the maze test, which is shown. There is inability to work toward a goal



idea. There is a tendency to persevere on one idea with an inability to shift from one trend of association to another without help. This is shown particularly when he is asked for two definitions of one word and cannot tell more than one definition. He gives better definition of concrete than abstract terms. There is inability to synthesize material as demonstrated in the description of his daughter, where he apparently remembers very little until he is asked definite questions. Also there is a great lack of concern over the contradictory statements given in close proximity.

It is thought that the basic difficulties that can be abstracted from all of this center about his inability to shift freely from one associational trend to another with concomitant inability for any performance which requires reflective thinking, that is, thinking for a purpose with trial of alternative answers before selection of the proper answer. I think you will learn more about the patient from seeing him rather than anything else I could tell you now.

(Film shown.)

He wasn't a paretic, and as far as we know he had a lesion of the left frontal cortex, with bilateral small hemorrhages into the internal capsule. We are not in a position to say this is degeneration.

Dr. A. Leighton: We would like to get a little discussion. We would like very much to have suggestions and help in selecting material. We will welcome anybody who is interested in participating in making the films.

Dr. F. Lidz: This isn't something that you can just go in and take offhand, but there has to be some preliminary



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work. We need female voices to record with female patients. The studio has been rehung since either of these films were taken, so that we believe the sound recording is much better than the first film you saw and better than this last one. It gives us a wider application now than any of the films you saw last year. We would particularly like those people who go out to Springfield and Spring Grove to keep their eyes open for good subjects, and it is better if you know the patient very well before taking the picture.

Dr. Frank: Do we have to take the patients out to Spring Grove?

Dr. F. Lidz: Yes. We can always transport them.

Dr. Meyer: These cases undoubtedly have to be studied as such, and the pictures have to be viewed with some comparison material. What is this patient's spontaneous production, and how does he do in the various tests? We need some contrast data.

Dr. F. Lidz: The contrast is in this picture, but it isn't obvious at first hand. The spontaneous productions are recorded. He just sits there. There is no production. That will be brought out in captions. The arithmetic which he does is far above the general performance and is brought in for that purpose, and I think there are other items that are much lower than the usual performance. That is another thing. It must be realized that to get a good film a considerable amount of work has to be done so one can predict what is going to show up in the film. That isn't always possible, particularly in a parergasic patient, but if you know the patient very well, you can pretty well predict what is going



to happen. This case has been studied for 4 months very intensively before these recordings were taken, so that we knew pretty much how things were going to go. Ones we tried to get on the spur of the moment or after a few hours of study have not turned out particularly well because we have not been able to plan it very much, and with sound film you can't just sit there and waste time. Every time we stop the camera to change scenes, it costs money.

Dr. Fox: It would be ideal if possible to have a picture of this man before he had his accident, but if we don't have that, I should think it would be well to give a little more description of what he was like, bringing out particularly the contrast. Perhaps you could get his wife's description.

Dr. F. Lidz: We have all that.

Dr. Muncie: These, of course, are fragments.

Dr. Meyer: One ought to realize how often the scene is done in the actual taking of movies. I had an opportunity to sit in on one of these. It is amazing what care is being taken so as to get continuity in matters of that kind. We can't go into it on the million dollar contract. Those who know the patient usually know how to produce certain things. When I go on rounds, I like to have some things brought out again, and it isn't possible for everybody to do it. You simply have to try yourself out. I think there has been great improvement with regard to the talking.



## HENRY PHIPPS PSYCHIATRIC CLINIC

November 7, 1940

Staff Conference

Dr. A. Leighton: The films we are going to show this morning are those that we have gotten on approval from the Psychological Cinema Register, which is an organization which tries to ~~cooperate~~ in distributing psychological and psychiatric films. It has the films for purchase. I am showing these to you so that you can look them over and see whether or not you think they are worth buying and having here for teaching.

The first one is Huntington's chorea and is described thus. The two first cousins and their paternal uncle, in one family, and two sisters in another family are photographed to show motor characteristics of this disease. The film shows: involuntary movements, standing posture, attempts at handwriting, ascent and descent on a stairway, hand and finger tonicity, and uncontrollable facial expressions.

This chorea film isn't so hot as far as the clearness of it goes, and there are very few titles, but in thinking about whether we ought to have it or not, I think there are one or two points that we should consider. One is that we probably would be able to make a better film than this ourselves. There is a lot of material available here, but the question is how soon could we get around to it. We have so much to do that it might be a couple of years before we could get around to it. If enough of you



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think it would be worth having, it might be well to get it  
not  
in the meantime. It is <sup>very</sup> expensive.

Dr. Meyer: What is the cost of the film?

Dr. A. Leighton: Twelve dollars.

(Film shown. Max Rossman - "Huntington's  
Chorea".)

Dr. A. Leighton: We might discuss this film before we go  
on with the next one. We could probably get the case  
history if we wrote for it so that we would have more data  
available in describing the case, and not having any more  
titles than that might be an advantage rather than a dis-  
advantage.

Dr. Meyer: The question of course would be, what  
would we want to demonstrate? With what comparisons? And  
the question then arises whether the presentation actually  
brings before us the particulars we would like. That it  
is a motor disturbance is clear, but I would be uncertain  
as to whether it would be an ataxia of one thing or another.  
Of the details of the motions we do not get anything.

Dr. T. Lids: My feeling is that this is the kind of  
thing that we should be able to make a very good film of  
ourselves because we have something relatively static. There  
is no question what would be produced. We could plan  
in advance. There are certain things that ought to be  
demonstrated in Huntington's chorea, some features pointed  
out. Then, too, it is something that should be in sound  
because the speech is so characteristic rather than just  
the motor phenomena.

Dr. Meyer: I suppose one would have to try and get



some situations that repeat themselves. Sometimes one can get certain things which then would be presentable with the disturbances and a reasonable demonstration of what the disturbance consists of, the jerky character, and the behavior, and the voluntary activity, etc.

Dr. A. Leighton: There are no contrasts in this at all.

Dr. Meyer: From the point of view of demonstration it comes next to nothing.

Dr. A. Leighton: Dr. Muncie, how easy is it to get chorea for demonstration?

Dr. Muncie: There are a lot of cases out at Spring Grove.

Dr. A. Leighton: I shouldn't think it would <sup>not</sup> be worth while investing \$12.00 if we can get them whenever we want them.

Dr. Frawick: There is no doubt that the last two cases certainly don't show anything that you could see except stiffness of motility, and if you are going to use it as a teaching film, that would only serve to be confusing rather than demonstratory.

Dr. A. Leighton: "hall we go on with the next one? This one I think is a better film and represents really a lot of work. There are lots of things wrong with it, but it is the sort of film that takes a long time to make with lots of thought and effort put into it. It is called, "The Treatment of Mental Disorders", and it shows case interviewing at the time the patients are admitted to the hospital, some of the procedures of the physical examination upon entrance, methods of forced feeding with patients who won't eat, the "wet pack" or "continuous bath" for quieting excited patients, the uses of hot boxes and lamps for heat therapy,



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the use of sedatives and narcotics, the use of insulin and metrazol therapy on schizophrenics and other types, fever therapy, occupational therapy, and recreational management in psychopathic hospitals.

Dr. Meyer: Is this the film produced under Ebaugh?

Dr. A. Leighton: No. This is from Rochester and from several different New York State Hospitals.

Dr. Meyer: Dr. Ebaugh has a film that doesn't cover all those things, but it is very good demonstration for the public.

(Film shown.)

Dr. Meyer: Are there any comments?

Dr. Muncie: It isn't good enough for technical purposes nor for just general consumption, and I would like to see what the film would be used for. What kind of audiences would you show this film to?

Dr. D. Leighton: It seems to me there are a great many medical students who don't know this much about how patients are treated. I don't think I had any idea of this during my medical course.

Dr. A. Leighton: I think it is a sort of brief bird's-eye view of it, and I think lots of people can graduate from an institution without having any idea of a number of items that are brought to them briefly in a film of this sort, and the details they can learn afterwards. This is an opportunity for a bird's-eye view of the whole thing.

Dr. Muncie: As I remember Dr. Ebaugh's film, his is much better. He showed a film of the patient actually coming to hospital in a taxi and what happened until she went home,



followed her through a number of treatment procedures.

Would anybody get anything out of the psychiatric interview here in this picture, or much more out of any of the other things.

Dr. Rennie: I think the whole thing is too naive for medical students. It is a perfectly good film for a lay audience.

Dr. Fox: It that is all a medical student is going to get, he had better not get anything, I should think.

Dr. A. Leighton: I think it is a start.

Dr. Fox: I think it is a poor start. If you are going to use it for teaching, it ought to have a clear relation to illness. It might even be a prison instead of a hospital setting.

Mr. Jaques: From the point of view of the student I think there are a few things, such as showing how a wet pack is managed and the insulin shock, which are interesting to the student. I don't know if it would be more trouble to cut this picture and put it together again and use it for the purpose of teaching some of the accessory methods and cut out the psychiatric interview and the occupational therapy and just piece together the more or less accessory techniques.

Dr. Fox: I think the best use for this would be to show it to an attendant who is thinking of signing up for service in a state hospital.

Dr. Booth: I think as far as the metrazol treatment goes we have a better one in our own files with the details.

Dr. F. Lidz: I think we might split up a picture like this. Working on the farms and like activities, it



might well be most serviceable to show at various institutions around. I think next spring Dr. Leighton could go out with a color camera and make movies that would make people want to enter a state hospital.

Dr. Muncie: I feel about both films that we can do a much better job here.

Dr. A. Leighton: There are \$20.00 at stake in this one.

Dr. F. Lidz: I am sorry Dr. Leighton didn't show the picture called "Daniel Alley". I saw it for the first time yesterday, a demonstration of a parietic patient. The introductory part demonstrates very well what could be done in this type of film. I wonder if you would like to show it as we have a few minutes left, just the introduction.

Dr. A. Leighton: The sound is so bad in this room, I don't think you would get much.

Dr. Meyer: Is there any further need for discussion?

Dr. Muncie: I may say there were a great number of films shown in the state hospital in California where I was this summer, and out of them all ours was by all odds the best. I think we do better work. It is a much better job than any of these.

Dr. Meyer: It is, of course, a question of time, and this is available, and it can be supplemented by things we would like.

Dr. A. Leighton: It would be perfectly easy to cut the film. We would have to buy the whole thing and cut it down to what we want, and that question of time is important. We can do all these things. We can try to do them, but it would take quite a long time.



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Dr. Fox: Medical students all have a chance to go to state hospital and see it. What do they need this for?

Dr. Rosen: Some people in New York have been making a library of neurological films, and they have one of Huntington's chorea which is very much superior to this. It shows various details of things, such as the patient's relative ability to perform skilled movements, to shave himself, and things of that sort. It is a silent film but has explanatory captions which carries the thing along much better. They have done a much better job than this, so that if films are to be bought, there are much better ones in the market.



November 28 1940.

Dear Dr. Meyer,

For some time I have had in mind a number of film themes which would go beyond the requirements of technical teaching for medical students, and acquaint a wider public with the facts of psychobiology. This is in part due to the rising popular interest in the social sciences and my feeling that it is up to us who work in that subject to offer what we can to those seeking orientation in a social structure that is quaking. Such films should embody the common sense and practical nuclei of psychiatry and mental hygiene in contrast to esoteric theories which have been popularized with an eye only to drama. Common sense is likely to get a hearing now because many people who formerly looked only for entertainment in psychiatry are earnestly asking help. The structure of the films should blend art with science in order to carry the message as clearly and directly as possible and add illumination to what otherwise might be only information.

With these ideas in mind, Dorothea and I last winter learned what we could at the Museum of Modern Art's courses in movies in New York and met Joris Ivans, an associate of the man who made the "Fight for Life", Pere Lorentz. Mr. Ivans expressed considerable interest in our work at Hopkins and offered to come down and look it over.

The first step in making a film on the scale indicated would be to collaborate with some one expert in film production in order to select a theme and work it out in detail on paper. With this basis one could then estimate the cost of production and consider the business arrangements for distribution, before doing any work on the actual film. The last step would be the production for which facilities and technical help could be hired.



Finances might be more a question of capital investment than out-right gift. If the film is properly prepared on paper and the right business handling carried out in advance of production, one should be in a position to know what proportion of the capital investment would likely be recovered, before the main expenses of production are incurred. However, it should be financed in the spirit of an experiment in social education. You, of course, know far more about where such money might be obtained than I do, but I might mention that I have heard of the Government contributing a number of times to such projects. Last winter I heard of some pictures being made at New York University on economics with Rockefeller money. Mr. Larry Frank, I believe, is keen on films as a means of education.

If you think ~~itxwix~~ Mr. Field is the right person and he is sufficiently interested, I should like very much to collaborate with him in drawing up plans for a film and see what comes of it.

In case he is interested in the work we have actually done, you could tell him that we use a 16 mm. single system sound camera to present cases and their back-grounds to medical students.



December 1 1940.

Dear Dr. Meyer,

In regard to our conversation about Ischlonsky, my thought is that he makes some good statements on human processes of generalization and discrimination, but the ideas are not new, nor are they the special possession of psychology. I don't think anything is gained except terminological impressiveness by throwing in the language of the conditioned reflex. Applying it to the statesmen of Europe merely restates the obvious facts of their behavior and gives a false sense of having achieved something while the real problem is obscured. The real problem is, what are the forces which caused them to behave as they did? It could be approached in terms of their life stories, education, standards of value, the personal and political demands put on them at various periods and the amount of division between what constituted national welfare and what constituted private gain or security to the statesmen. Conditioned responses have ~~xxxx~~ their place in the picture, but don't usurp all of it.

I said I thought his formula too simple and you replied that if simplicity were the basis of criticism, then much that you stood ~~for~~ for ~~xxxxxxx~~ would ~~xxxxxx~~ have to crumble. The difference depends on the use of the word, "too". I understand psychobiology <sup>as</sup> striving for the utmost simplicity that is compatible~~x~~ with the facts. Ischlonsky's application of the conditioned reflex to social behavior to my mind is on a par with explaining all spontaneity with Libido, ~~xxxx~~ and has about the same amount of truth in it.



Finances might be more a question of capital investment than out-right gift. If the film is properly prepared on paper and the right business handling carried out in advance of production, one should be in a position to know what ~~pr~~ proportion of the capital would likely be recovered, before the main expenses of production are incurred. However, it should be financed in the spirit of an experiment <sup>in</sup> ~~of~~ social education.

As Mr. Field mentions in the case of the film "Fight for Life", the government has contributed a number of times to such projects. Last winter in New York we heard that some films were being made on economic themes at New York University with Rockefeller money. Mr. Larry Frank is said to be keen on films as a means of education.

If you think Mr. Field is ~~the~~ right person and he is sufficiently interested I should like very much to collaborate with him~~x~~ in drawing up plans for a film and see what comes of it. In the mean time he might be of great service in improving the medical student films. If you care to, you could tell him that ~~xx~~ at present we are working with a 16 mm. single system sound camera to present psychiatric cases and their back-grounds to the medical students.



March 16 1941.

Dear Dr. Meyer,

We find Ischlondsky's letter of considerable interest. I get a better impression of his concepts and am more sympathetic than I was after hearing him speak.

The main thing, however, is the idea he has for research and practical work in the social sciences. This seems to have much in common with the thoughts that sent us to the Navahos and the Eskimos and hatched out our plans for studying a community in Nova Scotia. Of course, we wonder just what Ischlondsky really plans to do. What specific research does he propose to do? How heavy will be the impression of the conditioned reflex mould and does he understand the use of the person's history, the study of the person in action and the importance of taking advantage of nature's experiments as well as laboratory set-ups?

The propaganda side of his program also appeals to us. We have often deplored that knowledge of human behavior is more often employed for somebody's private profit than for anything else. What appears in medicine and education does not seem to compare in quantity to that which is used in advertising, business promotion and politics. Social ~~science~~ science should contribute something toward helping bewildered peoples and make them less susceptible to demagogues. Movies are of course an important means and the film we are planning now seems to be along these very lines.

If the promise in Ischlondsky's ideas develops, then it is of great interest to us and we should like to keep in close touch with what transpires.



January 29, 1942

Dr. Adelf Meyer,  
The Henry Phipps Psychiatric Clinic,  
Johns Hopkins Hospital, Baltimore.

Dear Doctor Meyer:

The purpose of our request to the Social Science Research Council was to secure six hundred dollars for a part time secretary for a year, in order to pull together, adequately organize, and prepare for publication the material which we gathered among the Navaho and the Eskimo. The principal part of this work consists in psychobiological person studies. Our special interest is in the development of a technique for studying the dynamics of a community through person studies of selected individuals in the community.

Although the application to the Social Science Research Council was made in my name, the project continues to be a joint one between Dr. Dorothea Leighton and myself. Since this is so, the fact that I am in active service in the Navy does not jeopardize the work, as might otherwise be the case. As a matter of fact, I have at present more time to devote to our anthropological research than I did when on full-time duty in the hospital. I understand from the Navy that I am to be transferred to New York to work in psychiatry in a naval hospital. This move to New York will put me in a better position than I am now for consulting various social scientists whose experience might be helpful.

Sincerely,



Address at :

1011 N. Barcelona St.,  
Pensacola, Fla.

June 1 1942.

Dear Dr. Meyer,

I am enclosing an article which I have written on the training of social scientists and which I am thinking of attempting to get published. If you can find time to look at it, I shall certainly be most grateful.

I have received very cheery letters from Dorothea who is out in New Mexico beginning her career as an employee of the Government. There is being held in Santa Fe under the auspices of the Indian Office a big rally of practical social scientists for the purpose of holding seminars for Indian Office teachers and to lay plans for research and improved administration. Lloyd Warner is there and numbers of other anthropologists.

I am finding life down here very pleasant and much more like being in the Navy than at any of my previous duties. Part of the time is spent taking review courses in subjects like ophthalmology and cardiology which ~~xxx~~ have special angles in their application to Aviation Medicine, and part of the time is spent going about the air station, flying in different types of planes and learning as much as possible first hand of the lives and problems of aviators. In particular I have been interested in the ~~xxxx~~ effects of high altitude on behavior and mentation and have made a few studies of people at altitudes up to 35,000 feet. At that height, I got nitrogen bubbles in my own lungs and had to come down.

I have no idea where I shall go from here, but I expect it will be interesting work wherever it is. The needs and methods of personality study as applied to aviators seems pretty well understood in the Navy. However, I shall be here until July 16 at least.

Please give my best to Mrs. Meyer.

Ever gratefully yours,

Alexander H. Leighton



## THE JOHNS HOPKINS HOSPITAL

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OPHTHALMOLOGIST-IN-CHIEFRICHARD W. TE LINDE, M. D.  
CHIEF GYNECOLOGIST

Baltimore, Maryland

June 9, 1942

Dr. Alexander H. Leighton  
1011 N. Barcelona Street  
Pensacola, Florida

Dear Dr. Leighton:

Your sketch of actual field work as a basis of acquisition of experience of an ethnological nature is, I think, very helpful. The problem is that of urging familiarity and concreteness and the development of selective judgment in finding problems that can be worked out in particularly favorable settings, but also can serve to bring light on generalization.

It is, of course, particularly difficult to learn to cultivate the selective capacity of intelligence, and to keep wide horizons with well-focused interests at the same time.

What you say of your flight at 35000 feet is a startling record.

It is a great pleasure to hear of the activities both of your own and those of your wife. I do not know whether in a trip West we might get close to the region of Dorothea. It will be in August and probably heat may be forbidding. That you have time to write personally and in specific articles is, of course, a great satisfaction and pleasure.

With my best wishes,

Most sincerely yours,

*Adolf Meyer*



1011 N. Barcelona St.  
Pensacola, Florida  
June 16, 1942

Dear Dr. Meyer,

I feel like quite a globe-trotter these days! I came back from Sante Fe because the Indian Office was willing for me to finish the handbook on the Navahos that we have started before beginning the research program. The Sante Fe conference was most interesting. It was attended by a group of Indian Service teachers from a number of different Indian reservations who were to be instructed in how to collect the information that the Committee on Personality Development wanted. They were a hand-picked group, and seemed quite keen to take part in the project. Besides the teachers there were various 'specialists' and 'supervisors' and the moving spirits of the plan. You know a good many of them, - Lloyd Warner, Robert Havighurst, Max Lerner, Commissioner Collier, Clyde Kluckhohn, Laura Thompson, Grace Arthur. I am sorry to say that I missed Dr. Lerner. The teachers were fascinated by his demonstration of Piaget's stories on some near-by Indian children.

The plans for studying the children is rather ambitious, and tends rather to find out a little about a lot of children than a lot about a few. I don't see how it can fail to yield results which will have some interest and value, however, I am going to be a one-man team in the Ramah area where there is no school to help out, and in addition am supposed to do a good many physical examinations, Rorschachs, Arthur performance tests, and thematic apperception tests on some of the other groups. I expect to learn a great deal in this year!

Alex seems well and busy learning some of the things he skipped over rather lightly in medical school. He feels that there is not as much emphasis on the aviation aspect of the various specialties as there might be.



He wants me to tell you that he is asking our secretary, Miss Spicer to bring you one of the Navaho life stories that we worked up. It is the one of which he read a formulation at staff meeting last year, but the edition he would like you to look at is in three volumes. I think you will see easily from the introduction to each volume what its purpose is. Dr. Kluckhohn thinks a good deal of the three volumes should be published, after some more polishing. He believes the Peabody Museum will do it eventually although they already have a considerable waiting list. We would value greatly your opinion and comments about its form and substance if you have the time for it.

I understand that you and Mrs. Meyer are to be in the southwest this summer. I shall be at Ramah after Aug. 1st, and if there is any way we could meet while you are out there, it would give me the greatest pleasure. I consider the southwest an ideal summer climate, at least at the altitudes of New Mexico and Arizona. I hope you will find it so.

Sincerely,



COLORADO RIVER WAR  
RELOCATION PROJECT

Poston, Arizona  
January 25, 1943

Dr. Adolf Meyer  
H. P. P. C.  
Johns Hopkins Hospital  
Baltimore, Maryland

Dear Dr. Meyer:

The work here continues to be interesting and stimulating. We are attempting to understand problems of leadership, clique formation and the effects on personality of a managed community such as this. Aside from two anthropologists, I have 10 Japanese field workers, mostly college students. I have been attempting to give them a course in Psychobiology which has, at least, been an interesting experience for me.

One of my duties is that of a psychiatric consultant to the medical department. I have been so rushed with other work that I am not able to give the time to this that I should like, yet I feel that here is an important opportunity both for research and for helping the people here. The upheaval and change for the Japanese has been terrific and it colors very highly the content of those psychotic and neurotic patients I have seen. To what extent it is a real causative factor is another matter. If it has been a factor, the question is, in what way and combined with what and in what sort of a personality. Problems of cultural conflict are life-long with the Japanese in America and they enter the picture too. I would like to know if the percentage of pathologic reactions is higher in this population than in a similar cross-section of the general American population.

I wonder if there is any way in which a psychiatrist could be sent out here for some months to study the situation? I believe that it would be a project very well worth the interest of a foundation or a Psychiatric Society. It would be a problem looking to future problems in the Post-war era of mixing cultures and colonial administration by the United Nations. It would also help the Japanese here and might provide some mental hygiene guidance for the Relocation Centers.

If you think there is any possibility of interesting a group who would send a psychiatrist here, I should be glad to write at



Dr. Adolf Meyer  
January 25, 1943  
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more length. Perhaps I should write Dr. Whitehorn about this too.

I wonder, do you still have my manuscript of the Medicine Man? If you are finished with it, I should very much like to have it back as I wish to use it in teaching a course soon.

Dorothea and I often think of you with respect and very great gratitude. I hope to be East in the spring and to see you. The very best to Mrs. Meyer.

Sincerely,

ALEX LEIGHTON

AHL/m

Dear Dr. Meyer:

Very much  
yours  
H. B. B. C.  
Dr. Adolf Meyer

1943 JAN 25  
Boston, MA  
BOSTON HOSPITAL  
CORPORATE BLDG 4TH FLOOR



Affectionate  
Greetings  
Sincerely  
Mary Meyer

Mrs. Adolf Meyer  
4305 Rugby Road  
Baltimore, Maryland

February 4  
1943.

Filo

Dear Dorothea and Alief,

I'm all liked your desert  
Christmas card very much  
and in send our warm  
thanks. It's so nice to hear  
news from you. I hope you were  
together for Christmas and that  
you are together now.

I read "Galatians" with  
much interest. I marvel  
over the your untiring  
care and thoroughness  
and broad outlook.

W. Meyer says you need  
the material now - so  
I'll be sending in to  
you shortly, by parcel  
post.



D. there came through  
the all out war on  
his teeth with flying  
colours and is in New York  
at the Psychosomatic  
meeting just now.

The newest pet at  
the laboratory is a beautiful  
lunar moth. But it  
won't eat the sugar water  
Cecilia offers it - so I suppose  
it can't live long.

Ladybug died last fall. Also  
my repair man Mr. Nicholson.  
Athens remarked: "There are  
two people I certainly do miss;  
Ladybug & Mr. Nicholson." !



The Johns Hopkins Hospital  
Baltimore, Maryland  
April 17, 1943

*Please include  
1 copy in  
Personal file*

Dr. Alexander Leighton  
c/o W. R. A.  
Posten, Arizona

My dear Leighton:

I appreciate very much your sending me the outline of Commissioner Collier. I am of course keenly interested in topics of this sort, but I was somewhat staggered at the first reading. On the third reading, with the later pages preeminently in my mind, I became fascinated by the actual obligation of meeting those who have kindred interest and preoccupations and urges. I must confess that my sense of democracy, with its Swiss background, has an urge for something very much more directly compact and like that which I tried to give expression to in the paper on Spontaneity. Moreover, I have the feeling that we may well <sup>want to</sup> run away from our record of performance, but certainly not from a good many of the practical activities and determinations that most of us have in mind, and had long before the two wars.

I am just now under obligations to make some comments on a book by a Lithuanian-American, Shortage of Victory, by Gabriel Javscas. The Appleton-Century company sent me a copy. I consider it a very valuable supplement to all the more or less journalistically written books. It gives the experience of a man who had his first training in Berlin, then sociological training in London and at Columbia--married



an American girl and has given his boy the name of John Peter Altgeld, which shows that he evidently does not take the many contacts and influences of his actual life superficially. It really does contain a great deal of that which one has to have lived through to understand Europe and the rest of the world, in a somewhat less stereotyped fashion from what one usually gets. There is a certain intimacy which gives evaluations from somewhat more serious an angle and also freer and fuller than what goes in the first rank with the many excellent journalists America has developed and brought to the fore.

What I would like to do with John Collier's outline would be to revert its goal, more closely as the objects in my own life and thought. I really shiver at the naivety in which the whole problem is looked at, so strongly in essentially futuristic terms. It really is an important obligation to see what our own life period has shown us. I should like to see how, without our copying 'revolutions', we ought to be able to establish individual and group life that would do more than what the last few decades have done to American life. I am heart and soul with the need of definite effort and responsibility in human life and the inclusion of that in any conception of democracy. We ought to be able to get rid of the mechanistic talk, study some of the efforts such as have activated our settlement-people and played a role in our private and social life. I do not



know anything of Edward H. Carr whom he mentions and whom I would like to know.

I wish I were not wrapped up with so many distracting topics just now. They all have a certain share in this general problem and I hope that some of the attempts at expression will give occasion to make some contact some time with John Collier and with those who are with him and interested as you <sup>and we</sup> are.

I enjoyed your brief visit and appreciate your sharing with me the thought and plan of Commissioner Collier.

With my best respects to you and to Dorothy,

I am,

Most sincerely yours,

*Adolf Meyer*



COLORADO RIVER WAR RELOCATION PROJECT  
Poston, Arizona  
April 28, 1943

Dr. Adolf Meyer  
H. P. P. C.  
Johns Hopkins Hospital  
Baltimore, Maryland

Dear Dr. Meyer:

Many thanks for your letter in regard to Mr. Collier's statement. I am forwarding a copy to him and I know he will find it helpful.

Could you send me a copy of your spontaneity paper? I would much like to consult it now and my own copy is hopelessly inaccessible in storage.

Sincerely,

A. H. LEIGHTON



2042 New Interior Dept. Bldg.

February 8, 1944

Dr. Adolf Meyer  
4357 Rugby Road  
Baltimore, Maryland

Dear Dr. Meyer:

I have studied Kluckhohn's chapter carefully and I think it is good. Insofar as my experience is concerned, his statement regarding the kind of psychiatry that has been influencing the anthropologists is correct. Dot and I have done what we could in our contacts to widen the horizon and to inject something of the psychological point of view. However, we have neither written nor spoken sufficiently to have as yet any very great influence. I believe, however, that in the case of Kluckhohn himself, we have very much modified his view and if this article had been written five years ago, it would not have been as critical as it is now.

I was much struck with the comments from Sapir as they re-enforced the impression that I had from reading his article that whatever the source of his psychiatric orientation, it was much sounder and less inclined to fly off in higher realms of theory than is the case with others, particularly Mead.

Kluckhohn mentions Kraepelin's interest in anthropology but as of instance of psychiatry learning from anthropology rather than vice versa. There is no reference to Laubscher and no reference to Eugene Kahn who in his position in the Institute of Human Relations at Yale should have been in a position to bring some psychiatric influence into anthropological work. These omissions however may be deliberate because Kluckhohn may not consider either of these influences real or significant.

His observations in regard to the needs of anthropologists are very keen and so also his summary at the end warning psychiatrists as to what they should not do when utilizing anthropological material. I feel however that his summary of what psychiatry can contribute to anthropology is not so well rounded, but this is a vague, general impression, one which I cannot put in definite words. I am unable myself to think of a better way of expressing it and yet I have the feeling that it could be done.

Sincerely,

A. H. Leighton  
Lt. (MC) U S N R

AHL/fm  
Enclosure

P.S. (in handwriting) Where he mentions Dorothea and myself, I wish he had not left us as "non-analytical" psychiatrists, but had said what kind of psychiatrists we are.

S/Alex



2042 New Interior Dept. Bldg.

March 10, 1944

Dr. Adolf Meyer  
The Johns Hopkins Hospital  
Baltimore, Maryland

Dear Dr. Meyer:

I did not get a chance to speak to you last night, but I want to say how very much I appreciated your coming to the meeting. I felt very much honored, indeed. I only wish there had been an opportunity to talk with you a little.

Our very best to Mrs. Meyer and please come and see us if you are in Washington.

Sincerely,

A. H. Leighton  
Lt. (MC) U S N R

AHL/m

~~Shaw~~



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

June 8, 1944

Dear Dr. Leighton:

At the last meeting of the Brickner group in New York I was asked to get into contact with those who might be able to get some kind of work under way on what can be expected of the prisoner camps with regard to any orientation for the best work among Germans.

The group is most interested in the educational measures, but it seems to me that it is even more important to learn what one can expect from the Germans themselves in the way of forming any ways of creating a leading attitude in the new opportunities and efforts. It is obvious that whatever one expects to do must be in harmony with regulations holding for the prison camps, and the efforts to be made should in no way become an ostentatious attempt to do more than get spontaneous trends among the war prisoners. Nevertheless, in planning efforts concerning Germany, familiarity with the spontaneous goings on will be of the utmost importance. With your experience in the Japanese relocation camps, you would no doubt be in the best position to give some advice as to how best to proceed.

I note this morning in the press the formation of a committee of investigation of the activities in the camps. What I have in mind is less aggressive and more of the nature of having contact with some persons actually in charge of the practical work in the camps, but sympathetic towards watching the activities among the prisoners that would throw light on what one is likely to meet and what might exist and ferment.

One has, of course, to take the utmost care



not to create conflict with the army and camp regulations.

The conferences in April and May were attended by representatives of the State Department, Mr. Shaw, and at the last conference, Mr. Fuller. The Committee is now drawing up the upshot of the conferences which would probably be taken up with the State Department or any of the agencies that in the future might regulate the participation in any actual activities in Germany when any contact becomes possible.

The opinion of the Conference was especially preoccupied with the educational system and the nature of what influences would shape themselves in the way of supervision of school texts, personnel of supervision and instruction in the actual teaching; but it always seemed to me that this should not be assumed without real contact with the "Allied Nations" rather than essentially an American undertaking. And the first task would be the trends that developed in the adults and those in charge of the teaching.

I should appreciate very much your advice as to the topic and the personnel that has to be won for cooperation.

I was sorry not to see you at Philadelphia. I saw Dr. Cameron who is evidently seriously occupied with his McGill plans and who told me that he was going over your reprints, etc.

With my regards to you both,

I remain,

Most sincerely yours,

*Adolf Meyer*

Dr. Alexander Leighton  
Lt., M. C., U. S. N. R.  
2042 New Interior Dept. Bldg.  
Office of Indian Affairs  
Washington 25, D. C.



File

Room 2042 New Interior Building,  
Washington 25, D. C.

June 13 1944.

Dear Dr. Meyer,

Many thanks for your letter of June 8. It may take a week or two to get the information you desire, but I think it can be accomplished. I have some contacts with the military department that deals with prisoners and I feel if I develop these slowly I can be of more use to you than if I rush directly in with direct questions.

At the moment, I would say that there is likely to be considerable military resistance to any research or indoctrination carried out among prisoners by civilians. In part this is in-group feeling on the part of the military, but I think there are in addition regulations prohibiting such contacts that spring from the Geneva conventions. Best possibility, I think, would be the development of contacts between the military men interested in the prisoners and responsible for them and the psychiatrists, rather than to aim in the beginning at direct access to the prisoners. All this, however, is just impression. I hope to have some information before long.

I very much agree with ~~an~~ your point that we "should learn what one can expect from the Germans themselves in the way of forming any ways of creating a leading attitude in the new opportunities and efforts." It is my feeling from my talk with Cameron and his letter, that ~~they~~ <sup>his group</sup> are rushing into action, or planning for action without planning to get the basic information upon which the action should <sup>stand</sup> ~~be based~~. It looks like the prescription of therapy without examination and adequate



diagnosis -- without sufficient assesment of what the situation really is and what it offers in both opportunities and stumbling blocks. I may be wrong in assuming that they are looking for answers when they should still be looking for the right questions, for I could very easily be biased by my experiences with Indian and Japanese educational and administrative measures as I have seen them in the last few years. The common practice is to operate on a theory or a hunch until forced to find out why it is not working, instead of devoting adequate time at the beginning to gathering needed data and setting up some means of rechecking from time to time. Consequently, I feel that we ought to approach the German prisoners, and ~~the~~ post-war Germany with a determination to have at least an approximately accurate idea of what it is we are going to change before we rush into the plans for making the change.

I am very much interested in this subject and hope that you will keep me informed as to what is going on and that I may have an opportunity of reading any memoranda or other material that may be prepared. In the mean time, I shall scout around here and will write you ~~xx~~ as soon as I have something, probably <sup>b</sup> within two weeks.

Very best from both of us to yourself and Mrs.

Meyer,

Sincerely,

A. H. Leighton,  
Lt.Cdr. MC. USNR.



Room 2042 New Interior Bldg.,  
Washington 25, 1944.

June 23 1944.

Dear Dr. Meyer,

Yesterday I had a chance to talk to Colonel Sweet who has charge of prisoners of war. In his mind I was identified with some work on Morale of which he had a good opinion, though inclined generally to be skeptical of such reports. He is a man between 40 and 50, alert, alive, "practical" and probably intolerant of views not his own. I said that there was a committee composed of members of the American Psychiatric Society that was interested in the problem of re-educating the Germans after the war. At once he interrupted me saying, "That is a new one. I have heard of 87 other committees and screw-ball organizations that all want to come into the camps and re-make the prisoners, show them movies and lead them to the path of light and every other darn thing." I said that this committee was not trying to make over the prisoners, but wanted to know something about the attitudes the prisoners had so as to be able to plan for post-war work in Germany. He immediately became more sympathetic and spent about 10 minutes telling me that there were three main types of prisoners, 1.) The complete and bigotted Nazi who sneered at America all the ~~ix~~ time, who took all good treatment on the part of the U.S as a show of weaknes, etc. 2.) The former anti-Nazis who still hate them and in the circumstances of capture have revived their hate. Many of these would like to stay in this country. 3.) Those in between these extremes, likely to be influenced by ~~the~~ either of the other two. Having said this, Colonel Sweet evidently felt he had told all there was to tell. I said that I was not a member



of the committee but only trying to explore for them how they could get the information they needed without asking for things that would be out of order. I said that I thought that they would have a number of rather specific questions and would want to get in touch with those who had direct contact with the prisoners if it was possible. Then I mentioned that there had been meetings with representatives of the State Department and that there were probably Army Medical Officers in the committee. He said that every two weeks they turned out a report on prisoner morale and that a number of special studies had been made for the Surgeon General. He thought that if the committee made requests "through channels", say either the State Department or through the Surgeon General, they could have copies of these reports. He was not at all warm to the idea of spending much time talking the matter over with committee members. As for direct contact with the prisoners was concerned, that was completely out. I asked if this was due to the Geneva Convention, and he said that the prohibition on propagandizing or re-educating the prisoners was due to Geneva, but that the rule against Civilian contact was Army.

My general impression is that an approach through the Surgeon General of the Army and by way of Army Medical officers would be the only one likely to bear fruit at present. I should think any attempt to seek direct contact with the prisoners in the beginning would result in antagonism to the whole program.

I am afraid this is not very helpful. If there is anything more I can do, please let me know.

Our very best to Mrs. Meyer and yourself,

Sincerely,

A. H. Leighton,  
Ltj.Cdr. MC USNR.



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

December 4, 1944

My dear Leighton,

Your visit gave an excellent opportunity to enter into the spirit of the Leightons' and the Kluckhohns' activities. I greatly appreciate your having brought it about.

It amuses me to think of my historical lapsus linguae of 1823, when of course the 1900's were meant *in the early Navaho contacts.*

Your giving us the visit, however, brief, leaves many stimuli. I hope I can go to New York and see you there. Just after you left, Wang came in, with grave doubts about the Japs and any access to the Asiatic branch of the tribe, however much help we have in those who have grown up in America. And Ruth Lidz came with her boy, evidently very eager to work with her controlled analysis of two patients. It is interesting to see how different stimuli work toward a spirit of action. There is so much to be digested on all sides.

With best regards to you all,  
Sincerely yours,

*Adolf Meyer*

*I wonder whether Dr Kluckhohn would not a fair insight concerning my perspective from the Anti-Moslem article Psychol Bulletin 1907, and p. 8 of the student's 2nd year outline of "non-analytic" procedure?*



BUMED-X-BAB

15 Jul 1944

Dr. Adolph Meyer  
4305 Rugby Road  
Baltimore, Maryland

Dear Dr. Meyer:

I am taking the liberty of sending you some of the material I am working with in the hope that you may have time to look it over and give me your reactions. The main part of the manuscript consists of what will be Part II of a book to be published by the Institute of Pacific Relations. Part I is a narrative account of the administration at Poston and is somewhat long. Rather than burden you with it, I am sending you a condensed version entitled "A Disturbed Community" which I think will provide you with most of the background necessary for understanding what I am driving at in Part II.

In regard to Part II, I am anxious, of course, to have whatever criticisms you care to offer. This is still in the form of a rough draft and I expect to re-write and probably re-arrange drastically the entire manuscript. I would be particularly pleased to get your reactions to:

- (a) The general concepts
- (b) Suggested additions or deletions
- (c) Better illustrative and corroborative examples
- (d) Suggestions for a final chapter that would endeavor to integrate the previous chapters and tie in loose ends.

Many thanks for your letter and your reactions to our Navaho book. I am giving the matters which you mention considerable thought. When I have something worked out, perhaps I could come over to Baltimore to talk it over with you. I will write to you very soon at more length about this.

The very best from both of us to Mrs. Meyer and yourself.

Sincerely yours,

A. H. LEIGHTON  
Lt. Comdr. MC USNR



25

August 21, 1944

Mr. Adolph Meyer  
Rugby Road  
Baltimore, Maryland

Dear Mr. Meyer:

I enclose a draft of an article which may be published in a journal or which may be included in a book that the Princeton University Press will bring out. It is not complete but it is a statement of our conceptions and methods of research, and I should very much value your reaction to it if you have time to look it over.

Dorothea enjoyed Sunday enormously, and we hope we may see you and Mrs. Meyer again soon.

Very sincerely yours,

A. H. Leighton  
Lt. Cdr. MC USNR

AL:BE  
Enc.



January 3, 1945

Dr. Adolph Meyer  
Rugby Road  
Baltimore, Maryland

Dear Doctor Meyer:

I have intended writing you before now, but have been pressed with work, disorganization from the holidays, and recently, a rather severe illness of Dorothea. Regarding the latter, I am glad to say she is getting well again.

I appreciate very much the letter you wrote after our most pleasant Sunday with you and Mrs. Meyer in Baltimore. The references you mentioned to the Students Outline and the Moebius article have been given to Dr. Kluckhohn. Incidentally, he has several times commented on how thoroughly he enjoyed the opportunity to talk with you.

The meeting at the Institute of Pacific Relations was interesting and I am sorry I did not have a chance to get your general reactions afterward. In the afternoon I proposed that each of the psychiatrists should interview at some length, a number of Japanese persons in order to frame ideas about personality structure and the kind of equilibrium that exists between the individual and his society - or rather the range of different kinds of equilibrium. It seems that this will be acted on and arrangements for carrying it out will be made. The psychiatrists appeared, at the meeting, to wish to emphasize psychological warfare, but I hope they will shift to a broader base and think more of understanding the Japanese and learning how to communicate effectively with them and how to interpret their efforts at communicating with us. Probably focusing on the nature of the Japanese sensitivity to group opinion would be as good a specific aim as any. However, the psychiatrists will no doubt follow their own inclinations in such matters.

After the personality studies have been carried on for a time, it is proposed to have one or more meetings of the psychiatrists to hammer out general agreements and principal questions and then a meeting to discuss and evaluate results with



the anthropologists and Japanese specialists.

Last week I got my book about administration in the Japanese camp off to Princeton. I wonder if you would permit me to dedicate it to you? For some time I have been trying to find a way of expressing with the greatest possible simplicity the many, many things I feel. If you approve, I believe I shall put it like this,

TO  
ADOLF MEYER, M.D.,  
Teacher

In addition to this, your influence in the conception of the whole project is in the introduction.

I ask this permission with considerable hesitation because the book may not amount to much or it may be severely criticised. However, it is the best I can do and as such, I should like to offer it.

Sincerely,

A. H. LEIGHTON  
Lt. Cdr. M.C., USNR

AHL:fp



File

ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

January 9, 1945

Dear Commander Leighton:

I must not delay my answer to your note of January 3rd.

I am very sorry to hear of Dorothea's renewed illness, but am glad that she had recovered by the time you wrote.

The meeting in New York was very interesting. I was a little tired by the time the Pacific Relations Institute started. In the main, it seems to me a pity that there is so much discussion of detail when one does not have the material on hand for direct study and discussion. That is where I feel you had so much better an opportunity, having been in the midst of it and able to state from observation what most of the discussion was largely supposition. It would be so infinitely better to work with what can be followed up and investigated anew.

These conferences are to me a fairly interesting phenomenon and perhaps more worthy of one's leisure than a real contribution to what we are so hard pressed with. I hope to see shortly the Swiss physician who works for the Red Cross, Dr. Zehnder. P. M. has some interesting statements just now about what the soldiers meet with when they get into German villages. Of course, those are also abnormal situations, because those people never know when their Nazi army might come back and might take revenge for any honest statements. We certainly have a difficult problem on hand, and evidently a nation not so much fundamentally paranoid as fundamentally and very practically thrilled with the picture of paradise, although under threat of



segregation camp or purge of a more "finishing" course of instruction. How gullible other people would be under those circumstances is anyone's guess, but it evidently works *also* when curiosity about real potentialities is excluded. Just think of a body of people who have to obey orders not to read and not to listen to the available radios when things come from quarters that really could give the real "dope" of circumstances.

I can appreciate your pleasure in having the book in the printers' hand. That you wish to dedicate it to me is much appreciated. I shall be very much interested in viewing the whole exposition of this remarkable experiment.

I am still wondering what to say about our friends the anthropologists and their seminars of conjectures. Of course they have documentation, but certainly there were too many things read into that Japanese officer's diary.

I wish we were closer together so as to speak oftener of the concrete events and to discuss, sometimes, matters published long ago but, like these Japanese documents, likely to be dissected under longing feelings for the future. I have just gone over the Complaint paper, and wonder what interpretations one might get. The Russian translation has an editorial critique which I only just recently deciphered. It is interesting to see how total strangers get into difficulty when using the customary measures with their-- in respect to the actual paper--totally foreign mode of thinking and working. It is, in that case, interesting to see how they come to arrive at the conclusions which they drew from mere reading, without seeing or participating in the actual work.

With my best regards,

Yours sincerely,

Adolf Meyer



1120 Mt. Vernon Boulevard  
Alexandria, Virginia  
27 September 1945

Dear Doctor Meyer:

This is a report which has just been mimeographed on the Japanese character which Alex and I thought would interest you and Mrs. Meyer.

Alex has not yet left though he still expects to go any minute. It was a great pleasure seeing you last Sunday and we appreciate very much Mrs. Meyer returning Alex's little pipe tool so promptly.

Sincerely,

Dr. Adolf Meyer  
4305 Rugby Road  
Baltimore, Maryland

10

*Dear Dr + Mrs Meyer*



July 16 1945

ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Dear Alex,  
Skimmed the enclosed to  
Dr. Stromson? Or  
will you answer it?

It came when I was  
my anxious & I neglected  
answering it.

Dr. Meyer is still pretty  
lazy from the sulphur diazine.  
He is also still getting penicillin.  
The doctors say he is in fine  
shape. He feels rather  
miserable - he is my  
patient.

Faithfully  
Adolf Meyer.

AM



Ralph Block is Phyllis Greenacre's  
sister-in-law & she had written  
Dr. Meyer Mr. Block would call  
him or write. He told me to  
write Dr. Greenacre & refer  
him to Dr. Stromson, but  
she did not have his  
address or his whereabouts.

Anyway I leave  
it — your hands which  
I — sure — would  
satisfy Dr. Meyer —



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

October 22, 1945

Dear Dr. Leighton:

I was glad to see that the plan for conjoint work between you and your husband has been granted. I congratulate both of you.

I wonder whether the problem in Japan has really gone through. While I am not very enthusiastic over the topic of the investigation, I hope there has not been any abandonment of the very interesting opportunity to see Japan in its native convulsions.

With my congratulations at the opportunity for a valuable demonstration of psychiatric and ethnological investigation, I am, with my best wishes,

Sincerely yours,

*Adolf Meyer*

Dr. Dorothea Leighton  
1120 Mt. Vernon Boulevard  
Alexandria, Virginia



1120 Mount Vernon Boulevard,  
Alexandria, Va.

February 18 1946

Dear Dr. Meyer,

I have delayed a few days in replying to your letter about Weston La Barre because I wanted to give the matter careful thought. I have met the young man a few times, but the only thing I have to go on in evaluating him is the article in Psychiatry to which you referred me. I had read this before and after getting your letter I read it again.

I suppose the question really hinges on what are the Guggenheim standards? Margaret Mead said to me at dinner the other night (without, of course, any questions from me, she having introduced the subject) that she thought La Barre's article was very poor, but that she had recommended him for a Guggenheim because she thought that may be he would produce something some day and any way it was her contribution toward rehabilitating men who had been in the services.

My own feeling about the article is that it is surprising and lamentable that one who ~~had~~ has had as much training as La Barre has had both in anthropology and at the Meninger Clinic should produce so thin a piece of work and at the same time be so dogmatic and unaware of its deficiencies. At its best, the article is an essay that is rather intriguing and even thought provoking. This is especially true of the first part and his biodynamics are certainly on solid ground, as are also his remarks on the relationship of individual personality to group ethos. However, even in this part, he often bites off more than either he or his reader can chew with the result that he seems sweeping, all inclusive, yet shallow. When an article makes pronouncements that range from telling the reader what the great American novel is to defining the place of women, it strikes me as more oracular than scientific. At times it is even silly as when he accounts for the popularity of cowboy movies on the basis of the American's "consciousness and pride in the past."

However, who is there who can cast the first stone at another's generalizations? It is a sin we all commit, and the more I look around, the more I become convinced that acceptance or rejection of a person's generalizations often depends, at least for the moment, more on how well they fit into current fashion than on any real basis in natural science, carefully observed.

The most serious thing, to my mind, is the looseness of thinking or expression that has led him to publish on this subject without reading Corer, to not tell the reader that his total contact with the Japanese ~~was~~ in the relocation camp was no more than 30 days, to go into print without carefully reading the ~~number~~ numerous excellent reports and discussions that have been brought out by the War Relocation Authority's Community Analysis Division, (and yet to generalize from his 30 day experience), and finally to make various flat statements in regard to matters which are either very doubtful, or are just not true. Two examples of this latter point may be found in his assertion ~~that~~ which implies that all Japanese prisoners of war taken in the Russo-Japanese war were executed by their fellows when later freed, and his characterization of the relocation camp Issei meetings with the project director. The latter may have been true of the group he knew at that particular time, but it was not true of other groups, nor of that group at a later time.

It is this lack of self-criticism and need for thoroughness that would give me the greatest pause. He seems to operate in an atmosphere by himself with no feeling for what others have done in the realms that interest him, nor ~~has~~ any curiosity to find out.



structure.) I would be inclined to put such matters ahead of his psychoanalytic leanings. If he possessed the latter in combination with some thoroughness and awareness and evidence of careful workmanship, I would be inclined to urge strongly that he be encouraged with all possible assistance, for the area is one that should be thoroughly explored, even if only to make clear the negative results. With La Barre, unless he is capable of work far different from that I have seen, I would fear that not even the negative would be demonstrated.

After writing all this, I feel very unhappy, because I like the little man and feel sorry for him. Also, as I said at the beginning, there are some intriguing and thought provoking things in his essay. Moreover, he is by no means the greatest sinner along the lines I have indicated. Gorer and Mead are probably both much more sinister for being given at times to the same sort of thing, but far more clever. But I don't like to see the ranks swelled any more.

I wonder if Dr. Muncie told you that he asked if Dot and I would like to join the Seton Institute? He wanted me to be the Director. After a good deal of thinking we decided that we had better not take it in spite of the numerous temptations. He wanted the answer within one day, else I should have come over to talk to you about it. Our decision was primarily determined by the feeling that we could make more lasting contributions if we take the Tugenheim opportunity to read and reflect than we could if we were to plunge at once into an other program of action. I hope you approve.

The very best from Dot and me to Mrs. Meyer and yourself.

Sincerely



February 13  
1946.

ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Dear D. Lighton,

Is it fair to ask you a question under strict secrecy: whether D. Houston La Barre with his psychoanalytical orientation of anthropology should or should not be recommended for a Luggenheim fellowship? He gets a host of eulogies from the rank and file but Ralph Linton says: "In the concluding paragraph of his 'plan for work', Dr. La Barre says that 'work on the materials collected will help me to get my feet on the ground again.' To judge from the project his feet are rather far off the ground at present." (D. Thor refers me to Psychiatry, vol 8. no 3. p. 319-342)



La Barre's study of the Japanese.)  
Since Freud does not work with  
psychoanalyses of Japanese  
patients, he seduces the anthropologist  
to indulge in a different world  
of reference. This is what I object  
to, because it introduces unknown  
factors as if they were common  
to all human beings. Whether  
Linton's retreat from the "Spiridian  
anthropology" is based on that  
realization I do not know,  
but Linton himself evidently  
instinctively or knowingly  
wishes to get his feet on  
comparable ground, instead  
of "psychiatric" claims without  
psychiatric mixup. I myself  
tend to minimize professionalism  
but am glad to see Linton get  
closer to Lowie's aim.

At any rate, I am



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

wary of what is being introduced  
by facile ignoring of Freudian  
indoctrinations. Whether  
La Barre could or should be  
made aware of the possible  
fallacy on which he has been  
led I do not know. What is  
your impression? Evidently  
Mr. Mor asks me for my  
verdict because he is wary.

If you feel that I should  
be careful about injecting a  
prejudicial scruple, tell  
me frankly whether or not I  
should give La Barre a  
green light.

Most sincerely yours  
Adolf Meyer

over:



I must say though that  
La Barre in the detail of his  
article is relatively less  
Freudian than generally and  
humanly biodynamic. This  
relatively non-dogmatic  
dynamics of the characteristics  
of the Japanese relies the writer  
in part at least of the chief  
ones of my concern.



26 June 1946

Dear Dr. Meyer:

I thought you might like to know that I finally decided to accept the Cornell offer, should they make it formally. The position proposed is a full professorship which goes by the title of sociology, but which will involve mostly research with some teaching in the field of human relations and along lines that are appropriate in terms of my background. There is also to be some sort of active link with the psychiatric unit in New York.

I had a very pleasant conversation on the telephone with Julia when in Chicago and gathered that she and the baby were in fine shape. I regret that I was unable to get out to see them.

Dorothea who is keeping well joins me in sending our very best wishes to Mrs. Meyer and yourself.

Sincerely,

A. H. Leighton  
Commander, (MC) USNR

Dr. Adolf Meyer

4305 Rugby Road  
Johns Hopkins Medical School  
Baltimore, Maryland

AHL/fm



August 18 1946

Dr. Adolf Meyer,  
4305 Rugby Road,  
Baltimore 10, Md.

Dear Dr. Meyer,

I enclose a copy of an article which appeared in Commentary and a typescript draft of one I have prepared in response. If you have time, I should value exceedingly your comments.

Many thanks for your kind letter of June 28. The summer is passing very pleasantly for us in this oak grove on the hillside. So far all goes well with Dorothea and our aspirations. We have acquired a buff cocker puppy whom we have named Pan (Greek not kitchen) and who is a source of amusement and affection. As things stand now, it looks as if we would be here through the winter.

I trust that your Chicago family are still with you and that all goes well. Our best to them, Mrs. Meyer and yourself.

Sincerely,

A. H. Leighton, M.D.  
(Now on terminal leave)



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

June 28, 1946

Dear Dr. Leighton: -

My congratulations to your choice. I think you will have an interesting focus from which to develop your ideal as well as a good location for your family. President Day and his predecessors and the whole series of heads of departments form a very interesting setting.

In our Baltimore region Dr. Rogerson brings an interesting perspective through his British background and the Phipps links. What will come with the Washington developments may become interesting. Felix will bring in the Ebaugh background. Whether Philadelphia will dovetail is of course a question which is not negligible.

Through Haldane I feel that the Rogerson-Cassel brings in a note of university and adult education with a definite humanistic outlook which, I trust, will permeate the spirit of Washington and our national politics. Whether the Phipps clinic will again assert itself with an inclusion rather than separation of Muncie's trend is a question.

I am trying to get a perspective concerning what happened May 17th at McLean. I can really see quite a future if the component elements



do not get too scattered.

I hope very much things will go well with Mrs. Leighton's health. My best wishes in all these outlooks.

Dr. Allen in Philadelphia will, I hope, form a valuable link as well.

Mrs. Meyer and I will have a very interesting visit from our Chicago branch in a couple of weeks. Taking it all in all, it looks as if we might have an interesting summer and fall.

Before your leave Washington, I hope we shall have a happy reunion.

With my best regards,

Most sincerely yours,

*Adolf Meyer*



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

August 30, 1946

Dear Dr. Leighton:

I should have thanked you at once for the very interesting article in connection with Nathan Glazer's review in the Commentary. It is an excellent contribution and, to me, especially interesting because of the picture that you give of the evolution of your own perspective.

That you got your impetus from my "meliorism" interested me greatly. The fact that my main emphasis lay from the beginning in my basic conception in contrast to those of the physiologists was no doubt little emphasized in my *later* Hopkins teaching, because the revolution of concepts took place in the '90's, and was made most emphatic in 1904, at the Columbia seminar on "Consciousness", and in 1907, in my criticism



of Moebius and his Hopelessness of All Psychology.

It is, after all, the obligatory respect for what we should develop as our present-day "psychology" in the form of ergasiology and its psychiatric shaping of ergasiatrics that is expressed in all my concepts and practice and back of the somewhat archaic term "psychobiology," which now comes into vogue again under the conception of psychosomatic medicine. That it is very important just now, when we really are confronted with a broad perspective under world concepts which now should receive intercommunication justifies indeed the meliorism, but the fundamental background or general concept lies in the unitary concept of the person as a biological organism and its life-function. That we have to recognize that our departments of 'psychology' still very often evade the issue may be worth emphasis, as in Goldstein's book on the organism, p. 336, etc.



The main issue rests on the concept of integrates which, I think, are usually given under the terms of emergents and will probably be under the shadow of the contrasting of mental and physical which runs through our language.

I was, of course, most interested and gratified with the account of Dorothea's success.

With my thanks for the interesting document of your own evolution, I remain, with best wishes to you both,

Very sincerely yours,

*Adolf Meyer.*



Adolf Meyer

September 18, 1946

Dear Dr. and Mrs. Meyer:

I want to express again my thanks and appreciation of the opportunity to be present at the wonderful party last week. I didn't get much opportunity to speak to you because you were so well surrounded with other disciples but I would like you to know how much fun it was and how envious Dorothea is that she couldn't be there to see Mrs. Meyer and the performing cake.

Sincerely,

A. H. Leighton, M.D.

Dr. and Mrs. Adolf Meyer

4305 Rugby Road

Baltimore, Maryland

AHL/fm



*Adolf Meyer*  
Sept. 13, 1946

Dear Dr. Meyer,

It is not always taht one is fortunate enough to remember and so mark distinctly the beginning of the most significant sequences in his life, but coming to dinner this evening on your birthday recalls the first occasion upon which I heard of you. It was a winter night on the deck of the Alaunia coming back from Europe in 1930. Dr. Livingston Farrand, then president of Cornell, was on board and I had an opportunity to get his advice on where and how best to approach the study of human behavior. We had a number of long talks on the subject and he finally advised Johns Hopkins Medical School because of the general research training and because of the teaching in psychiatry. He said, "Adolf Meyer is there."

Very much has happened since then to make those words stand ever more clearly. From you I have derived information and new facts and such wealth of wisdom and insight as I could assimilate. There was stimulation of one's own spontaneity, and guidance and backing in seeking to explore human relations across cultural lines where other vantage points might be found for learning what men do and are. By precept and example there was instilled a high sense of value for the individual and of moral and social responsibility.

And then there were personal ties, as when you were the first confidant to the plans of Dorothea and myself and helped to make our marriage possible.

The substance of these benefits is continuously apparent as new experience and personal growth bring deeper realization of the meanings. The debt, therefore, is in the present and future, not in the past along, and becomes greater with time.

A statement like this, however real the items listed, somehow misses the essence which is in, around and beyond any categories that can be thought of. The richness lies, perhaps, in all the ramifications of your concept of the importance of "the whole of man and not a part of him only."

Sincerely,

Dear Dr. Meyer,

I should like to add my greetings, and the hope that your direct contributions to the understanding of man, and your indirect ones through those you have trained and inspired, may continue for many years.

Sincerely,



Meyer

September 4, 1946

Dear Dr. Meyer:

Thanks for your letter of August 30 and for your comments on the article for Commentary which are most appreciated.

I hope you did not feel that the remarks which are made in regard to your influence constituted anything like an attempt at a total statement. I dwelt on meliorism only as a point which seemed to me to have particular bearing on the ethical question raised by Glazer concerning the relationship of science to human responsibilities. For me, the psycho-biological concept, the grasp of different levels of integration and the treating of man as a whole rather than insisting on dissecting him -- these things are, of course, fundamental and central.

Our best to Mrs. Meyer and again, many thanks.

Very sincerely yours,

A. H. Leighton, M.D.

Dr. Adolf Meyer,  
4305 Rugby Road,  
Baltimore 10, Maryland.

AHL/fm



ADOLF MEYER, M. D.  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

October 30, 1946

Dear Dr. Leighton:

Your Atlantic Monthly contribution concerning Hiroshima convinces me more than ever of the difficulty to keep our efforts in formative and constructive channels. To bring order into peaceful and scientifically documented and instrumented patterns will be an inspiring task for your generation.

Dr. Ebaugh called the other day and expressed his regrets on his having lost out in the competition with Cornell. To bring one's personal experience and resources into line with the needs and possibilities of today is indeed full of incentive and in need of focussing. The New York and the Ithaca components of Cornell deserve interesting coordination, which I suppose is getting more and more concreteness by contact and assimilation with your own urges. Diethelm is especially occupied with the organization of the Personality Study, and Rennie with his interest in ~~what~~ the reconstruction of the veterans' organization calls for. The Ithaca people, such as Liddell and the psychologists coordinating the education and sociological



teaching should offer a great deal. Your association with ethnology and anthropology is probably taking more and more form in actual lines of work, falling in line with what your organization for family and home will in part determine. We shall always be interested in how plans and activities are shaping.

With my best wishes to Dorothea and you in these conjoint directions,

Most sincerely yours,

*Adolf Meyer*



*J Meyer*

February 4, 1948

Dear Dr. and Mrs. Meyer,

We were delighted to hear from you and to know that you admire our daughter.

I was in Washington some weeks ago and tried to call you up one evening, but got no answer. I have not had the luck to get to Baltimore, but am still hoping.

It was good news - and a surprise - to learn about the second Asher. Long may he thrive.

We closed up the house two days after the holidays began at the university, and drove down through northern Pennsylvania to the parental home at Paoli. It was a wonderful sunny day, and we enjoyed ourselves, with dog and baby behaving well enough, but not so well as to remove the spice of uncertainty. On Christmas when Gertrude arrived from her books and Yale, the family was complete, and we sat around stringing popcorn and cranberries into festoons which we hung on the tree. The latter was a live hemlock, which we planted later.

We planned to come home right after New Years, but were delayed two days by snow and then sleet and ice. When we did finally get under way, the trip unfolded without trouble, even though we were pulling a loaded trailer. For two stretches in the mountains, however, each 10 to 20 miles long, we were going over more or less pure ice. The iced trees were amazing, coated more than half an inch, and bending this way and that through the woods so they all looked like crystal weeping willows festooned with cold lace. Lots of them, unable to hold up the weight, had shed their branches like lobster claws.

I ought to say something about how and where we live. We bought the house, perforce, buyers not being choosers these days, while renters are an object of merriment. However, we are now glad we have it. It is oldish, built for function, with a touch of upstate New York tradition. The sides are clapboard, and the frame has a few pieces that are hand-hewn. The latter, I suspect, are more ancient than the house and probably came from other now vanished dwellings. Settling had given the floor a gentle wave and made it necessary to recut the doors, so that they have that artistic asymmetry coveted by the Athenians. There are four bedrooms upstairs and an attic for drying clothes in the winter. Downstairs we have two sitting



rooms, a bedroom, a bathroom, dining room, a good sized kitchen, and two connecting sheds. We have made one of the sitting rooms into a nursery for the baby and converted one of the upstairs bedrooms into a study. The chief disadvantage of the house is the lack of a fireplace.

There is a cellar, which is chiefly attractive for its array of peach butter, grape jelly, grape butter, apple jelly, pears, apple sauce, poke roots (to produce greens in the winter) and numerous other products that came directly from our own vines or were secured in barter for the goods from our vines. There is also some fish which we caught last summer in Nova Scotia, pickled, and dried.

It is only a step to the fields and woods. I have seen deer tracks within ten minutes' walk from the front door, and the deer themselves a few minutes farther on. The dog and I raised a fox with a fine big brush in a field of winter wheat across the road one morning. He was stalking a couple of pheasants that were walking black and long against a slight dusting of snow, tailed like comets. They look so different from any of the native wildlife that they suggest right away the Orient, or at least the Near East and Bizantium. They are, I guess, a living link with the Romans, from whom they came to us via England, and they match our New York upstate classic names like Ithaca, Syracuse, Troy, and Home, our round white columns, and our Latin school books.

The work at Cornell goes pleasantly, with interesting things opening up. There is research in industrial communities to be got under way, and a wide-ranging program aimed at teaching non-literate people in out-of-the-way places in Latin America and Southeast Asia to accept modern agricultural methods, so the world can be fed. The problem is: How to merge these technologies into their culture without wrecking the people -- or causing refusal to accept the technologies.

Our love to you,



Jan 17. 48

Dear Leightons,

We are just  
delighted to  
have this my  
4305 RUGBY ROAD  
GUILFORD  
BALTIMORE, MARYLAND

every photograph of Darsen. What a  
darling! We have standing in the  
living room uncounted quite a number  
of pictures of what we call D. Meyer's  
"grandassibants" that came Christmas,  
3 Litzs, 4 Lunkeaus, 2 Jayworthys, one  
Lombroso, etc etc & now here is the  
crowning glory: Little Darsen Leighton.

Today D. Meyer has worked in the  
library from 9.30 AM till 3 P.M. &  
still going strong - stopping  $\frac{1}{2}$  an hr. for  
lunch. So you see he has gained strength  
since you were here. I am just  
happy to have you here. I am just  
happy to have you here.



first photograph of Klaus Thomsen as a  
age 2 months & nearly two weeks.  
Tommy (or "Yom Hono" they call him he is  
so dignified) & C. are great friends and.  
It only took her a month to get over her  
jealousy, now she adores him. ~~But~~  
Alec when you see my niece  
Katharine Woodward at Payne Whitney,  
she is I think in charge of  
Child Psychiatry (probably in the  
Dispensary) all when you see her  
talk with her. She is doing some very  
interesting work with children  
retarded - talking & with epileptics  
too I think. Your house & setting down  
delightful - you always do find the me-  
usual. With affectionate greetings to you all  
from us both. As ever Mary A. Thorne.



5-5-47

Peoli

Long hand letter

Dr. Adolf Meyer,

Letter says sorry  
not to see you for long  
wash. Will see —  
Fall or winter on trips  
to Wash.

Give summer address  
alys



## AN OPEN LETTER

“So much has been said and so much implied about the desirability of drafting 18 and 19 year old men for military service from the viewpoint of emotional stability that it seems that in the public interests that a simple, direct statement should be made on this question.

“Speaking as individuals we wish to assure the public and parents of this age group that there are no grounds for apprehension as to the effect of military service on these younger men as distinguished from the older men. Such statistics as are available indicate that the incidence of mental breakdowns is no greater in the 18 and 19 year age group than in the older group. If anything it is somewhat less. It would seem to us that the proposal now before the American Congress does not unduly compromise the future mental integrity of this particular age group or of the nation. With the government realizing and properly assuming this increased responsibility, we endorse favorable action upon the proposal to include men of 18 and 19 years under the Selective Service Act.”

Signed:

A. G. Meyer, M.D. professor emeritus of psychiatry,  
Johns Hopkins University, Baltimore, Md.



(2)

C. Macfie Campbell, M.D. professor of psychiatry,  
Harvard University Medical  
School, Boston, Mass.

Foster Kennedy, M.D. professor of neurology, Cornell  
University Medical College, New  
York, N.Y.

C. Charles Burlingame, M.D. psychiatrist-in-chief,  
Neuro-Psychiatric Institute  
Hartford, Conn.

Edwin G. Zabriskie, M.D. professor of clinical neurology,  
Columbia University, New York,  
N.Y.

Winfred Overholser, M.D. supt. St. Elizabeth's Hospital  
Washington, D.C.

S. Bernard Wortis, M.D. professor of psychiatry, New  
York University, New York, N.Y.

Tracy Putnam, M.D. professor of neurology, Columbia  
University, New York, N.Y.

Oscar Diethelm, M.D. professor of psychiatry, Cornell  
University Medical College, New  
York, N.Y.

From: 200 Retreat Avenue, Hartford, Conn. Tel. 7-3101



MRS. ADOLF MEYER  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Aug. '48  
A Meyer

Dear Alex,

I am so happy to  
hear you and Dot and  
Doreen will have another  
baby - no number and that  
Dot is so well. I know  
my grandchildren that  
2 are 4 times as much  
fun as one. Christine  
& Tommy have been my  
great joy this summer.  
D. there now - eyes deep  
Tommy, he sometimes smiles at  
him & usually checks him



under the chin & the like.  
Sufficiently there was no  
paralysis, only a spastic condition  
of the blood vessels. He walks a  
little, & shuffles, his walk is  
better than before, he does not  
drag the right foot anymore.  
Speech is returning. Both nurses  
are tops & take beautiful, under-  
standing care of him. My  
wonderful doctor, Dr. Vincent &  
Halsey Barker are - daily  
attendance still, & Prof. <sup>Hargis</sup> has  
been for one consultation. At  
present we are rather at  
peace and hopeful.

It makes me very  
happy that you accept the  
task of writing an introduction



MRS. ADOLF MEYER  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

for the third volume of  
D. Meyer's collected papers  
The way in which you express  
your acceptance is so  
characteristically you,  
so gracious and  
with such a genuine  
spirit of appreciation of  
the worth of D. Meyer's work  
and such a profound  
modesty concerning your-  
self! That paragraph in



your letter moved me deeply  
and I wanted to write you  
myself immediately - but I  
could not. With Julia's and  
D. Traupott's help I'm becoming  
more adequate and hope to do  
my share again from now on.

Miss Winters has no doubt  
told you that we are pushing  
the neurological volume just  
now because the plates will  
need the most time. I'm  
sure she will let you have  
the papers as soon as you  
desire. She has worked valiantly  
both on this project & on helping  
out in my emergency and will



MRS. ADOLF MEYER  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

have a much needed vacation  
from Aug. 6<sup>th</sup> to 23<sup>rd</sup>

Your semi camp  
semi house sounds most  
attractive. I like & think  
of you all in so peaceful  
and beautiful a setting.

Affectionate greetings  
Faithfully

Mary Meyer



File

MRS. ADOLF MEYER  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Dear Alex Leighton,  
Infinitely chagrined  
I am not to have thanked  
you for sending D. Meyer  
and me your wonderful  
book these many months  
ago. It is a treasure! Our  
heartfelt thanks for it and  
for your gracious inscription.

The summer's terrible  
heat was bad for D. Meyer.  
Hardly had he rallied from  
that when he got a mild



pneumonia, which however lasted  
rather long, and was followed  
by an annoying penicillin  
rash and an objection to  
eating enough. He is better  
now so that my present  
anxiety is no more than the  
usual and I feel like writing  
letters again. At present A. Meyer  
takes seemingly no interest in  
things intellectual, but reacts as  
quicker as ever to humor and  
fun and we have many a  
good laugh together. Last February  
he was reading Greek poetry with  
pleasure. Now he doesn't read at



MRS. ADOLF MEYER  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

all, nor does he want to be  
read to. He looks well, has  
excellent clear color, and  
the same sparkle in his  
eyes. For I saw the Cshers  
will be here and Tommy, a  
pronounced and intutitional  
comedian, will be as great enter-  
tainment to his Granddaddy as  
he was in the summer.

If Dorothea can have  
time I would love to hear  
about the children. Did



She go with you to Ireland. It  
must be a wonderful there.

I hope your mother is  
well. Would you please give  
her my cordial greetings when  
you write.

I am grateful to you  
for undertaking the introduction  
to D. Mezer's Mental Hygiene  
Volume. Things are coming  
along well. Eunice Winters is  
my able. I am not  
really surprised at the terrific  
cost of the neurological vol. We  
have just got the estimate.



MRS. ADOLF MEYER  
4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Of course the other 3 vols. without  
illustrations will cost less.

Again - with warm thanks  
and affectionate greetings to  
you both  
Faithfully Mary Meyer

Nov. 18. 1949



(P)

Dagley, R.R. # 1,  
Nova Scotia,

May 28 1951

Dear Mrs. Meyer,

The second volume of the collected papers has arrived and I wish to thank you very much for your thoughtfulness in sending me this copy.

It is a continual inspiration and satisfaction to feel a part of these great volumes.

Dad joins me in sending our very best regards.

Sincerely

Algo. Leighton



P

August 13 1951

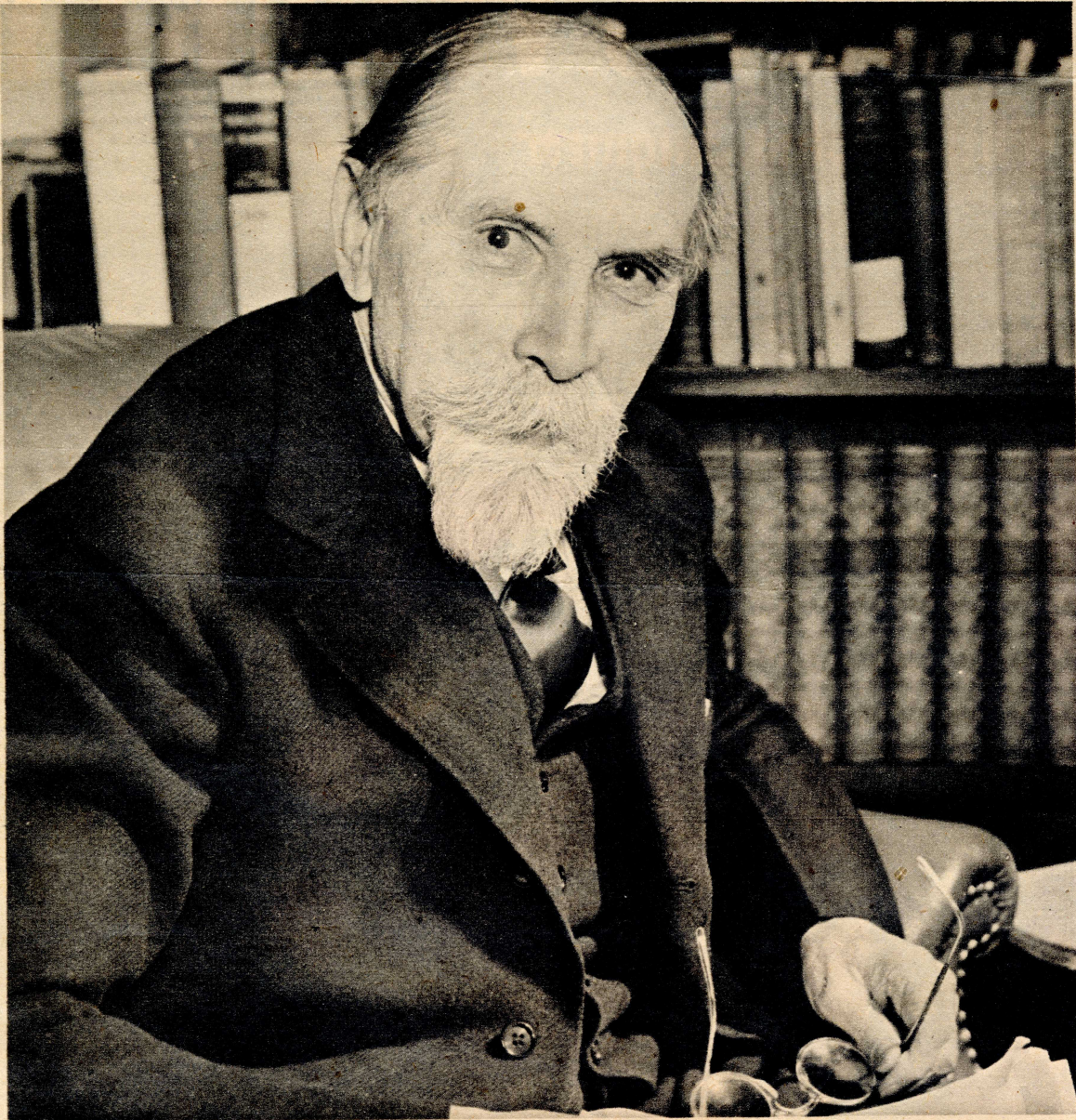
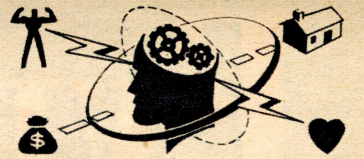
Dear Mrs. Meyer,

My office at Cornell tells me that vol. III has arrived. I am very grateful for your kindness and look forward to seeing it on my return to Cornell early in September. The books are coming out with good timing, it seems to me. What a wonderful Mrs. Winter must be!

Bob joins me in sending our very best regards —

Sincerely  
also





*Dr. Adolf Meyer*

## Unclutter Your Mind—Now

● *By George W. Ellis*

I SAT face to face with a man who knows better than anyone else in the United States what makes the human mind tick, and I heard him say: "It is *mismanagement* that causes disorder of the mind—mismanagement of private affairs, or of business, or of armies or of governments." And he spoke with the authority that is his own, for Dr. Adolf Meyer is the vested dean of psychiatry and the world is his clinic.

"As individuals in the midst of a seemingly disordered world of social beings we must unmask the phantom of fear. Most of the things we fear never occur, and it is doubtful if man's greatest worry—destruction by the atomic bomb—ever will come to pass.

"Man never will destroy all that he has ever builded. The soul of Man will not permit him to do this.

"It is one of the phenomena of the human mind that it is able to absorb so much of the world's wisdom and of the world's folly.

"Much of the illness of individuals—mental and physical—arises out of this disorder. I would say to every individual that to be mentally healthy he must *unclutter*. Inventory and reorganize your mind. This does not require a very long period of discipline. It demands

only that we appraise our own dilemma with utmost honesty and frankness; that we approach our individual problems with regard to our place among other human beings.

"The human organism never can exist without its setting in the World. All we are and do is of the World and in the World. But" (and he closed his eyelids as if raking away the leaves of four score autumns as he added) "the mind and the soul of Man have, indeed, a hard time."

DR. MEYER would not hazard a guess at the number of patients that have sought and regained mental health at the Johns Hopkins Hospital in Baltimore, where he held the chair of Professor of Psychiatry and was Director of the world-famed Phipps Clinic for nearly 40 years. But he pointed to a huge globe in his study and declared that the patients came in caravans from all over the world.

Dr. Meyer now is just where he wanted to be at ten when, as the son of a Swiss clergyman, he was in the habit of making notes on the behavior of parishioners in his father's church.

He had the choice of an education in theology or in medicine and he chose

the latter because it embraced the former. And he focused his study on the then impenetrable human mind because, he says, "Psychiatry means, literally, the healing of souls."

DR. MEYER has made it his business to heal suffering souls ever since he came to the United States in 1892 after training in colleges and hospitals in Vienna, Paris, Zurich, Edinburgh and London. His first job in this country was pathologist at the Illinois Hospital for the Insane at Kankakee. His acumen and pathological deductions at once put so great a demand upon his time that he was forced to give up his position to explain his theories and reveal his clinical findings to students of mental hygiene all over the nation.

In 1913 the Johns Hopkins Hospital, opening the first clinic for the exclusive study and treatment of mental diseases, called the young Swiss to the chair of psychiatry, a new, dubious, and not then an entirely accepted branch of medicine.

Today Dr. Meyer is credited not only with having given the impetus to, but with actually promoting psychiatry and mental hygiene to the high place in medicine it now occupies.

At 80, Dr. Meyer is not basking in

the glorious sunset of his achievements. He looks forward, even now, with eyes that are sharp and critical, at the world of human minds that are entrusted with the shaping of the world's destiny.

"To me our period appears like one of accelerated evolution into a new and more livable freedom. Freedom is not chaos, it is choice. And choice implies rejection as well as espousal."

IT IS obvious to me now that no reportorial technique is needed to open this storage vault of human experience, so I do not interrupt as he continues:

"The present-day emancipation from a false authority of fear and dogma borrows much of its fervor from a new fear, namely, the off-hand or unreasoning fear of repression of individual desire.

"We, as social beings and as individuals, must learn to repress what may be most tempting for the moment because of the greater call of the ulterior 'good.'

"It is not so very hard to realize that many an apparent repression of a momentary impulse is an obvious gain.

"And I repeat: It is not repression but *mismanagement* that causes disorder of the mind—mismanagement of private affairs, or of business, or of armies, or of governments."

DR. MEYER paused for a moment then said: "We who have spent our lives in attentive study of the human mind and its relationship to its environment cannot help but be deeply concerned with the ever-expanding load it must bear. We speak of freedom, and yet this human mind of ours shapes itself to the whims and fancies of hundreds of millions of other human minds. And no two human minds are alike.

"In planning the future of the world it would be well for a brief space to forego bickerings over armaments, inventions and aggrandizement and recognize that without Man there would be no nations. We should be frank to recognize that Man is, fundamentally, a social being."

"Now, the United Nations Assembly, a great body of human minds, from several hundred different environments, is charged, equally, with adjusting several hundred million minds to the individual satisfaction of each human mind. The responsibility and the effect upon the world surely must be cause for each member of that group to tremble.

"But this fact is pre-eminent: We all have—or surely most of us have—almost instinct-like thought and feeling; tendencies which represent the very soul of human nature by which we want to learn to understand each other and share with each other.

"It is, therefore, unlikely that the human mind will act in any way other than as it is natural for it to act and it is my feeling that our grandchildren and their grandchildren will be born into a world of greater freedom than we have dreamed of as an Utopia."

THE venerable doctor passed a hand across his forehead and, before indicating the interview was over, he said: "As I get ready to pass my too-short lifetime of study on to my colleagues, I do not view with alarm this planned 'suicide of civilization.' It never will occur.

"I am optimistic about the future of civilization but I am concerned with the present aspect of the organization of the human mind. Will it be able to cope with the problems of the future? Not unless Man takes inventory of himself as an individual, listens to the 'still voice' that is the God within him—or soul, and begins *now* to feel he is an integral part of the world we live in."



April 10. '59

4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Dear Alex,

It is indeed good news that you have written a book that has to do with theories of personality & the effects of cultural and social environment for there is no one better fitted for it than you. I look forward with keenest pleasure to reading it. It warms my heart to hear of your memories of S Meyer in the course of your thinking of him and working on a topic that was of passionate interest to him.

You are right - some memories stay ever green; and these memories the sense of loss never grows less.



Do  
Are your Salomon Lectures  
of last fall <sup>find their</sup> the summation  
of in the book you speak of?  
Dorothea mentioned them  
only briefly - a Xmas card.  
We shall be <sup>on</sup> the  
keen look out for the book  
and I thank you warmly  
for your letter.

With my love to Dorothea  
as always  
Mary Meyer.



June 18, 1952

Dear Mrs. Meyer:

I have just finished writing Miss Winters a note that consists in a lame expression of complicated thought and strong feeling. It is stimulated by the fact that the last of the four volumes has arrived and the task is concluded. However, the task is a bit like assembling and launching a ship: the effects of the work which will last for generations is only beginning. The volumes are on their own, carrying treasure wherever there are inquiring minds.

With the thanks that are so patently due Miss Winters, I wish to send also the even more profound expressions of gratitude to you who were responsible for guiding the work as a whole - for having the basic idea and seeing it through.

It has been a long time since any of us have been in Baltimore. Our travel route seems to be Ithaca, Nova Scotia and New Mexico. We think of you often and wonder how you and Julia and the third generation are. Our two keep growing as they should and Dot and I work together and enjoy it. We send our love, along with our everlasting gratitude.

Sincerely yours,

Alexander H. Leighton

AHL jh



Aug 21. '52

4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

Dear Alex Leighton,

Long before this I intruded  
to answer your good letter  
of June 18<sup>th</sup>. But I was with  
the Ashers and the children  
are so diverting I gave myself  
up to that pleasure with  
the exclusion of all other  
pleasures. For it is a  
genuine pleasure to  
tell you how your letter  
pleased me. Out of the  
kindness of your heart



You always make me  
feel I had a larger share  
in the production of the  
Collected Papers than I really  
had — (except that for  
me they never would have  
been published, — true enough)

In a way Vol. IV is  
more satisfying to me  
than any of the others,  
because I feel your  
introduction more  
definitely & clearly  
identifies itself with  
the material of the papers.



4305 RUGBY ROAD  
BALTIMORE 10, MARYLAND

And as I have said  
to you before, you seem  
to me to go deeper into  
the core of W. Meyer's  
thinking than anyone  
else.

His Writings is back from  
Europe & to my satisfaction  
is working on the Salmon  
Lectures. The Salmon  
Committee had inadequate  
funds for the editing of



D. Meyer's lectures. By great good  
luck I was able to raise  
the money & am now of peaceful  
mind on that difficulty.

It was delightful to hear  
Miss Winters' & Miss Bonner's accounts  
of their visits to D. Meyer's  
Distr. - law - Zurich, to  
Oskar Fasel & Huri Flomson  
- Geneva & to the  
dear Huddsons in Edinburgh.

Do your children ask  
you as Tommy did me: Where  
does the wind come from?  
What is water made of? and  
how does life start?

I wish I could <sup>see</sup> your children!  
My love to Dot & gratitude &  
affection to you Faithfully Mary Meyer



copy

In card 16 Oct.

Yes. Have no photos etc

NEBRASKA PSYCHIATRIC INSTITUTE  
THE UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE  
602 SOUTH 44TH AVENUE  
OMAHA, NEBRASKA 68105  
556-6211

DEPARTMENT OF INSTITUTIONS  
STATE OF NEBRASKA  
BOARD OF REGENTS  
UNIVERSITY OF NEBRASKA

September 13, 1965

Alexander H. Leighton, M. D.  
319 Rand  
Cornell University  
Ithaca, New York

Dear Doctor Leighton:

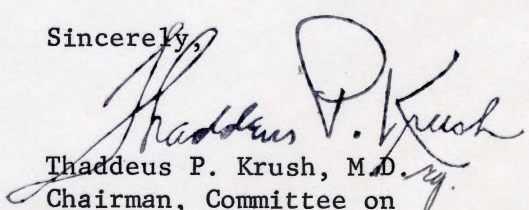
Nineteen Sixty-Six will mark the centenary of Dr. Adolf Meyer's birth. The History Committee of the American Psychiatric Association would like to present a Round Table at the annual meeting entitled "Reminiscences of Adolf Meyer."

Since you were closely associated with Doctor Meyer, would you care to participate in order that the membership might share your experiences and evaluation of Doctor Meyer's personal impact on our chosen field?

The Annual Meeting will be held in Atlantic City, May 9-13, 1966. If you expect to be attending, would you be willing to participate in the Round Table? If you do not expect to attend, would you be willing to be tape-recorded for 5-10 minutes by some member of the Association acting as an interviewer for the History Committee? Do you have any pictures or other memorabilia which the Committee could have photographed to additionally illustrate the symposium?

For your convenience, I am enclosing a card on which you might signify your intentions and area of interest as to Doctor Meyer's life and thought. We do hope that you will find time to participate as the Committee is very desirous of interesting the membership in matters historical and we feel that observation of the centenaries of distinguished members would serve to stimulate them.

Sincerely,



Thaddeus P. Krush, M.D.  
Chairman, Committee on  
History of Psychiatry APA

TPK/rg  
Encl.



Mrs. Adolf Meyer  
4305 Rugby Road  
Baltimore 10, Maryland

Dear Alex Leighton,

"Social Psychiatry" has  
come and I thank you very  
warmly for it. This winter  
this Bowers and I expect to  
read it with great interest  
especially as you prepared  
it with a special sense of  
W. Meyer's influence. It  
thrills me to read W.  
Aubrey Lewis's appreciation of  
W. Meyer as an influential  
teacher for so long.

I am deeply interested.



to hear you and Dorothea are  
going to do research in Africa.

I am sure Africa needs  
just such people to study  
it!

With affectionate  
Greetings to you both

Sincerely,

Mary Meyer.

P.S. Jessie Erskine lives near  
Allen now and Tom sure is  
much happier.

I am on my 4<sup>th</sup> pr. of  
lenses after the final cataract  
operation in June.



*Handwritten Letter of  
Dr. Meyer's*

## THE WORCESTER PLAN

At the age of 29, in 1895, Dr. Adolf Meyer formulated his guiding principles for controlled clinical studies conducted by personnel trained in scientific investigative methods.

Dr. Meyer received encouragement and support for his unprecedented program — known as the Worcester Plan — from one of the most prominent psychologists in America, Stanley Hall, President of Clark University. The document you have before you now has never before been re-created. It is Dr. Meyer's holograph letter of December 7, 1895, outlining his Worcester Plan to Stanley Hall.

Considered to be one of the most important documents in the history of American psychiatry, this letter is re-created by Roche Laboratories as a tribute to the 100th anniversary of the birth of Dr. Adolf Meyer, "Dean of American Psychiatry."



Dec. 7. 95.

President Stanley Hall,  
Clark University.

Dear Sir,

In compliance with your note of Dec. 6. 1895, I beg to submit to you the following notes on the reforms to be suggested at the Worcester Lunatic Hospital, it being understood that this communication is personal.

My aim in coming to Worcester was the organization of a clinic for mental diseases, not primarily for teaching purposes, but as a source of study and investigation. The propositions made to me by Dr. Quimby were, that I should be free of routine duty, "a guide, philosopher and friend" to the assistants and



employing my time so as not to feel as if I were frittering it away. He did not suggest a definite plan of work, but left this to me. The encouragement that Dr. Cowles had given me and the assurance that you and other members of the University would help me prepare the conditions for work induced me to leave the West and to believe that this hospital offered the first and best chance for my plans.

My first connection with an American institution for the insane taught me the fact that there is a desire for scientific work but that the best friends of scientific work in <sup>that</sup> Asylums were not ~~to~~ trained in its methods and did not know the simplest requirements. I was appointed "pathologist," with the understanding that I should study the nervous system and the changes underlying insanity.



Microscope and microtomes I could get; material more than enough for 4 men; with books the difficulty began because back numbers of journals, esp. of foreign journals, <sup>did not</sup> seemed to be worth buying on ground of the ultra-wise dictum that in medicine a work is antiquated within 2 years, and also because neither superintendent nor physicians could read them. But the worst and fatal defect was that I was expected to examine brains of people who never had been submitted to an examination; the notes which were available would be full of reports of queer and "interesting" delusions, of logic terms like "disturbed", "noisy", "unable to get about", "untidy"; but whether there had been delirium or other psycho-pathological symptom-complexes, or a paralysis at the bottom of the "unable to go about", or paralysis of the sphincters — nobody could tell. The information was usually given in that



pseudo-medical jargon which a physician may use with lay men in order to make the necessary impression, but which is the death of medical work if carried into medical discussion.

The first task was to try and interest the physicians in something better. The idea used to be that the autopsy should be made in order to show the cause of death. The clinical diagnosis would be exhaustion and the pathologist had then to find out the rest. The demonstration that in most cases of "exhaustion" the physician should have known of an existing pneumonia or peritonitis, in other words, that the lack of a diagnosis was a carelessness and something unworthy of a physician of ordinary standing, began to call for better reports. I never failed to show that by some method of examination <sup>many</sup> ~~most~~ of the conditions could have been found before death and used



as a guide for Treatment. A certain plan of record was to be followed, in which the methods were indicated and finally the discouraging defense of laziness and ignorance: What is that good for anyhow? began to withdraw from the daily conversation. The lectures on neurology and on mental diseases delivered two evenings a week in winter and in a summer course even one hour every afternoon — roused some interest and finally when I began to examine the new patients myself — always in presence of the staff, after dinner — the desire to follow the methods and the studies became quite general and with it the feeling that the few physicians were not doing the 200 patients justice. The superintendent who had not gone through all this drilling was not easily convinced of this and used to brag



with the fact that in 1875 he had 300 patients to look after and kept his notes well etc. Undoubtedly they were good for the standard of that day in that special hospital; but to-day it is an impossibility to look after more than <sup>patients</sup> 100 or 150 at the outside and to do all that should be done for the patient and for the profession. Kraepelin has altogether 150 patients and 4 assistants for them!

The Superintendent and the 3 Trustees (a brewer, a station-agent and a small country banker) could not be moved well enough. But the State Board of Charities, whose president, Dr. Bettman, showed much interest in my efforts, induced Governor Altgeld to ask the Superintendents to appoint internes who should help the regular assistants. The plan suggested was that of a competitive examination, the only means to undo party-influence and, what is quite as bad, the nepotism of the Superintendents and Trustees customary in that State.



Notwithstanding the most childish stratagems on the side of the Superintendents, who claimed that they could get along without internes and sent articles to the journals intended to scare away applicants and delayed the announcement of the whole matter till about 3 or 4 days before the examination — 12 candidates appeared and 5 were chosen.

3 Months later, our Superintendent told me, he was sorry that he had not more internes; he never had been so agreeably disappointed. It began to dawn upon him that my policy had been a benefit to the hospital and he entered upon my plans shortly before I left. The chief reasons of my leaving were the fact that I found it impossible to supervise the work of 2100 patients and that the tendency of the Superintendent towards show and bragging display and his position to the physicians did not give the best prospects for quiet patient and honest work.



These external developments helped me to formulate the plans for the Worcester Hospital. There are between 900 and 1000 patients and 4 physicians who have never had any special training. They are rooted in the old-fashioned asylum-practice, ready to ask "what is that good for" whenever a new duty is spoken of; they spend an hour in the morning and a small hour in the evening on the wards; for the rest of the time they have to put up their own medicines, write the records (in the office, away from the patients) and write the letters to the patient's friends. There is neither druggist nor stenographer for them. You know the quality of the records; I may say that to me they seem charming illustrations of the "good old" times, if anything, a little worse than those which I found in Kankakee.

Thus I stand again before the



task of educating my superiors and associates to the point where they recognized the necessity of all the innovations. They must be:

Requiring from the physicians to educate himself in order to be able to keep satisfactory observations and records — in return the clerical and drug work must be reduced to a minimum by the appointment of a druggist who should at the same time be able to make chemical analyses and by employing one or two stenographers. There used to be a 5<sup>th</sup> physician here. His salary should be taken to be divided among 4 internes or 5, one for each physician; they should receive about \$20 a month<sub>1</sub>; <sup>(by all means!)</sup> otherwise many able men who have to pay for their own clothes etc would be excluded from the competition. The reorganisation of the work should be carefully prepared, but carried out



completely, because half-measures are discouraging and paralyzing. The expense of the innovation is small; the salary of the Internes would be \$1000 altogether, that of the druggist \$600 and the stenographer \$20 a month. There is evidently perfect willingness to make expenses for laboratory and library, but the question of salaries is always a big bear in these institutions: the number of employees is always kept below the limit and the 'administration believes that this is economy!

My work here is promising if I get the <sup>assurance</sup> ~~guarantee~~ that I can choose good men. I do not know how Dr. Quincy stands to the question of appointments. So far he would ask the Trustees whether he could "go ahead"; then he would pick from his acquaintance



or from the acquaintance of his friends and equals a person sufficiently recommended to him — and this settled the appointment. If he appoints men or women who would do under his regime, they would probably not do for what work I want from them. The trouble is that our Superintendents are acquainted among themselves only, but not with the best younger clinicians of this country against whom they have a prejudice and — of whom they are somewhat afraid. Dr. Cowles is free from that because he belongs to one of the best general Hospitals; but those who do not, have nothing to do with the rising generation of clinicians, such as Prof. Osler. Recommendations are a dreary thing



to go by for appointments. The best plan would be to announce in the best medical schools of the country each medical vacancy and to choose the applicants according to the purpose for which they take up the candidature and their fitness for work as established by a practical examination. Only in exceptional cases recommendations alone should suffice.

As general rules we should put down the following:

1. Every <sup>intern or</sup> assistant must recognise the necessity of doing the work so that it can be used for clinical investigation; this holds especially for the examinations and records; and he must be able to acquire the training necessary for good work. (Reading knowledge of German and French!) at least for the assistant-phys.



[At present we are apt to get men who ask all the time "what is that good for?" etc; I maintain that there are in this country enough men who have high enough intuitions and ideals to accept positions where that question is considered as settled and where the doubt of laziness has made place to the determination for work. Positions in insane Hospitals are despised now because they are known as clerical positions, breeding places for inaccuracy, laziness etc. which would disqualify young men for future work in active competition].

2. Every interne or assistant must enter upon the work with the determination of using every opportunity for self instruction and of contributing to a system of mutual instruction.



3. A man who has not the ability and ambition to contribute some time and energy for the further working out of the medical and pathological observations, is not fit for the position.

(This latter condition is very essential.

I avoid the word original research, because it has been misused and does not suggest the right thing).

Dr. Quinby's letter to me contains the remark that I should not have to get acquainted with all the cases, but perhaps follow the more interesting and acute cases.

This plan rests on a great fallacy. Frequently those who seem least promising on admission prove to be most promising important later on; such was at least my experience at



the post-mortem table. Therefore, we cannot decide whether a case is interesting or not <sup>without looking at it closely</sup> i. e. without looking at all cases equally well. The best thing to do is to try to get the same examination of each case. History of the family, of the patient (which takes about 1 hour altogether, correspondence included); status praesens (on the average 2 hours, often more); records as often as needed, written on the spot in sight of the patient when the findings are made (the physician dictates to the interne, or for practice the reverse is done). The same holds for post-mortems. Records which are not written to dictation while every thing is seen by several people, <sup>are</sup> should not worth the paper and should not be recognized as a basis for further work. We must exclude the fallacies of memory and have a certain degree of control



given by such cooperation.

These are rules which have made the German Hospitals what they are, although they <sup>have and spend</sup> so little money. Here positions in insane Asylums are nothing but an easy way to become old enough for practice and to save enough money to go abroad or into practice. This is what the men tell me themselves, and this is why they cannot understand why a position here should ~~not~~ be "worth" as much as another better salaried one in a place without a future. — A few words on the work itself. If I have all the help we can arrange ~~at~~ systematic courses and mutual instruction in methods of examination, of diagnosis; we must make a study of groups of <sup>our</sup> cases and compare them with the classical pictures of the literature; find out the differences and the problems suggested by them;



the methods of Treatment, of psychological and medical observation should always be arranged so that they could be confronted with the present standing of the knowledge in that field and assimilated, or where they show something new we should become conscious of it and recognize the relative value of new observations.

If our expectations of giving trained psychologists a field of work in the hospital shall ever be realized, we must be able to furnish the student all the data of the clinical record; he can not get them himself because it takes much time and practice.

If somebody wants to work on heredity, let



him go through the histories, which wherever possible shall contain a pedigree and a record of signs and causes of degeneration. If someone wants to work on paranoia, let him study the histories of all the cases observed, not only a few "interesting" cases but the whole array - then he will see things in their natural connections.

For this purpose each history must be recorded in an index catalogue for diagnoses, symptoms, causes, treatment etc. This may seem pedantic; but Prof. Osler told me that they carried out this whole system to perfection in old merry England, in Guy's Hospital and that he himself has used



it, and undoubtedly owes much of his success to it.

This hasty sketch will, I hope, give an idea of the needs and of the feasibility of the organization. It is not a question of money but a question of work, and it has the greatest difficulty in the fact that everybody will have to do about twice the amount of work. But then, instead of merely earning a little money each year, the men will be able to carry out something into the community which only Johns Hopkins, McLean and a few other chosen places do now.

Believe me,

Yours respectfully  
Adolf Meyer.