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DIVISION OF PSYCHIATRY

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October 23, 1935

Dear Doctor Gregg: It has been on my mind each day to write to you and give you a brief statement of what we have accomplished so far. I have delayed doing this because I wanted to get further in the process of organization.

Our physical plant is now set up and working and consists of a closed unit capable of housing twelve patients. The rooms have been modified as to safety for our patients. It is so arranged that we can take in frankly psychotic patients, and most of our patients fit into this category. Many are suicidal and disturbed but we manage to keep noise away from the remainder of the general hospital. Undisturbed patients with organic brain diseases are kept in the medical wards. Outside the unit we have our offices and laboratories but on the same corridor separated only by a door. We have been fortunate in getting an experienced psychiatric head nurse and a resident, Doctor Jules Masserman from Baltimore who has been most efficient and helpful in organizing the unit. I shall probably replace Carmichael next year with Masserman if their relative performances remain the same during the year. We have an interne, Doctor Helen Richter, who some years ago was trained by me in neurology and has been a fellow in neurology at Yale until this spring. In addition, a rotating medical house-officer acts as junior interne.

Yale wld like to know how

In the Unit we have a hydrotherapeutic room which enables us to keep our patients fairly comfortable while they are here for study. We have a day room in which we hold our clinical conferences and in which the patients can lounge comfortably when they are not busy. A part-time occupational therapist works with the patients during their long hospital stay.

On one side of the unit, but outside the closed door, we have a room for social service people where Miss Madeline Lay from Brooklyn directs the work of the students of the School of Social Service Administration. The social service people work up hospital cases as well as the out-patients, follow our cases after discharge and take certain therapeutic responsibilities.

Within the unit we have a psychology laboratory and a research psychologist by the name of Doctor Ward Halstead. He has a Ph D from Northwestern and this year has a National Research Council Fellowship. He works part-time in Klüver's laboratory and is studying the role of the cerebellum in the learning functions of the cortex. The remainder of his time is devoted to psychological studies of patients with organic brain diseases. At the present time we are fortunate in having a patient who has had an amputation of his left frontal lobe. Working with Klüver, Halstead is attempting to apply to the problems in man methodologies similar to those used by the experimental psychologists

on animals. We feel that up to now the frontal lobe work in humans has been mostly descriptive and that the fundamental factors in the abnormal behavior of the patients with frontal lobe lesions has not yet been unearthed. We also plan to attack the subject of aphasia again.

Outside the unit on the medical side there are the offices of Carmichael, Gerard and myself with secretaries who take care of the correspondence and history work. All our records are typewritten so that they may be available in adequate form to anyone on this campus who so desires to use them. Doctor Carmichael is getting his problem organized and will probably work on "The Relationship of the Sex Hormones to Certain Types of Psychoses". We want to take advantage of the sex research work going on here and hope to correlate quantitatively in some fashion hormone output and the psychiatric manifestations which have been attributed to either excessive or insufficient sex drives. This is a terribly difficult problem and one that we hope to at least get clear in our minds this year.

Doctor Margaret Gerard is working with certain phobias in children, using the analytic technique and has adjusted herself very well to her loss in view of the short time that has elapsed. She is of tremendous help to me in the clinical work with adults and I rely upon her to great extent. She has had excellent experience and manifests the soundest judgment at all times.

In the same corridor as our offices we have a tissue laboratory for neuropathology which has been equipped and is supported by Sprague. Here we run the routine work on the brains removed at the hospital necropsis and here the morphological work on research problems is being done. Kläver's anatomical work is being done in this laboratory and Poljak is assisting him. I have started on a problem which really works in with the frontal lobe studies Halstead and I are making in that I am trying to determine the specific anatomical changes in the frontal lobe in the presence of various mental symptoms which are found in people dying of a number of unrelated medical causes.

The main clinical problem of the unit is that of schizophrenia, and our hospital population is about 90% schizophrenic. We are studying our patients psychologically and by modified analytic methods. However, Masserman and I are interested in the problem of what differentiates the schizophrenics biologically. We feel that there is a very important lead in the fact that carbon dioxide and amytal bring the stuporous schizophrenics into contact with reality. This problem then consists in determining what in amytal is the effective faction, where does it act in the central nervous system and what physiological changes does it effect. We hope to make this a problem with which Ralph Gerard will cooperate using microtechniques for metabolic studies, and Case with his electrical technique. We are just getting organized in this work, and planning the details.

Then, we have a chemical laboratory which is not yet fitted out, owing to the fact that the Sprague budget is made in January. We have a chemist in Chicago by the name of Marberg who is an associate of Kharasch who will probably get the position. He will cooperate with the Sprague chemists working on the nervous system. Marberg is an organic chemist, Lewis uses immunological techniques and Briggs is a physical chemist. Our little laboratory here will serve as sort of an anti-chamber to the Sprague laboratories which will be at our chemist's disposal.

Our Out-Patient Department is running daily in the morning and Carmichael takes the service load. The rest of us work down there two

mornings a week where we take directly referred cases or those cases that Carmichael selects for us according to our interest, after they have passed through a social service work-up. The out-patient has not been overloaded and is gradually working up to the point where we feel it is an adequate feeder to the hospital, and for our investigative purposes. We carry a couple of students in the out-patient but the time that they are allotted to us is far too small. We also have junior clerks in the unit for a short time. Lectures in psychiatry fortunately will not be required until the winter and spring quarters.

Klüver's space for his experimental work has been expanded and made more comfortable for him. He is now a member of our division under the Sprague support. We are very pleased with his cooperation. His general program is probably already known to you. It fits in well with our clinic-anatomical attack.

The pediatric unit is practically as it was before I returned. Doctor Chamberlain has a typical Child Guidance Clinic with several social workers, a mass of social service students and a psychologist who does psychometric work. His functions are largely those of service and teaching to the social service students. I am not at all satisfied with the setup but feel that I cannot make any sudden revolutionary changes. The opportunities for investigation there are tremendous and they are completely overlooked at the present time. Chamberlain is going to take over some work with adolescents and I hope that I may be able to stimulate him this year to undertake certain research problems.

Cooperation with other people on the campus has been much better than I had anticipated. We are arranging so that Kleitman can do his work on "Sleep" on our unit, and will admit patients especially interesting to him. The Psychology Department has accepted our invitation to send interested graduate students to our conferences. We hold clinical conferences four mornings a week from 9:00 to 10:00 to which the staff, the social service medical students assigned to psychiatry, and interested people on the campus attend. We have excellent cooperation with the School of Social Service Administration. The Sociological Departments have not yet asked for any help which we offered to them at the beginning.

The Department of Education wish to have a closer connection between us and their orthogenic school. We were unable to see any possibilities for us in a closer association inasmuch as the school is practically limited to patients who are either feeble minded or suffer from organic brain defects. Their point of view is not psychiatric but educational. We have offered our assistance and cooperation but did not take over any responsibility.

The medical group has been very cooperative and Doctor Dick has been most helpful in giving us complete freedom in our organization. The administration is sympathetic and helpful. Our one disagreement has come in relation to the Student Health Service. This organization decided not to throw their psychiatry in with us and have their own set-up which we believe is inferior and mainly so because of the psychiatrist who does their work. However, a little patience will soon see this situation worked out properly inasmuch as the whole question of the student health service and the other departments of the medical school will some day be a general issue.

Doctor Wells has been very helpful and seems quite sincere in his willingness to go along with us. More definite and tangible evidence of his attitude will be manifest when the Sprague budget is made up. So far they are not contributing the amount of new money which was promised. That is equally my fault because up to now I have not been able to find the proper chemist for the job.

We have had no real problem arise except one in which Doctor Edmund Jacobson became practically psychotic over a patient of his who entered our unit, and unfortunately exposed the weak status of his own medical work by doing so. I have no doubt that you have heard reverberations of this through his patients among the officers of the Foundation. I regret to say that he has utilized every possible means to hurt us but at the same time has exposed himself.

I have just given you a brief outline of what is going on. I hope by the time you come out here we will be under way. It is amazing how long it takes to really organize a new venture but I think we have been going rather rapidly and at the turn of the year we should be busy with the essentials of our job. I hope to get things routinized in such a fashion that the administrative work will be minimum.

I hope that you are in your usual good spirits and that we may have the pleasure of seeing you soon.

Sincerely yours

Roy R Grinker

Roy R. Grinker, M. D.

RRG/AF

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