News and Notes (1939-1959)
Provided by Edward C. Leonard, Jr., MD

(1) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1939; 96:737-738

"The definitive organization meeting for the founding of the Pennsylvania Psychiatric Society was held as a dinner meeting in the Forum Room of the Hotel William Penn, Pittsburgh, Pa., at seven o'clock the evening of Thursday, October 5. There were 56 psychiatrists present, most of whom are members of The American Psychiatric Association.

Dr. William C. Sandy spoke on the preliminary organization, purposes, aims and functions of the Society, the following being an abstract of his address.

A state-wide group of psychiatrists has met several times as the "Founders of the Pennsylvania Psychiatric Society" and has formulated a constitution and by-laws, also selecting officers, for final consideration at the definitive organization meeting on October 5.

The need for and usefulness of such a professional society may be realized when one considers what similar organizations have accomplished for psychiatry. For example, higher standards for mental hospitals, for membership in The American Psychiatric Association and for the officially recognized specialty in general, have resulted from the activities of special medical committees and boards. In Pennsylvania, state-wide mental hygiene committees have brought about increased interest in and support of activities for the general welfare of mental patients.

Briefly, such a society should become affiliated with the national association; should exercise a state-wide general leadership in psychiatry, being a coordinating body to which controversial and other questions of psychiatric interest may be referred for an authoritative opinion; should encourage general medical interest by participation in society meetings; and should assist in developing and supporting proper psychiatric standards.

Officers were elected as follows:
William C. Sandy, M.D., president.
Dr. Sandy is the director of the State Bureau of Mental Health, Harrisburg, Pa.
Henry I. Klopp, M.D., president-elect.
Dr. Klopp is superintendent of the Allentown State Hospital, Allentown, Pa.
LeRoy M. A. Maeder, M.D., secretary-treasurer.
Philadelphia, Pa.
(Chancellor Hall, 206 South Thirteenth St.)

Councilors.

James S. Hammers, M.D., Lancaster, Pa.
Charles H. Henninger, M.D., Pittsburgh, Pa.
Baldwin L. Keyes, M.D., Philadelphia, Pa.
S. DeWitt Ludlum, M.D., Philadelphia, Pa.
Howard K. Petry, M.D., Harrisburg, Pa.
George W. Smeltz, M.D., Pittsburgh, Pa.

Auditors.

Leslie R. Chamberlain, M.D., Danville, Pa.
Arthur P. Noyes, M.D., Norristown, Pa.
George J. Wright, M.D., Pittsburgh, Pa."

(2) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1940; 96:1248

"The Pennsylvania Psychiatric Society held its regular mid-winter dinner meeting February 27, 1940, at the Penn-Harris Hotel, Harrisburg, Pennsylvania.

Dr. William C. Sandy, Harrisburg, president, presided. Dr. Charles H. Henninger, Pittsburgh, president of the Medical Society of the State of Pennsylvania, gave the opening address.

The program was devoted to the subject of "Shock Therapy in the Psychoses." Dr. Earl D. Bond, Philadelphia, read a paper on "Metrazol." Dr. Howard K. Petry, Harrisburg, spoke on "Insulin." Formal discussion by Drs. Robert W. Staley, Pittsburgh, Joseph A. Cammarata, Danville, Robert S. Bookhammer, Norristown, and Lauren H. Smith, Philadelphia, was followed by general discussion from the floor.

Sixty-four members and guests attended the meeting. Dr. Henry I. Klopp, Allentown, is president-elect of the Society. The secretary-treasurer is Dr. LeRoy M. A. Maeder, Chancellor Hall, 206 South Thirteenth Street, Philadelphia, Pennsylvania."

(3) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1940; 97:732-733

"The second annual meeting of the Pennsylvania Psychiatric Society was held at the Bellevue-Stratford Hotel in Philadelphia as a dinner meeting on the evening of Thursday, October 3, 1940.

Dr. William C. Sandy, president, presided. This meeting was attended by sixty-eight members and nineteen guests.

Scientific presentations were as follows: "Mental Hygiene," by Appleton H. Pierce, M.D., Coatesville. Discussion by Howard K. Petry, M.D., Harrisburg. "Treatment of the Neuroses by Class Technique," by Samuel B. Hadden, M.D., Philadelphia.

Discussion by LeRoy M. A. Maeder, M.D., Philadelphia. "First Impressions of Electroshock Treatment in the Psychoses," by Lauren H. Smith, M.D., Joseph Hughes, M.D., and Donald W. Hastings, M.D., Department of Mental and Nervous Diseases of the Pennsylvania Hospital, Philadelphia. Discussion by John F. Stouffer, M.D., Philadelphia.

Officers were elected as follows: President: Henry I. Klopp, M.D., Superintendent, Allentown State Hospital, Allentown, Pa. President-Elect: Baldwin L. Keyes, M.D., 2025 Walnut Street, Philadelphia, Pa. Secretary-Treasurer: LeRoy M. A. Maeder, M.D., Chancellor Hall, 206 South 13th Street, Philadelphia, Pa. Councillors: Arthur P. Noyes, M.D., Norristown, William W. Richardson, M.D., Mercer, Thomas A. Rutherford, M.D., Scranton, for two years; James S. Hammers, M.D., Lancaster, Charles H. Henninger, M.D., Pittsburgh, William C. Sandy, M.D., Harrisburg, Joseph C. Yaskin, M.D., Philadelphia, for one year. Auditors: Herbert C. Wooley, M.D., Philadelphia, for three years; George J. Wright, M.D., Pittsburgh, for two years; Leslie R. Chamberlain, M.D., Danville, for one year."

>1941—William C. Sandy: The First Year: Retiring President's Address. Mental Health Bulletin (Danville State Hospital) 1941; 18 (4; 1/15):3-5---Presented at Second Annual Dinner Meeting at Philadelphia, October 3, 1940. Bellevue Stratford Hotel.---"In view of the program formulated for this the second annual meeting of the Pennsylvania Psychiatric Society it would be unwise for the retiring president to inflict upon you a lengthy address. I believe, however, a few general remarks about the first year of our organization will not be inappropriate. I shall, therefore, refer briefly to some of the past activities and venture suggestions as to some future objectives. + The society has been well started, thanks to the organizing genius of the Secretary, Dr. Maeder and the enthusiastic interest and support of the Founders. Through Dr. Keyes, an Associate Editor, the Pennsylvania Medical Journal favored the society with an unusual birth announcement on the Editorial pages, including an encouraging welcome to the circle of medical groups. Applications for membership have been carefully considered and accessions are from those duly qualified for the various grades to which they are elected. + Committees, whose members represent the Eastern, Central and Western portions of the Commonwealth, have been appointed to give consideration to matters concerning Forensic Psychiatry, Mental Hygiene, Public Health Legislation and nominations. The society is not only one of statewide organized psychiatry, available for consultations and deliberation as to policies, problems of prevention, treatment, hospital administration and the like but it is also nationwide in possible scope of influence through the affiliation with the American Psychiatric Association. The society, therefore, has the opportunity to contribute mightily to the progress of scientific psychiatry, mental hospital administration, and related fields. + There is no desire to prescribe a course of action for the society to follow over the years. I would, however, like to leave with you a few suggestions as to important objectives, especially those which should contribute to the progress of psychiatry and higher standards of treatment and care of patients in mental hospitals. + The State service, within which are the agencies and facilities responsible for interpreting, administering and enforcing the Mental Health Act of 1923, the

supervision and inspection of the various institutions for mental patients, the treatment and care of patients, the promotion, coordination and conducting of activities for prevention of mental disorders and their complications, provides a wide avenue of approach to the problems of the welfare of mental patients. If the Pennsylvania Psychiatric Society should find it legitimately possible to assist in strengthening the protection of the State service from political encroachment, it would seem fully in keeping with the general objectives. For example, a well organized and properly administered Civil Service would make more probable the appointment of adequately prepared officers and employes both in the central supervisory department and the various institutions, and their continuation in their positions during satisfactory service. The problems connected with Boards of Trustees merit consideration whether or not a Society such as ours may do much about them. If, however, Boards of Trustees are to be continued, certainly it would be for the welfare of the patients and institutions concerned, if the former method of appointment of the members with overlapping terms could be restored so that there may be re-established a continuity of policies. Furthermore, efforts might be made to insure the appointment of public spirited citizens on Boards of Trustees who would represent the whole institution district and who would not as in some cases be primarily interested in local political affairs. + While it is not probable that our society can do much towards expediting the opening of the Western State Psychiatric Hospital at Pittsburgh, yet this important institution should be kept in mind for such support as we may find it possible to give. Problems of securing suitable equipment and furnishings, also needed structural corrections have caused a delay in occupying the new building as well as those of other institutions. As you will recall, the Western State Psychiatric Hospital is a very special institution which will receive selected patients from all over the State. It is designed for educational activities, the training of medical students, graduate physicians and other personnel and for organized research. + The Stateowned mental hospitals continue to be much overcrowded; there is a long waiting list for the institutions for mental defectives, and a small waiting list for the Selinsgrove State Colony. The extensive building program when completed will barely relieve the overcrowding in the mental hospitals; will by no means abolish the waiting list for mental defectives; it will, however, greatly extend the facilities at Selingsgrove but not sufficiently to permit the transfer of all epileptics from the mental hospitals. A supplementary comprehensive building program is therefore in order—one based upon the needs of the institutions for the next ten years. Such a program has been evolved and is ready for partial or complete adoption as funds become available. Surely, the Pennsylvania Psychiatric Society should at a suitable time, lend its active support towards the adoption of a program designed to round out the facilities of the existing institutions and to make possible their proper further development such as is so urgently needed by the Philadelphia State Hospital and elsewhere. + The constitutionality of the act establishing the principle of complete State care of mental patients and discontinuing county care has not yet been decided. This legislation, which will ultimately mean so much for the welfare of all mental patients and bring Pennsylvania in line with other progressive states should appeal to our members and receive such continued support as it may be possible to afford. + The members will recall the activities of the Military Mobilization Committee of the American Psychiatric Association. If any of the

members have not returned the questionnaires to the New York office of the Association, I hope they will send them in immediately without fail. Our membership can ably supplement the Committee of the American Psychiatric Association by strongly advocating in Pennsylvania the psychiatric consideration of drafted men before they are inducted into the service, thus eliminating many unfit at the source, and by participating in such activities whenever it becomes possible. As military affairs develop further, the Society may assist in the protection of the State service by supporting requests for deferments of orders to duty of men in key positions who may not easily be replaced. + Finally, and by no means last, the society has certain obligations and opportunities to promote various activities for prevention. We must keep in mind that the society is empowered in the articles of incorporation “to accept contributions, gifts and bequests” in furtherance of the various purposes for which it was founded. It is important, for example, that research be encouraged, sponsored and coordinated by competent professional groups. It is suggested that a research committee be appointed by the president with the approval of the Council. The membership of such a committee should have definite terms of service, so that at regular intervals, the committee may be revitalized by new appointees. + These are some of the questions which may merit the study and recommendations of committees whose activities will insure the continued functioning of the society between stated meetings. As to the semi-annual meetings, a high standard of scientific interest has been established. It is hoped that the younger members especially will be stimulated more and more to thoughtful study and serious contributions to our program as the years pass on.”

(4) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1941; 97:1474

"The second regular mid-year meeting of the Pennsylvania Psychiatric Society was held at the Allentown State Hospital, Allentown, Pa., Thursday, April 10, 1941. Members of the Society were guests of the Allentown State Hospital and of Henry I. Klopp, M.D., superintendent, during the day and at buffet supper.

The president, Dr. Klopp, presided and Dr. LeRoy M. A. Maeder served in his office of secretary-treasurer.

Following an address by President Klopp, the scientific presentations were as follows:

"Results of Fever Therapy," by Harry F. Hoffman, M.D., asst. supt. and clinical director, Allentown State Hospital.

Discussion by Ethel Friedman Buchman, M.D., pathologist, Allentown State Hospital, Joseph Hughes, M.D., director of laboratories, Institute of the Pennsylvania Hospital, Philadelphia, Joseph C. Yaskin, M.D., professor of neurology, Graduate School of Medicine, University of Pennsylvania, Philadelphia.

"Childhood Psychoses: Therapeutic Problem," by Max Rossman, M.D., senior asst. physician in charge of Institute for Boys and Girls, Allentown State Hospital.

Discussion by Joseph A. Cammarata, M.D., asst. supt., Danville State Hospital, Paul Holmer, M.D., director, Guidance Institute of Berks County, Reading. Robert H. Israel, M.D., superintendent, Warren State Hospital, Gerald H. J. Pearson, M.D., Institute of the Pennsylvania Hospital, Philadelphia."

>1941—Presidential Talk of Dr. Henry I. Klopp, at the Meeting of the Pennsylvania Psychiatric Society, Allentown State Hospital, Allentown, Pa., April 10, 1941. Mental Health Bulletin (Danville State Hospital) 1941; 19 (2; 7/15):4-6---"As President of the Pennsylvania Psychiatric Society it gives me a great deal of pleasure to have the honor of having the Society hold its second mid-year meeting at the Allentown State Hospital. From the time I became Superintendent of the Allentown State Hospital in 1912, it has been one of my desires, as well as ambitions, to bring about an organization whereby the physicians of the Pennsylvania State and Incorporated Hospitals and psychiatrists throughout the Commonwealth might get together and derive benefit from holding meetings at the State and Incorporated Hospitals, much as has been done by the Association of Trustees and Medical Superintendents. Although as Secretary of the latter organization for 25 years I always succeeded in getting the approval of the host to permit the Secretary to include an invitation to the members of the respective staffs, and this was always graciously granted, there was comparatively little reaction to this. It was my opinion that to keep the members of staffs from getting into a "rut" or institutional stasis, if they could meet together annually or semi-annually, at one of the state institutions, much could be done to correct this. From my personal experience in Massachusetts I know that such an organization did much to stimulate good fellowship. Above all, it encouraged the members of the staffs to prepare papers for an assistant physicians' meeting. + Unfortunately, there are always individuals who, for some reason or other, do not react favorably to giving members of their staffs the opportunities that they deserve and are given them in other states. One of my personal slogans is: "All things come to him who hustles while he waits.". It has required "hustling" for more than 25 years to bring bout the organization such as the Pennsylvania Psychiatric Society, with the one objective, that members of the staffs of our state and incorporated hospitals should have an opportunity to gather together at one of the institutions at least once a year. This to include psychiatrists in private practice. + I am happy that, as President of the Pennsylvania Psychiatric Society, I have had the opportunity to be the first host Superintendent to extend an invitation to the Society to meet at Allentown. In view of my uniform opinion that the physicians of our hospital staffs should have a larger opportunity to get together, I projected this idea to the state hospital Superintendents and received favorable responses. One Superintendent wrote as follows: "You will doubtless recall that during the first few years when you and I came to Pennsylvania, I was interested in such a project but was severely squelched for my activity. You can count upon my unqualified support in the program which you outline." Another Superintendent wrote: "Your suggestion is an excellent one. As you know, we had for a number of years a similar organization in

Massachusetts. It gives the assistant physicians an opportunity to meet each other and to look over other institutions, and it very definitely stimulates research work. Like a great many other associations and organizations, however, it must have the guiding hand behind it of more experienced persons." + In the past there was apparently a feeling on the part of an opposing Superintendent to a get-together such as today, that he did not wish to have members of his staff gain opportunities to learn of the activities of other hospitals due to an ego factor. If a Superintendent fears that his staff may learn more than he knows or the shortcomings of the hospital which he administers; it is his duty to keep a few paces ahead of his staff, otherwise he should relinquish his position. + Those of you who have an opportunity to read the "Psychiatric Quarterly," official organ of the New York State Department of Mental Hygiene, must have been impressed with the fact that this publication is made up of papers presented at the institutional conferences of that state. Certainly members of the medical staffs attend the said conferences and read papers. + The responses we have had from the Superintendents have been very gratifying. Today there are present 2, 3, 5, and 14 members of respective staffs, in addition to the Superintendents. We certainly hope that those who have been unable to come to Allentown for the meeting this date will be stimulated to want to attend such meetings, which I sincerely hope will be continued year in and year out; furthermore, that those who are present today and are not members of the Pennsylvania Psychiatric Society will want to make application to become at least "associate members." If this will gradually materialize, as the second President of the Society which has had the wise guidance of its first President, Dr. William C. Sandy, I shall feel that even though it has taken fully 25 years to bring about such a meeting as we have today, my slogan: "All things come to him who hustles while he waits" has not been fruitless. + I am personally grateful to Dr. Sandy for his circular letter in which he states: "I am very favorably impressed by this suggestion. A visit to another institution and participation in a meeting of this type should be most stimulating to the members of the medical staffs." + The Constitution and By-Laws of the Pennsylvania Society is very liberal in its objective and actually provides for the furthering of interests and the advancement of standards of hospitals for mental disorders, as well as other agencies concerned with medical, social and legal aspects of these disorders; likewise to further psychiatric education and research. + While it will not be my good fortune to see materialize Pennsylvania's having its own Bulletin the same as the state of New York to which members of the medical staffs make contributions, I anticipate that this will be stimulated with the organization of the Western State Psychiatric Hospital. We have in Pennsylvania the nucleus for a similar periodical, namely the "Mental Health Bulletin," published for the Department of Welfare, Commonwealth of Pennsylvania-Issued Quarterly by the Department of Community Service of Danville State Hospital, Danville, Pennsylvania. May we predict its growth the equal in material of the Psychiatric Quarterly of fully 400 pages. + Let me assure you that you are all most welcome at Allentown not only today, but at any time. We hope those of you who have had the opportunity to visit the hospital, particularly the new buildings, will feel free to express your reaction to same, whether favorable or otherwise. Those of you who have not had the opportunity to see the hospital will be extended a welcome to do so after the evening meal. If you will inform Dr. Hoffman, the Assistant

Superintendent, or any other member of the hospital staff you will be taken care of. This applies to any part of the hospital. + If this meeting appeals to you, urge the future officers of the Pennsylvania Psychiatric Society to have such meetings at some one institution annually."

>1941—H. F. Hoffman: Results of Fever Therapy. Mental Health Bulletin (Danville State Hospital) 1941; 19 (2; 7/15):7-11---Dr. H. F. Hoffman, Asst. Superintendent, Allentown State Hospital, Allentown, Pa. Delivered before the meeting of the Pennsylvania Psychiatric Society held at the Allentown State Hospital, Allentown, Pa., on April 10, 1941.---

>1941—The Challenge Will Be Met. [Editorial] Mental Health Bulletin (Danville State Hospital) 1941; 19 (2; 7/15):12---Editor, L. R. Chamberlain, M. D., Supt.---"The Pennsylvania Psychiatric Society met at the Allentown State Hospitel [sic] on April l10, 1941 for a very sucessful [sic] spring meeting. Thanks to Dr. Henry I. Klopp, President of the Society and Superintendent of the hospital for his graciousness as a peerless host and for the excellence of the scientific program that he brought together. + In his introductory remarks, Dr. Klopp stressed a need which the meeting at Allentown inaugurated. Namely, that each of the State mental hospitals in turn act as a meeting place for the spring or mid-winter meeting of the Pennsylvania Psychiatric Society and to present the scientific program. The proposal is a meritorious one and should meet with ready acceptance. + The public mental hospital with its rich and varied clinical material is a source capable of valuable contributions to mental medicine. The observation and correlation of clinical data, objective reporting of facts, the testing of theoretical considerations, reports on special research activities, evaluation of new therapeutic methods and other activities would be stimulated by the scientific forum. The State Hospital is offered an opportunity of inestimable worth. + Dr. Klopp and his medical staff has led the way in this new venture. He has set a standard of excellence worthy of emulation. The membership of the Pennsylvania Psychiatric Society joined with active interest in the scientific program. The Allentown State Hospital is to be congratulated for its fine effort. + We must, however, keep alive and enlarge upon Dr. Klopps example. Let it not be said that we came and heard but did not act. Progress is not synonymous with standing still. The challenge must not go unheeded."

>1941—Max Rossman: Childhood Psychoses: Therapeutic Problem. Mental Health Bulletin (Danville State Hospital) 1941; 19 (2; 7/15):13-18---M.D., Allentown State Hospital, Allentown, Pa. Delivered before the meeting of the Pennsylvania Psychiatric Society held at the Allentown State Hospital, Allentown, Pa., on April l10, 1941.---

(5) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1941; 98:466

"William C. Porter, M.D., Lieutenant-Colonel, Medical Corps, United States Army, chief of neuropsychiatric section, Walter Reed General Hospital, Washington, D.C.,

spoke on "Psychiatry and the National Defense" at the third annual dinner meeting of the Pennsylvania Psychiatric Society at the Bellevue-Stratford Hotel, Philadelphia the evening of October 9, 1941. Edward A. Strecker, M.D., chairman of the department of psychiatry, Medical School, University of Pennsylvania, introduced Colonel Porter.

Henry I. Klopp, M.D., president of the Society, superintendent, Allentown State Hospital, presided and delivered the Presidential Address.

Officers for the coming year, 1941-1942 are as follows:

President: Baldwin L. Keyes, M.D., Philadelphia, professor of psychiatry, Jefferson Medical College; president-elect: George J. Wright, M.D., Pittsburgh, professor of neurology, Medical School, University of Pittsburgh; secretary-treasurer: LeRoy M. A. Maeder, M.D., Philadelphia; councillors: Ralph L. Hill, M.D., Wernersville, Henry I. Klopp, M.D., Allentown, Arthur P. Noyes, M.D., Norristown, William W. Richardson, M.D., Mercer, Thomas A. Rutherford, M.D., Waymart, George W. Smeltz, M.D., Pittsburgh, Lauren H. Smith, M.D., Philadelphia; auditors: Robert H. Israel, M.D., Warren, Howard K. Petry, M.D., Harrisburg, Charles A. Zeller, M.D., Philadelphia."

>1942—Henry I. Klopp: **Progressive, Aggressive and Constructive Suggestions for the Future Activities of the Pennsylvania Psychiatric Society**. Mental Health Bulletin (Danville State Hospital) 1942; 19 (4; 1/15):4-14---M.D., F.A.C.P., D.Sc., President, Pennsylvania Psychiatric Society and Superintendent, Allentown State Hospital, Allentown, Pa. Delivered before the Pennsylvania Psychiatric Society as the Presidential Address + Philadelphia, Pa., October 9, 1941.---“A year ago you elected me the second President of the Pennsylvania Psychiatric Society. For this honor I am deeply grateful and I shall always cherish it as an expression of your confidence in and respect for me. + Through the year a number of important matters required the action of the Executive Committee. I want to express my deep appreciation for the loyal support and splendid cooperation given me by your very efficient Secretary Treasurer, Dr. Maeder and also that of the President Elect, Dr. Keyes; likewise, the interest displayed and cooperation of the various committees, especially the chairmen, which include that of this year’ appointment of a Research Committee. + This society was organized for a definite purpose as stated in the constitution. There is much to be accomplished which will depend upon those at the helm, especially the Executive Committee and through its subcommittees. + I have already pointed out that the future has much in store for this organization for the development and education especially of its younger members. Do not let us be a self-satisfied, drifting group. Remember, we not only have at least twenty-two state institutions to draw material from, but also two semi-private hospitals as well as those which are not incorporated but licensed by the Department of Welfare through the Bureau of Mental Health. There is an equally important group, those who are connected with our medical colleges as psychiatrists and others who follow the specialty in the private and consultation fields. Therefore, there should be no excuse for the organization becoming merely a discussion group. + I was very much impressed two years ago at the time of the first annual meeting of this society

which was held in the Pittsburgh, at the fine program arranged by the Chairman of the Mental Hygiene Committee of the Medical Society of the State of Pennsylvania. There were papers presented at the general scientific assembly on Thursday appropriate for the general practitioner with splendid discussions and a very fine attendance. A special round table program was provided for the afternoon session, also well attended. This added very materially to the inspiration for the first annual meeting which had as its basis, formal organization of the Pennsylvania Psychiatric Society. + When I approached the Chairman of the said Mental Hygiene Committee in person and also through correspondence, my impression was confirmed that when the Pennsylvania Psychiatric Society was organized it was suggested that by holding the annual meeting at the same time as that of the Medical Society of the State of Pennsylvania, it might or would be possible to have a neuropsychiatric program which would be open to the general practitioner. This would accomplish a great deal in the spreading of sound neuropsychiatric knowledge, especially if such a program were held on Thursday afternoon preceding the evening annual meeting. With all of this we are in accord, so far, so good, but the present meeting did not derive any benefit from all of this discussion which has been a great disappointment. + When this matter was placed before the Executive Committee, favorable opinion was expressed in regard to the Chairman's statements to bring about cooperation and coordination between the Medical Society of the State of Pennsylvania program committee and that of the Pennsylvania Psychiatric Society; the one for the benefit of the general practitioner and the other for the members of this society. The Executive Committee had hoped that the Chairman of the Mental Hygiene Committee would be in a position to join with the state society in presenting a neuropsychiatric program, not only at this meeting but at subsequent annual meetings. It was the further opinion of the Executive Committee that in this matter, the proper procedure is for the Medical Society of the State of Pennsylvania to extend an invitation to the Pennsylvania Psychiatric Society to join with them at one of its Thursday meetings on mental hygiene or neuropsychiatry upon a sectional basis. The Executive Committee was definitely of the opinion that it is not the province of the Pennsylvania Psychiatric Society to ask for permission to join in and sponser [sic] one of its meetings and programs. Under the constitution the Pennsylvania Psychiatric Society has no direct relationship or connection with the Medical Society of the State of Pennsylvania, which is as it should be and is a wise provision of the constitution. + Your President soon came to the conclusion that there were difficulties in arranging a combined program which could not be surmounted for this meeting. It is hoped, however, that at all future meetings, this can be accomplished. If not, and possibly preferably so, upon an independent basis. + In reviewing the program of the Medical Society of the State of Pennsylvania for this week's sessions, although the said meeting has gone by default, papers appeared in the general scientific assembly meetings which if brought together would have made a very interesting, desirable, and instructive program. I would, therefore, urge that the incoming President and his Executive Committee give immediate consideration following taking office, to the formulation of a program fitting for the occasion of the next annual meeting and all such thereafter, providing for afternoon as well as evening sessions. + As President and host, I greatly appreciated the interest displayed through the splendid attendance at the mid-year meeting at Allentown, April

10, 1941, above all the favorable commendation of the program and particularly the editorial in the July 15, 1941 (Volume 19, No. 2) issue of the Mental Health Bulletin entitled “The Challenge Will Be Met.” I shall anticipate with much interest attending the 1942 mid-year meeting. + It is especially gratifying that after biennial efforts were made to bring about the enactment of a *complete state care act* for fully twenty-five years, especially so following the organization of the Department of Welfare and the Bureau of Mental Health in 1921, and after many adversities, it finally became effective June 1, 1941. We are gratified that the disgrace of the dual system of county and state care is in the background and much progress can be anticipated in the future. + There have been three outstanding disappointments within this administrative year; first, the failure on the part of the Commonwealth to appoint a qualified, competent, and aggressive Superintendent with research interests for the Western State Psychiatric Hospital at Pittsburgh so as to further and hasten the opening of the said hospital for active service. It was inticipated [sic] that same would be fully functioning by September 1, 1941 and that when the third annual meeting of this society met in Pittsburgh, it would be one of the interests of the meeting. Instead, it continues an empty monument to be looked but rendering no service. Let us hope, as was anticipated in October, 1940, that same will be actually in full operation one year hence, thereby furthering the interests of Pennsylvania psychiatry. + We were definitely disappointed that the bill creating a *merit system* did not include all the divisions of the Department of Welfare. The bill as finally signed by the Governor is not as broad in coverage as many had hoped it would be; nevertheless, if the persons appointed on the Civil Service Commission are interested and able, then something has been accomplished in having laid the ground work for an effective merit system in 1943 and thereby eventually protecting the state service from political encroachment. + Another legislature has passed into history, leaving Pennsylvania without a satisfactory *selective sterilization bill* for the mentally deficient individuals as proposed by specialists in this field in the biennial introducing of bills, but let us not become discouraged. Following the survey by the Secretary of the members of this society with a definite majority responding in favor of selective permissive sterilization, I am sure the incoming Presidents and Executive Committees will instruct the Legislative Committee to prepare a bill for the 1943 session of legislature which will meet all possible objections. + The services of the Executive Committee were offered to His Excellency, Governor James, in suggesting the name of members of this society for appointment of medical advisory boards for the eleven appeal boards under selective service within the Commonwealth of Pennsylvania. To each of the eleven boards a recognized psychiatrist was appointed. More recently the Executive Committee expressed an interest and offered it assistance to the Governor that at least one member of the new Pennsylvania Parole Board be a physician qualified as a psychiatrist who has a broad social viewpoint and administrative ability. It offered its assistance in determining the eligibility of any such person. + *Teaching Institutions*: Our hospitals should more and more become teaching institutions. There are splendid opportunities for same through the conducting of affiliate Schools of Nursing, through the field of social service, and practice training for occupational therapists. The same applies in regard to psychological students, student dietitians, dental hygienists, dental interns and also in the giving of a one year course for laboratory

technicians through affiliation with an academic college, said training leading to a Bachelor of Science degree. In each instance it is necessary that the personnel at the head of the respective departments have the requisite teaching qualifications. + *Schools of Nursing*: Accredited schools of nursing in mental hospitals have been established through the influence of the Committee on Psychiatric Nursing of the American Psychiatric Association. Proposed standards and curriculum outlines for affiliate and graduate courses in psychiatric nursing have been formulated through the said committee. In view of the fact that we now have, as of June 1, 1941, complete state care of all the state and county institutions caring for the mentally ill, there is a large field for study open to this society in this direction. We have too few hospitals who are conducting such schools, especially for affiliate student nurses; in fact, there are only two such hospitals. There is one that conducts both an undergraduate school for men and women. Great credit is due this hospital for its work, namely the Danville State Hospital. Of the incorporated hospitals there are two in Philadelphia who conduct courses for affiliate student nurses, and one in Pittsburgh, the latter being a general hospital with a psychiatric division. + There is an increasing demand on the part of the general hospitals for courses in psychiatric nursing upon affiliate student basis. Much can be done in this direction by our state hospitals giving general hospital schools of nursing an opportunity for training of their students in psychiatric nursing. The requisite to bring this about is an adequate and approved teaching organization with sufficient graduate registered nurses for bedside teaching. This must meet the requirements and approval of the State Board of Examiners for Registration of Nurses. In addition, it is necessary that the hospital establishing such courses has satisfactory housing facilities for the students. Two of our state hospitals conduct such courses accepting students from six or more general hospital schools of nursing, an average of from 40 to 45 students. These two schools are unable to care for the demand made upon them to accept additional schools. Careful consideration was given by the two state hospitals mentioned, before they discontinued their three year undergraduate course, one year of which was by affiliation with a general hospital. They had endeavored to keep their standards by accepting students who were not only graduates of high schools, but those who rated in the upper quartile of their class. There was great difficulty each year in receiving a sufficient number of applicants to justify continuing the undergraduate school, and to keep up to the minimum number of not less than ten after elimination at the end of the six months probation period as recommended by the American Psychiatric Association. The difficulty was attributed to a number of factors, chief among which was the trend not only in nursing education, but education as a whole. For a long time there has been a division of opinion not only among nursing educators, but also among members of the American Psychiatric Association as to the soundness of conducting undergraduate schools in psychiatric hospitals. There are those who felt that it was sound and still do, and those who felt it sounder and wiser to offer the special phase of nursing only in affiliate and postgraduate nursing. It seemed that all specialities should fit into a student program after the first year. After careful thought from every angle it was decided to discontinue the undergraduate school in these two hospitals and to concentrate all efforts in our specialty and give only a 13 weeks' course in psychiatry to students from general hospitals. The census of opinion is that these courses

should be of four months' duration for the reason that they only become oriented by the time they complete the 13 weeks. Students themselves have been free to state that another month would be of definite value to them. This is also the opinion of those connected with the National League for Nursing Education. + I am not unmindful of the fact that some of the State institutions in Pennsylvania conduct one year courses for registered attendants; furthermore, that they are quite well satisfied with what they are doing in this direction. If, however, they also organized an affiliate school, their nursing standards of necessity would be increased. They would also find from experience that through such an affiliate course the hospital would be able to obtain graduate registered nurses and thereby maintain their quota of such nurses. They would also find that their standard in the case and treatment of the mentally ill would be materially increased. + I would urge both the incoming President and Executive Committee to organize a Committee on Psychiatric Nursing, to study this subject so as to render definite service in this direction to the Bureau of Mental Health and thereby encourage our state hospitals to equip themselves for this purpose. The accomplishment of such a committee under leadership of an energetic chairman is not always fully realized. Time, however, is an important factor so that eventually progressive and forward movements in psychiatric affiliate nursing will be credited to the administration of such a committee. + *Psychiatric Social Service*: Finding qualified, psychiatric social workers is becoming more difficult, especially graduates from a recognized school of social service. Applicants should be eligible for membership in the American Association of Social Workers. Unless we can adopt high standards we can not hope to attain reputable standing either with other institutions or with private agencies. it behooves each hospital or institution to see that the highest professional standards are reached in their respective social service department, if they have such, or in the organization of same. By so doing schools of social service will be willing to place and encourage students to take training in psychiatric social work as field work placements from a professional school. + It must be recognized that in setting up standards it will take time to attain them but the Commonwealth under complete state care should make plans in terms of a progressive policy through its Department of Mental Diseases. I would suggest that a Committee on Psychiatric Social Service be appointed to make a careful study of this subject, or possibly for the present combine same with tat of the Committee on Psychiatric Nursing. + I should like to project that committees have not only a chairman, but also a vice or co-chairman. The policy has been, and correctly so, to select members for committees from the western, central and eastern sections of the Commonwealth. I would suggest that the vice or co-chairman be assigned under the chairman to work up or develop the activities of the respective committee for one half of the state, thus bringing about larger activity of the respective committee due to difficulty of committees to function as a unit on account of distance and expense of traveling. + *Board of Trustees*: The 1923 session of the legislature enacted what is known as the Administrative Code (Act #274, P. L. 498). Under the said act the then Governor forthwith abolished Boards of Trustees of all state institutions. Those who were to be retained were instructed to sign on the "dotted line" to the effect that they would uphold the constitution of the United Stated and that of the Commonwealth of Pennsylvania and all amendments appertaining thereto, having special reference to

the eighteenth, prohibition amendment. A number of Boards of Trustees were not willing, as they expressed themselves, “to lower their dignity and be placed upon the school boy level.” The then Governor forthwith made new appointments largely having political coloring upon the basis of developing an organization subservient to him which was well in evidence upon his second term as Governor, 1931-1935. Although the Administrative Code (Section 435) very definitely provided that, “of the first members of each such board appointed under this act, three shall be appointed for two years, three for four years, and three for six years. Thereafter all appointments shall be for terms of six years.” This section applied to 30 state institutions. + The then said Governor, to the best of my knoweledge, [sic] entirely ignored the foregoing provision. All Governors since 1923 who have followed the one then in office have uniformly dispensed with the services of Boards of Trustees at the time the new Governor took office, including the one who served a second term after a lapse of four years. In each instance Section 435 which provides for the terms of appointment was ignored. + As a result of the foregoing facts more and more politically minded members were appointed with the slogan foremost in their minds, namely “to the victors belong the spoils.” The members in some instances were subservient to the county political committees for the replacement and appointment of employees of state institutions. The lives of some of the Superintendents have been made uncomfortable and uncertain as to tenure of office. In one instance the Superintendent’s position was declared vacant by the newly appointed Board of Trustees during his absence on vacation. At one institution the board revised the by-laws as provided for by the Department of Welfare and specified that the Chairman of the board make all appointments, contrary to the provisions of the Administrative Code. Also, that the Superintendent was not to sit in upon the meeting of the board unless requested to do so. These new by-laws were referred through the Department of Welfare to the Attorney General who ruled that they were illegal. The then Chairman of the said board was not re-elected Chairman, although he is still connected with the board and as a result matters are progressing more serenely. The Superintendent continues to administer the institution in accordance with the Administrative Code and the regulations of the Department of Welfare and Bureau of Mental Health. On Boards of trustees there are invariably one or more members who endeavor to dominate the activities and appointments of the hospital. In one institution the Board of Trustees has been for years definitely politically minded, even prior to the enactment of the Administrative Code, other than within the period of 1935-1939 under one Superintendent who was emphatic that he would operate the institution in accordance with the regulations of the Department of Welfare and the authority of the Administrative Code. The result was that the board’s political activities subsided and all went well until the Superintendent finally resigned due to his having the responsibility of administering another hospital. Since then the said board is resuming its political activities regarding personnel. At one hospital the Board of Trustees refused to hold their meetings at the institution, insisting upon meeting at a hotel in the city without the Superintendent present. They never functioned and as a result the Superintendent of said hospital succeeded in taking the hospital out of political chaos and disrepute. Patients were properly clothed, they previously went about nude, and the dietary was improved. An efficient medical staff was gathered

together and the general morale was elevated with attention to much neglected and needed repairs, also the preparation of plans for its enlargement to obviate extreme overcrowding, poor classification and lack of treatment facilities. + From almost 30 years of experience as administrator at one hospital, I know that able business men functioned in a business-like manner for eleven years without any changes other than by deaths and a few resignations. After 1923 there were appointments made of boards who were not uniformly of the same high type of personnel. The boards appointed by the Governor in office between the years of 1935-1939 were the most politically minded in my 45 years of hospital experience. At the very first meting this particular board after the regulations of the Department of Welfare and the Administrative Code were reviewed, they forthwith stated "We want the higher ups." The Superintendent was harassed for three months. They tried in every way possible to bring about their demand to make appointments and operate the hospital, in fact would have been glad to dispense with the Superintendent's services. They finally subsided after being unsuccessful in a conference with the then Secretary of Welfare. The board appointed by the present Governor as of 1939 is not politically minded and functions for the best interest of the patients and that of the Commonwealth. They are truly a 100% Board of Trustees and it is a real satisfaction and pleasure to be a Superintendent under such a board. + There are other institutions where the Superintendents played politics through attending political meetings, making boasts who would constitute the new Board of Trustees. The result in two instances of the same institution was that the Superintendents were replaced. The present Superintendent of this same institution soon after his election resigned, rather than be dominated by a politically minded Board of Trustees. The outcome has been, he has continued to administer the hospital since 1939. In another hospital a Superintendent was appointed in 1935 who lacked qualifications for such a position, but through political pressure, he did receive the appointment. The said Superintendent was replaced in 1939 by a competent man who commands the respect of his conferers. The former Superintendent is apparently waiting for the next gubernatorial turnover to be reappointed. This would mean that a qualified Superintendent would be replaced by one lacking qualifications. In this same institution appointments are dominated by a local political committee. + The basis of this dissertation is two factors. I want to project that a Superintendent who is not politically minded, is diplomatic in his relations with his superiors, has a high moral standard with a "spine" can eventually win the respect and confidence of his Board of Trustees. Apropos of the foregoing statements, I can not resist quoting Emerson who said, "We pass for what we are, and we prosper or fall by what we are. There are men who may dare much and will be justified in their daring, but it is because they know they are in their place. As long as I am in my place I am safe. The best lightning rod for your protection is your own spine." + The second and more important fact is recommending that the Administrative Code be amended so as to eliminate what little authority a Board of Trustees has under a central organization such as the Department of Welfare. Instead of eliminating the Boards of Trustees as such they should be given the authority as a Board of Visitors, appointments actually made upon a staggered basis in accordance with the provisions of the Administrative Code (Section 435). Such a Board of Visitors could, if efficient and capable, be transferred from the present Board

of Trustees, but should be appointed from within the hospital district. None should hold an elective office or be a member of the legislature. There should be the provision that if a visitor fails to attend the regular meetings of the board for a period of six months, upon notifying the Governor of such an absence, unless excused by the Governor, the office of such visitor should there upon be deemed vacant. Such a Board of Visitors should maintain an effective inspection of the hospital for which purpose the board or majority of its members should visit and make inspection at least once a month. The board, through its secretary should make a written report to the department under which it functions and to the Governor after each inspection. The Superintendent should submit a written, monthly report giving the hospital activities, both medical and otherwise, to the board at their monthly meetings. I do believe that such a Board of Visitors if faithful, efficient and not politically minded can render service and be an asset from a community standpoint. + *Bureau or Department of Mental Health*: Act of legislature #425 of May 25, 1921 (P. L. 1144) created a Department of Public Welfare which provided for a Bureau of Mental Health to further the prevention and cure of mental diseases. It also made the provision, “The head of such bureau shall be a physician especially experienced in mental diseases.” + Act #274 of June 7, 1923 (P. L. 498) repealed part of the foregoing act and incorporated said Department of Public Welfare in the Administrative Code and changed the name to Department of Welfare as provided for in Article XX (P. L. 599) which gives the said department supervisory powers over all state and semi-state institutions; provides rules and regulations and among other things to insure the proper care and treatment of persons of unsound mind detained in any house, place or institution. It also provides for transfer, parole or discharge of patients and has a section, #2013, (P. L. 607) covering mental health. + With the foregoing as historical foundation, I would like to call attention to the growth of the Bureau of Mental Health since its creation in 1921 and the appointment of its first and only director, Dr. William C. Sandy; parenthetically, the first President of the Pennsylvania Psychiatric Society and also a past President of the American Psychiatric Association. + Since his appointment in December, 1921, he has functioned under ten Secretaries of Welfare of whom three were physicians and seven lay persons, two were women. During the second last gubernatorial administration, he served under four Secretaries of Welfare within a period of three years. He has gained and held the confidence, respect and friendship of all ten Secretaries of Welfare. He has shown patience, tact and diplomacy in his manifold contacts and associations. In his official position he has been instrumental in the advancement of psychiatry in Pennsylvania, particularly in the improvement of hospital standards in all its mental institutions and in promoting sound legislation governing hospital procedure and the care of the mentally ill. + Throughout the United States there are various types of Central Control Organizations in operation today. A mental hospital survey committee report concerning the various types of central control in force at present is covered in a paper “The Desiderata of Central Administrative Control of State Mental Hospitals” {* The American Journal of Psychiatry, vol. 96, No. 3} by Dr. Winfred Overholser, Superintendent, Saint Elizabeths hospital, Washington, D. C., which I have summarized as follows: + Eight states still operate their hospitals through local Boards of Trustees appointed by the Governor and responsible to him. Three other states have one Board of Trustees for

all of the mental hospitals, the members of the board serving on a part time basis. The Board of Trustees constitutes a central control body and has the advantage of providing uniform administration. One other state (Missouri) has a single Board of Trustees for all the institutions, one member serving on salary. A group of ten states have developed what are known as Boards of Control, all the members of which serve full time on salary, but who as a rule are not medically trained. A department of welfare or a bureau of a department not headed by a psychiatrist is found in nine states. Some of these have been notoriously political in their operation of the hospitals. Five more states have a department of welfare not usually in control of a physician, but with a bureau within the department headed by a psychiatrist, which controls the mental hospitals, (Pennsylvania is included in this latter setup). + Only two states have a separate department of mental health or of mental hygiene at the head of which is found a psychiatrist. Obviously this latter type of organization, which in many ways has much to be said for it, is available only for states of a larger population, perhaps two and one-half million or over, or states which have a considerably large number of hospitals and patients. Pennsylvania comes definitely within these provisions, having a population of approximately 10,000,000 and under complete state care, 22 institutions; 17 for the mentally ill, 4 for the feebleminded, and one for the epileptic, with a total institutional population as of September 16, 1941 of 48,948. In addition there is one semi-private mental hospital and one feeble-minded institution as well as incorporated and licensed hospitals, making the total institutional population more than 50,000. One of the two states mentioned (Massachusetts) has 15 hospitals for the mentally ill and four for the feebleminded, an aggregate population of 28,682 as compared with Pennsylvania's 50,000. New York is the other state mentioned and naturally the total population of the state as well as the number of institutions and population therein exceeds that of any other state in the union. In those states which have a department of welfare, if three hospitals or more exist within a state, a division of mental hygiene headed by a psychiatrist may properly be established within the department. So far as practicable the state agency dealing with mental health administration should be a separate department. + In view of complete state car having become effective June 1, 1941, this is, therefore, the opportune time to establish in Pennsylvania a separate department for mental deseases [sic]. I recommend that the Committee on Legislation be instructed to study the subject of bringing about an amendment to the Administrative Code at the 1943 session of legislature, making a distinct Department of Mental Health, same to be organized under a commissioner with two well qualified assistant commissioner. The organization should consist of three divisions, one of mental diseases, a second of mental defect and epilepsy and a third of prevention. The qualifications and tenure of office of the commissioner, deputy and assistant commissioner of mental health should definitely be stated in the amendment, s well as their duties and responsibilities, including that of a medical inspector and other officers. The tenure of office should not be less than six and possibly ten years. + In conclusion, there is a very important subject upon which I should like your indulgence to briefly discuss with you. How many are aware of the fact that the Pittsburgh strikes such as that of the West Penn Hospital, and others as well, have been under the leadership of confirmed criminals with definite records. This is very likely the explanation of why we are

meeting tonight in Philadelphia instead of Pittsburgh. Permit me to quote editorially, "A particularly charming specimen has been turned up in Pittsburgh leading a strike of a C. I. O. local of the State, County and Municipal Workers against West Penn Hospital. He is a criminal of long and varied experience which began with a robbery when he was 16 years old. Held guilty of that job, he was placed on probation, but a few years later erred again in an innocent, juvenile way, and this time got two and one-half years in a reformatory for robbing a clothing store. + "In 1926 he deserted from the United States Army and drew 18 months in Leavenworth and soon after his graduation from that institution he pleaded guilty of auto theft and of carrying firearms and was placed on probation. In 1931 he was convicted of participating in a stick-up in which a man and a woman were robbed of jewelry valued at $5000 and was sentenced to serve from five to ten years in the Western Penitentiary, being reduced on parole after four years. + "Thus qualified for union leadership, he became President of the C. I. O. local while still on parole. In fact, he was still on parole when he was "picked up" on a charge of contempt for violating an injunction against mob violence in a strike against the West Penn Hospital, in the course of which American citizens were kicked around for attempting to go to work and the hospital service to the sick was impeded. + "It was only then learned that the President of the union was a stick-up man and had a job as an attendant for the mentally ill at the City Home. He resigned both positions." + Apropos of the foregoing but from a broader viewpoint, I am again quoting editorially: "What is taking place in the world is not essentially different trom [sic] what has taken place, time and again, in the past. We fail to recognize that what is operating in Europe is not merely new weapons, new techniques, new philosophies, but, above all, a new kind of mind. + "In few places has than mind been so well dissected as in a novel that deserves wider recognition than it has had—Arthur Koestler's 'Darkness at Noon.'—This is the portrait as Mr. Koestler delineated it: + 'It is a mind from which humaneness has been so rigidly excluded that humaneness is now foreign to it. It is a mind which contends that the means—any means—justify the end. It is a mind which holds that reason has supplanted morality, that ethics are the luxury of an effete civilization, that decency means nothing and only "logic"—the "logic" of utility—counts. It is a completely cold, calculating mind.'" + As psychiatrists, are we fully conscious of the relationship between the confirmed criminal in some of the aspects of his case in comparison with that of the mental patient. I make particular reference to psychopathic personality. From the standpoint of the criminal, he can pass the legal test of knowing the difference between right and wrong. From the psychiatrists' point of view, there is a prolonged departure from the individuals normal standard of thinking, feeling and acting, which departure invariably has its onset in youth, and therefore should be studied as psychotic cases. + We have in the 1923 Mental Health Act, Section No. 307, a provision whereby such individuals can be committed for observation, diagnosis and treatment. They can be detained for a long enough time for a mental hospital to advise and offer suggestions to the courts accompanied by detailed medical and social history. + Pennsylvania has a law similar to that of New York's Baum's Law, passed by the 1929 session of Legislature, Act No. 373, P. L. 854, "authorizing the sentencing of persons convicted for a second or subsequent offense of certain crimes to additional prison terms and to imprisionment [sic] for life." In other words, such individuals as the one cited should be separated

from society permanently. I have been informed that three cases applicable to the said 1929 Act No. 376 have been committed for life in Pennsylvania. In fact, all such cases after the second offense should be observed psychiatrically and a written report made to the committing judge. This is an interesting problem for study by the Committee on Forensic Psychiatry of this organization. + Finally, I want to quote Dr. Myerson, "A specialty is as good as the people who get into it, and what psychiatry needs, above all things, is young men and women of genius and talent." What are we doing to attract such? I have emhasized [sic] the importance of our hospitals becoming teaching institutions. I want to impress upon this organization that we do more to teach practical psychiatry to nurses and others mentioned, than we do for medical students. Through affiliate courses we encourage students to become interested in psychiatry. The least we can do at present is to get two or three junior medical students to come to our hospitals for the summer months as clinical assistants. This, however, is merely a drop of water in an empty bucket. What are we going to do about it?"

>1945—In Memoriam Henry I. Klopp 1870-1945 [Editorial]. Mental Health Bulletin (Danville State Hospital) 1945; 23 (1; 4/15):12---Editor, Eugene L. Sielke, M. D., Supt.of Danville State Hospital.---"One of the truly great and grand old men of psychiatry, Dr. Henry I. Klopp, died on March 7, 1945, after a few weeks of illness at the Hahnemann Hospital in Philadelphia. Long an eminent figure in psychiatry and crusader for humanitarian treatment of the mentally ill Dr. Klopp, even after his retirement as superintendent of the Allentown State Hospital, continued to be active in his profession. + Always a student and seeker after any knowledge that would help to alleviate mental illness, during later years, a conclusion forced upon him by long experience led him to an intensive study of child psychiatry. It is to his credit that the only state mental hospital in the Commonwealth with a children's unit is the Allentown State Hospital. During his thirty years as its Superintendent he advanced and made many progressive changes for that institution, not the least of which was the children's unit. + A figure at every psychiatric and related medical society meeting, local, state or national, he kept abreast of the times and maintained continually a youthful, progressive perspective and outlook. Backed by long experience, he was a firm believer in psycho, occupational and particularly physiotherapy. The shock therapies still had to stand the test of long term statistical analysis before he would accept them whole heartedly. Cautiously sceptical, "fads" had to prove themselves to him before adoption. + Never too busy or tired to accept an assignment or invitation to speak, he was as well known in community civic affairs as by his colleagues in the profession. We at Danville had the honor of his presence at the nursing school commencement exercises last year at which time he gave an inspiring address. He lived the life of his motto which he advised the new graduates to adopt, "If you are not happy at your work, you will never know what true happiness is." + There are many who owe at least some debt of gratitude to Dr. Klopp for assistance or guidance. When he retired the Commonwealth lost one of its most able hospital administrators. However, he continued actively to assist in the solution of psychiatric and administrative problems until his death. His absence will be keenly felt in many quarters. The "grand old man" of hospital psychiatry in Pennsylvania is gone but will never be forgotten."

>1942—Psychiatry and National Defense. [Editorial] Mental Health Bulletin (Danville State Hospital) 1942; 19 (4; 1/15):15---Editor, L. R. Chamberlain, M. D., Supt.---“The Pennsylvania Psychiatric Society despite last minute interruption with plans for the annual meeting, convened in Philadelphia and considered matters of psychiatric importance in the present emergency. + During the present moment of preparation for defense entailing vast increases in the personnel of the armed forces, psychiatry takes cognizance of its responsibility and remains ready to give freely of it knowledge and skill in building an impenetrable barrier against lawless aggressors. Psychiatrists already are rendering yeoman service as members of Medical Advisory Boards, Army Induction Boards and as officers in the armed forces. An army, navy and air force of unparalleled skill and resourcefulness is rapidly emerging, capable we believe, for any future eventuality. Technological advance and improved lethal weapons has contributed mightily in these preparations but so has the selection of recruits and selectees sound in limb and temperament. + The psychopath, certain psychoneurotic characters, paranoid personalities, potential psychotics, epileptics and related types are being eliminated before enlistment or induction. The result should be two-fold. Improvement in the quality of the army, navy and air force and the great reduction in psychiatric casualities [sic]. The negligent attitude towards the induction of these types during the last war has cost our country untold millions in war compensations. This experience must not be repeated.”

>1942—Edward A. Strecker: Introduction of the Speaker of the Evening. Mental Health Bulletin (Danville State Hospital) 1942; 19 (4; 1/15):16-17---M.D. + Chairman of the Department of Psychiatry, School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania.---

>1942—William C. Porter: Psychiatry and the National Defense. Mental Health Bulletin (Danville State Hospital) 1942; 19 (4; 1/15):18-22---M.D., Lieutenant Colonel, Medical Corps, United States Army, Chief, Neuropsychiatric Section, Walter Reed General Hospital, Washington, D. C.---

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News and Comment: Pennsylvania Psychiatric Society. Arch Neurol Psychiatry 1941; 46:1078-1079

"William C. Porter, M.D., Lieutenant Colonel, Medical Corps, United States Army, Chief of Neuropsychiatric Section, Walter Reed General Hospital, Washington, D.C., spoke on "Psychiatry and the National Defense" at the third annual dinner meeting of the Pennsylvania Psychiatric Society at the Bellevue-Stratford Hotel, Philadelphia, the evening of Oct. 9, 1941.

Henry I. Klopp, M.D., president of the society, superintendent Allentown State Hospital, presided and delivered the presidential address.

Edward A. Strecker, M.D., chairman of the Department of Psychiatry, University of Pennsylvania School of Medicine, introduced Colonel Porter.

Officers for the coming year, 1941-1942, are as follows:

President: Baldwin L. Keyes, M.D., Philadelphia, professor of psychiatry, Jefferson Medical College.
President-Elect: George J. Wright, M.D., Pittsburgh, professor of neurology, University of Pittsburgh School of Medicine.
Secretary-Treasurer: LeRoy M.A. Maeder, M.D., Philadelphia.
Councillors: Ralph L. Hill, M.D., Wernersville, Pa.; Henry I. Klopp, M.D., Allentown, Pa.; Arthur P. Noyes, M.D., Norristown, Pa.; William W. Richardson, M.D., Mercer, Pa.; Thomas A. Rutherford, M.D., Waymart, Pa.; George W. Smeltz, M.D., Pittsburgh, and Lauren H. Smith, M.D., Philadelphia.
Auditors: Robert H. Israel, M.D., Warren, Pa.; Howard K. Petry, M.D., Harrisburg, and Charles A. Zeller, M.D., Philadelphia."

(6) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1942; 98:779-780

"The Pennsylvania Psychiatric Society held its third regular mid-year meeting at the Harrisburger Hotel, Harrisburg, Pennsylvania, Tuesday February 10, 1942. Winfred Overholser, M.D., superintendent of Saint Elizabeths Hospital, Washington, D.C., and secretary-treasurer of the American Psychiatric Association, spoke on "Some Possible Contributions of Psychiatry to the National Defense." His paper was discussed by Colonel J. W. Grissinger, M.D., of Harrisburg, Samuel W. Hamilton, M.D., of Washington, D.C. and Lauren H. Smith, M.D., of Philadelphia. Forty-nine members and nine guests were in attendance at this meeting. Baldwin L. Keyes, M.D., of Philadelphia, president of the Society, presided. The secretary-treasurer of the Society is LeRoy M. A. Maeder, M.D., Chancellor Hall, 206 South 13th Street, Philadelphia."

>1942—Winfred Overholser: Some Possible Contributions of Psychiatry to the National Defense. Mental Health Bulletin (Danville State Hospital) 1942; 20 (1; 4/15):4-13---M.D., Sc. D., Superintendent, St. Elizabeths Hospital, Washington, D. C., Secretary-Treasurer, American Psychiatric Association. Address given before the Third Mid-Year Meeting of the Pennsylvania Psychiatric Society, Harrisburg, Pa., February 10, 1942.---

>1942—Pennsylvania Psychiatric Society: News Release. Mental Health Bulletin (Danville State Hospital) 1942; 20 (1; 4/15):3---[same as Am J Psychiatry notice, except for capitalization and the following added] “The Society was honored to receive through Dr. Overholser a telegram from J. K. Hall, M. D., President of the American Psychiatric Association, as follows: + “Please give my cordial greetings to our fellow laborers. I join you in the earnest hope that each of them will be numbered amongst our members by the time of our historic centennial in Philadelphia.””

(7) News and Notes: Pennsylvania Psychiatric Society Meeting. Am J Psychiatry 1942; 99:464-465

"Colonel Leonard G. Rowntree, M.C., U.S.A., Chief Medical Division, Selection Service, spoke on "Selective Service and Psychiatry," at the fourth annual dinner meeting of the Society, at the University Club, Pittsburgh, October 8, 1942. George J. Wright, M.D., President-Elect of the Society presided in the absence of the President, Lt. Col. Baldwin L. Keyes, Medical Corps, U.S. Army.

Honor guests were: Captain Raymond Clouse, representing Colonel B. F. Evans, Acting Director, Selective Service, Commonwealth of Pennsylvania, and Walter F. Donaldson, M.D., Secretary of the Medical Society of the State of Pennsylvania.

An afternoon scientific session was held at the Western State Psychiatric Hospital at which papers were presented by William C. Sandy, M.D., Director, State Bureau of Mental Health, Harrisburg; Grosvenor B. Pearson, M.D., Superintendent Western State Psychiatric Hospital, Pittsburgh, Herbert H. Herskovitz, M.D., Clinical Director Norristown State Hospital.

Officers for the year 1942-1943 were elected as follows: George J. Wright, M.D., President, Pittsburgh; Ralph L. Hill, M.D., President-Elect, Wernersville; and LeRoy M. A. Maeder, M.D., Secretary-Treasurer, Philadelphia."

>1943—William C. Sandy: The State Bureau of Mental Health and The Problems Presented by the War. Mental Health Bulletin (Danville State Hospital) 1943; 21 (1;4/15):4-6---“Presented before the Pennsylvania Psychiatric Society at Pittsburgh, Pa., October 1942. Director, Bureau of Mental Health, Pennsylvania Department of Welfare, Harrisburg, Pa.”---“The members of the

>1943—Grosvenor B. Pearson: The Western State Psychiatric Hospital. Mental Health Bulletin (Danville State Hospital) 1943; 21 (1):7-9---“Superintendent of the Hospital, Pittsburgh, Pa. Presented before the Pennsylvania Psychiatric Society at Pittsburgh, Pa., October 1942.”---

>1943—Herbert S. Herskovitz: Psychiatric Aspects of Service Men Transferred to the Norristown State Hospital. Mental Health Bulletin (Danville State Hospital) 1943; 21 (1): 11-14---“Clinical Director, Norristown State Hospital, Norristown, Pa. Presented before the Pennsylvania Psychiatric Society at Pittsburgh, Pa., October 1942.”---

>194?—Colonel Leonard G. Rowntree: Selective Service and Psychiatry. Mental Health Bulletin (Danville State Hospital) 194?; ??:10-16---“MED-RES. + Chief, Medical Division, National Headquarter, Selective Service System, Washington, D. C. Presented at the Annual Dinner of the Pennsylvania Psychiatric Society, Pittsburgh, Pa., October 8, 1942.”---

(8) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1943;

100:421-422.

"The fifth annual dinner meeting of the Pennsylvania Psychiatric Society was held in Philadelphia October 7, 1943.

Mr. John Corcoran, noted radio news analyst, commentator and writer, spoke on the subject of "Today"; "The Referral Center for Selective Service in Philadelphia" was described by O. Spurgeon English, M.D.; the Presidential Address was delivered by George J. Wright, M.D., of Pittsburgh.

Officers for 1943-1944 were elected as follows:

Ralph L. Hill, M.D., President, Wernersville.
George W. Smeltz, M.D., President-Elect, Pittsburgh.
Councillors: Leslie R. Chamberlain, M.D., Danville; Theodore L. Dehne, M.D., Philadelphia; John N. Frederick,, M.D., Pittsburgh; Ronald B. McIntosh, M.D., Selinsgrove; John F. Stouffer, M.D., Philadelphia; John I. Wiseman, M.D., Torrance; George J. Wright, M.D., Pittsburgh.
Auditors: Robert S. Bookhammer, M.D., Philadelphia; Gomer S. Llewelyn, M.D., Mayview; Howard K. Petry, M.D., Harrisburg.
LeRoy M. A. Maeder, M.D., Secretary-Treasurer, Chancellor Hall, 206 South Thirteenth Street, Philadelphia 7, Pa."

>1944—Mental Health Bulletin (Danville State Hospital) 1944; 21 (4;1/15):15—[same announcement as above]

>1944—George J. Wright: Presidential Address: Fifth Annual Meeting of the Pennsylvania Psychiatry [sic] Society. Mental Health Bulletin (Danville State Hospital) 1944; 21 (4):10-14---“I have served the Pennsylvania Psychiatric Society for 18 months as its presiding officer, and while acknowledging my responsibilities and shortcomings, I am deeply conscious of the great honor conferred upon me. As on several occasions in my medical career, I have found honor and responsibility of great personal therapeutic value. I am sincerely sorry that Dr. Baldwin Keyes, unable to conclude his presidency due to entering the service, could not have had the opportunity to display his well-known initiative and executive ability for the greater good of this Society. While I have done my best, I cannot point to a record of great accomplishment. The war and the absence of many of our members in one form of service or another, will bespeak your kindly tolerance, and yet three or four problems of great importance have been duly considered in committee and future actions outlined. As you can readily understand, the final acceptance of new ideas by public agencies requires a great deal of time. Our one signal failure, but shared by others, was our inability to secure from Washington a more early modification of Selective Service methods in Pennsylvania. However, I want you to know, as one now speaking from the inside, that I am much impressed with the usefulness of our Society, and I believe it is the duty of every one interested in our field of endeavor to uphold it. It is less a forum for scientific discussion, but more an agency for the study

and promulgation of ideas and principles of a psychiatric nature that involve the welfare of the citizens of this state. Now that every one is socially conscious, some too much and some too little, the balanced use of knowledge and power is an imperative obligation. I can therefore believe in the postwar period, succeeding presidents of this society will carry more onerous duties than I have, and merit just rewards for outstanding performance. + Our previous presidents have all paid tribute to our most excellent secretary, LeRoy Maeder. all of our successful medical societies have unusually able secretaries. How they are discovered is an eternal mystery to me. Our Dr. Maeder functions with such smoothness and precision, and finally, courtesy and loyalty, that even the most egocentric president could hardly withhold from him the major credit for the year's work. Like all secretaries, I am sure he will get his reward, but because we are apt to be selfish, it may be belatedly. + I wonder if I may presume on your time and patience with a somewhat personal narrative with comments. As a graduate of the University of Pennsylvania, I started my medical career in Pittsburgh with parttime interest in neuropsychiatry. I came back to Philadelphia in 1916 as a voluntary student in neuropathology and psychiatry at the Pennsylvania Hospital. How well I remember my preliminary interview with Dr. Owen Copp in that cold, formal sitting room at the hospital, with its old furniture sitting on identical spots for almost 75 years, and with portraits of former officers looking down upon me. Dr. Copp welcomed me with a smile, which shaded later into a contemplation phase, as he remarked: "Dr. Wright, this is an interesting experiment, well worth watching, for you may be establishing a precedent." I remained happily and profitably for six months and won the enduring friendship of bond, Orton and Strecker. And from what I know of the more recent history of the Pennsylvania, it would seem as if, after all, I did establish a precedent. + From Philadelphia's Quaker Institution to New York's Neurological Institute, staffed by entirely different personalities, was quite an adventure, and required rather agile mental adjustments. I think good habits learned in Philadelphia, prevented the acquisition of bad habits in New York—for the amount of work to be done seemed enormous and speed and short-cuts and quick decision were necessary. Again, I was a voluntary student, but not then establishing a precedent. The resident staff was small, only four, as against about 22 at the present. The senior neurologists were outstanding men with enormous practices. The diagnoses were mostly of well-known orthodox clinical pictures with a minimum amount of laboratory aid. A pioneer endocrinologist dwelt learnedly on the size and spacing of the incisors, the length and shape of the fingers, and geometrical outlines of the public hair. The leading psychiatrist of the city, a really brilliant man by any standard, had a terrific office practice, but in spite of the polemics of the psychoanalyists [sic], whose tenets he rejected, gave comfort and balance to the afflicted by his quick insight, positive reassurance, supported by an exceptional personality, and last but not least, topped off by a shot in the arm of Fraissees Neurasthenique. To his credit be it said, he would not stoop to give this injection himself, but delegated it to a nice inconspicuous student neurologist of my own age. + And while in New York the United States entered the first World War, Dr. Pearce Bailey of the Institute was taken to Washington to do something about meeting the neuropsychiatric problems of selection, induction and overseas duty. I need not mention to you that experience. Some of you were a part of it. A school of

neuropsychiatry was established at the Institute with a turnover of about 30 men every six weeks, and in this school I labored as instructor. All this is simply an evidence that psychiatry in relationship to war was recognized, although personnel, organization and sound concepts in diagnosis and treatment were wholly inadequate. + I have my reasons for mentioning that I left New York for about three months and went to Boston to be with Dr. Elmer Southard. This was again not another precedent establishing venture, because others, especially Karl Menninger, had preceded me. The Boston Psychopathic Hospital was generously open for study to anyone properly qualified, who was willing to work. The Psychoanalytic school had won some distinguished converts, but the psychopathic hospital under the direction of Southard stood fast to Kraeplinian concept, slowly being modified however because of the profound training of Southard in psychology and neuropathology. His mind, free from all shackles and precedents, was reaching for newer concepts. He may have been handicapped by his too great knowledge of anatomy and pathology to develop principles based on psychopathology and psychobiology, but in view of some of our recent experiences with shock therapy, both in the psychoses and psychoneuroses, it may be we will need a mind trained as Southard's, to lead us out of the wilderness. Shortly after my stay with him, Southard died in his early forties. Those who knew him feel American psychiatry lost a potentially great leader, who had the ability to train not only disciples, but best of all, apostles. + I was in New York in the winter of 1917 and 1918, when the flu epidemic struck with its neuropsychiatric complications. It was somewhat of a neurological blitz-krieg in surprise, strangeness of effect, confusion of neurological interpretations and futility of counterattack. I need not tell you how much, in a few years, was added to our knowledge of the entire nervous system, both in health and disease. At the sametime, the war going on, camp and combat zones and battle fronts gave us physical and psychic casualties in abundance. Demobilization, maladjustments and an economic depression of considerable degree complicated the early return of the individual to peace and productivity. And so when I returned to Pittsburgh in 1920, after nearly four years of adventure, I could honestly feel a real awakening had taken place in the field of neuropsychiatry, which perhaps had previously lagged behind that of other medical specialties. I think it is is [sic] safe to say I witnessed the end of the so-called clinical period, during which neuropsychiatric syndromes were labelled [sic] largely by careful critical objective evidence. The rush of students into an alluring field soon unearthed nuggets of information in anatomy, physiology, biochemistry, pathology and radiology, all of which permitted of wider and more accurate clinical definitions, and furthermore psycho-biological and psycho-pathological studies gave the individual a third dimension as if one looked at him through a stereoscope, permitting one to see the patient understandingly and helpfully, to say the least. The battle with the psychoanalyst is now over. We live in peace—each understanding the other. We should acknowledge our gratitude for the destruction of our smug complacency and the substitution of a dynamic approach in depth, which has made the psychiatrist himself a real human being—perhaps the most understanding of men. In 1922 I read a paper before the American Psychiatric Association on "Practical Methods in the Treatment of the Psychoneuroses." I was primarily interested in estimating what proportion of patients could conceivably be treated best by the psychoanalyst and my answer, after a study of several hundred

consecutive office patients, came to about 3%, and in the intervening years I have had no reason to change my estimate. Direct, orthodox and relatively inexpensive technique will meet 97% of the requirements, and even so there are not yet enough qualified men to do the work. It is not impossible even simpler methods may be devised, and I refer particularly to the various types of shock therapy, not only for the major psychoses, but for selected cases of psychoneurosis, mainly those in which decided affective elements are invlolved. This is now almost an open field for experimental and practical research. + Up to this point I have implied there has been a marked increase in recruits in neuropsychiatric service during the past 27 years, and especially in the past 10 years, but still the needs of the public have not been adequately met. Institutions of many kinds, colleges, large industries of certain types, many welfare agencies need psychiatric service. Strategically located centers of population apart from the large cities, might well support a young neuropsychiatrist, and I know of several who are so located and prospering. Hospital appointments entail heavy obligations, because routine consultations in wards particularly have steadily risen, perhaps as nose and throat and dental infections have failed to explain the single and multiple complaints of the psychoneurotic. Our surgeons and internists are increasingly aware of the significance of anxiety states. A favorite topic for surgical discussion is the so-called “acute abdomen”, but a good sign of the times is indicated by a paper I once listened to written by Cabot, the surgeon, on the “Neurotic Abdomen.” I discussed it myself with extreme pleasure and satisfaction. + We have needed more and better neuropsychiatrists, and with this global war and its absolutely unpredictable sequellae, we are going to need an unestimated number of young doctors for years to come, who will do the job right. Newer concepts and newer methods of rehabilitation should restore people to productive effort and self support and lighten the pension load, and it will not be an easy sit-down job. To get the proper physicians, well trained and energetic, we must show how alluring the field is by better teaching in the medical schools, better books, better magazine articles, and better public addresses. Those of us who are particularly qualified to put it over should consider it a duty and not overlook the quality of showmanship. Some of the best teachers I have ever had have been consumate showman. A professor of psychiatry in one of the Philadelphia medical schools fills the benches with enthusiastic and interested students. A textbook of psychiatry written in this city is easily readable, instructive, and above all most entertaining. A short book on “Nervous Indigestion” written by a member of the Mayo Clinic is full of common sense and gives in short compass the essentials of so-called psychosomatic medicine. Ponderosity, strange nomenclatures, involved reasoning belong to the past, when the typical psychiatrist wore a pointed beard, had a grey, fishy eye, and a poker face. + Fortunately, and differently from the first world war, we at least have a nucleus of well-trained neuropsychiatrists already on the job working under the guidance of excellent consultants of flexible minds. The papers read at the Detoit meeting indicate splendidly the problems arising in selection and induction; what happens in the training camp, precombat, combat and postcombat areas. The material is of course enormous, and carefully studied by young, well-trained, alert minds should give us newer conceptions of mental reactions under various degrees and types of stress. Present nosologies may be definitely modified. Most interesting of all, are the newer

methods of treatment and rehabilitation. One is strongly reminded of the revolutionary change from the old-fashioned rest cure of Weir Mitchell to the present day type of work cure. There is every reason to believe psychiatry in this war, as in the last, may acquire added momentum. Perhaps everything and more, that psychiatry has to offer, will be needed, especially if one considers all possible post-war problems. Not only individuals but entire populations may be involved. We believe Hitler is psychotic and that the German people suffer from a psychosis. Intelligent psychiatric interpretations and advice will be needed, not only for the returned soldiers, but perhaps for the statesmen, who will have the heavy burden of the political and economic rehabilitation of large groups of populations. + In 1921 I wrote an article for a lay magazine on "Neuropsychiatry an Open Frontier." I was young, enthusiastic, had little practice, but believed what I said. In the course of years since, I have encouraged about seven young men to cross the border into this most interesting territory, and have even partially grub staked a few of them. I can honestly feel proud of them, because of their signal performance. As I stand before you now in a mood of retrospection, I am more than ever convinced that the field of neuropsychiatry, even after 22 years, is still a largely open and most alluring frontier."

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News and Comment: Pennsylvania Psychiatric Society. Arch Neurol Psychiatry 1943; 50:710

"The fifth annual dinner meeting of the Pennsylvania Psychiatric Society was held in Philadelphia on Oct. 7, 1943.

Mr. John Corcoran, noted radio news analyst, commentator and writer, spoke on the subject of "Today"; "The Referral Center for Selective Service in Philadelphia" was described by O. Spurgeon English, M.D., Philadelphia, and the presidential address was delivered by George J. Wright, M.D., of Pittsburgh.

Officers for 1943-1944 were elected as follows: president Ralph L. Hill, M.D., Wernersville, Pa.; president-elect, George W. Smeltz, M.D., Pittsburgh; Secretary-Treasurer, LeRoy M.A. Maeder, M.D., Philadelphia.

Councillors elected were: Leslie R. Chamberlain, M.D., Danville, Pa; Theodore L. Dehne, M.D., Philadelphia; John N. Frederick, M.D., Pittsburgh; Ronald B. McIntosh, M.D., Selinsgrove, Pa.; John F. Stouffer, M.D., Philadelphia; John I. Wiseman, M.D., Torrance, Pa. and George J. Wright, M.D., Pittsburgh.

Auditors elected were: Robert S. Bookhammer, M.D., Philadelphia; Gomer S. Llewelyn, M.D., Mayview, Pa., and Howard K. Petry, M.D., Harrisburg, Pa.

Address: LeRoy M.A. Maeder, M.D., secretary-treasurer, Chancellor Hall, 206 South Thirteenth Street, Philadelphia 7."

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Society meeting notices. Phila Med 1943; 39:178-179

"Thursday, October 7, 1943. Pennsylvania Psychiatric Society. Fifth Annual Dinner Meeting. Kugler's Chestnut Street Restaurant, Widener Building, Philadelphia, at

6:45 P.M.
`Today.' Mr. John Corcoran, Noted Radio News Analyst.
`The Referral Center for Selective Service in Philadelphia.' O. Spurgeon English, M.D., Philadelphia.
The Presidential Address. George J. Wright, M.D., Pittsburgh.
Reservations by October 4th at the latest: $3.00 for members and physicians in Military Service; $4.00 for guests.
LeRoy M. A. Maeder, M.D.
Secretary-Treasurer,
Chancellor Hall, 206 S. 13th Street, Philadelphia 7."

(9) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1944; 101: 414

"The sixth annual dinner meeting of the Society was held at the University Club, Pittsburgh, September 21, 1944. Ralph L. Hill, M.D., president, superintendent of the Wernersville State Hospital, presided.

James M. Henninger, Commander (M.C.) U.S.N.R., Pittsburgh, spoke on "Navy Psychiatry, with Particular Reference to the South Pacific." Baldwin L. Keyes, Lieutenant Colonel, M.C., U.S.A., Philadelphia, spoke on "Psychiatry in the Middle East."

Officers were elected as follows:

George W. Smeltz, M.D., Pittsburgh--President.
Kenneth E. Appel, M.D., Philadelphia--President-Elect.
LeRoy M. A. Maeder, M.D., Philadelphia--Secretary-Treasurer.
Councillors: Frederick H. Allen, M.D., Philadelphia; Roy W. Goshorn, M.D., Hollidaysburg; Ralph L. Hill, M.D., Wernersville; Harry M. Little, M.D., Pittsburgh.
Auditor: Harry F. Hoffman, M.D., Allentown.
Secretary's address: Chancellor Hall, 206 South 13th Street, Philadelphia 7, Pennsylvania."

>1944—Mental Health Bulletin (Danville State Hospital) 1944; 22 (3; 10/15):15---[same announcement as above, without secretary’s address]

(10) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1946; 102:708

"At the seventh annual meeting which was held October 4, 1945, the following officers were elected for the year 1945-1946.

Officers
Kenneth E. Appel, M.D., President.....Philadelphia
Charles H. Henninger, M.D., President-Elect...Pittsburgh

Philip Q. Roche, M.D., Secretary-Treasurer....Philadelphia

Councillors

For One Year
Frederick H. Allen, M.D.....Philadelphia
Roy W. Goshorn, M.D.....Hollidaysburg
Harry M. Little, M.D.....Pittsburgh
George W. Smeltz, M.D.....Pittsburgh

For Two Years
LeRoy M. A. Maeder, M.D.....Philadelphia
Thomas A. Rutherford, M.D.....Waymart
Cornelius C. Wholey, M.D.....Pittsburgh

Auditors

For One Year
Robert S. Bookhammer, M.D.....Philadelphia

For Two Years
Harry F. Hoffman, M.D.....Allentown

For Three Years
Robert J. Phifer, M.D.....Woodville"

(11) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1946; 103:423-424

"At the eighth annual dinner meeting of the Pennsylvania Psychiatric Society which took place at The Barclay, in Philadelphia, October 10, 1946, former U.S. Supreme Court Justice Owen J. Roberts spoke on "What the Layman Can Do About Mental Illness."

The following officers were elected to serve for the year 1946-1947: President, Charles H. Henninger, M.D., Pittsburgh; President-Elect, LeRoy M. A. Maeder, M.D., Philadelphia; Secretary-Treasurer, Philip Q. Roche, M.D., Philadelphia.

Councillors--For two years: Samuel B. Hadden, M.D., Philadelphia; Harold L. Mitchell, M.D., Pittsburgh; Howard K. Petry, M.D., Harrisburg. For one year: Bernard J. Alpers, M.D., Philadelphia; Kenneth E. Appel, M.D., Philadelphia; Thomas A. Rutherford, M.D., Waymart; Cornelius C. Wholey, M.D., Pittsburgh.

Auditors--For three years: Elmer V. Eyman, M.D., Philadelphia. For two years: Robert J. Phifer, M.D., Woodville. For one year: Harry F. Hoffman, M.D., Allentown."

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>1947—Mental Health Bulletin (Danville State Hospital) 1947; 24 (4; 1/15):34---lists officers as above, Roche's address given as 255 South 17th St., Philadelphia

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News and Comment: Pennsylvania Psychiatric Society. Arch Neurol Psychiatry 1946; 56:697

The eighth annual dinner meeting of the Pennsylvania Psychiatric Society was held at the Barclay, Philadelphia, on Oct. 10, 1946.

Former United States Supreme Court Justice Owen J. Roberts spoke on "What the Layman Can Do About Mental Illness."

The following officers were elected to serve for the year 1946-1947: president, Charles H. Henninger, M.D., Pittsburgh; president elect, LeRoy M.A. Maeder, M.D., Philadelphia, and secretary-treasurer, Philip Q. Roche, M.D., Philadelphia.

Councillors elected were: For two years, Samuel B. Hadden, M.D., Philadelphia; Harold L. Mitchell, M.D., Pittsburgh, and Howard K. Petry, M.D., Harrisburg, Pa. For one year, Bernard J. Alpers, M.D., Philadelphia; Kenneth E. Appel, M.D., Philadelphia; Thomas A. Rutherford, M.D., Waymart, Pa., and Cornelius C. Wholey, M.D., Pittsburgh.

Auditors elected were: For three years, Elmer V. Eyman, M.D., Philadelphia; for two years, Robert J. Phifer, M.D., Woodville, Pa., and for one year, Harry F. Hoffman, M.D., Allentown, Pa.

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Phila Med 1946; 42:254

"Friday, October 11, 1946. Philadelphia Psychiatric Society.
Because the Pennsylvania Psychiatric Society is meeting in Philadelphia in October there will be no regular October meeting of the Philadelphia Psychiatric Society.
Robert S. Bookhammer, M.D.
Secretary-Treasurer."

>1947—Psychiatric Education: Report of the Committee on Psychiatric Education of the Pennsylvania Psychiatric Society. Mental Health Bulletin (Danville State Hospital) 1947; 25 (3; 10/15):3-7---"The Committee on Psychiatric Education of the Pennsylvania Psychiatric Society presented its report to the Council of the Society October 10, 1946. It was felt that the report contains data of general interest and, approved by Council, represents the collective thoughts of the Society insofar as psychiatric education is concerned. The Chairman of the Committee was requested by the President, Dr. Kenneth E. Appel, to prepare the report for publication. It is, herewith, presented with such modifications as seem necessary for printing. + The Committee which seriously and sincerely prepared the following report was made up of psychiatrists interested in hospital psychiatry, in the private practice of psychiatry, in teaching and educational methods. They were: Robert A. Clark, M. D., Clinical Director, Western State Psychiatric Institute, and Instructor in Psychiatry, School of Medicine, University of Pittsburgh; Charles H. Henninger, M. D., Professor of

Psychiatry, School of Medicine, University of Pittsburgh; Robert H. Israel, M. D., Superintendent, Warren State Hospital; Charles A. Koenig, M. D., Clinical Director, Woodville State Hospital; Harry M. Little, M. D., Director Pittsburgh Child Guidance Center, Inc., and Assistant Professor of Psychiatry, School of Medicine, University of Pittsburgh; and Grosvenor B. Pearson, M. D., Director, Western State Psychiatric Institute and Clinic, Assistant Professor of Psychiatry, School of Medicine, University of Pittsburgh, and Chairman of the Committee. + Report of the Committee + Your Committee on Psychiatric Education has met and presents the following report. + The reports of the two previous Committees have been reviewed and approval in general is given to the recommendations made in 1944 and 1945. Particularly pertinent are the suggestions (1) to increase teaching activities in mental hospitals to offset the lag in education which occurred during the war years (1944); and (2) to develop psychiatric residencies in general hospitals (1945). The first would give training to men coming out of military service interested in psychiatry. The second would provide a broader base of experience for the psychiatrist himself and increase the interest of other physicians in mental illness, particularly in the borderline conditions so often seen in general hospitals and in the private practice of medicine. + The scope of psychiatric education is considered as not restricted to the field of medicine, but also extending to include nursing, social service, psychology and other fields. These ancillaries must have psychiatric orientation and provision must be made for their education. Likewise attention must be given to a body potentially strong and favorably disposed, or, because of the type of propaganda current today, equally strong but unfriendly ……. the public. + In the professional groups, naturally, specific information about psychiatric illness must be provided. In the non-professional groups, the laity, the dissemination of incorrect knowledge must be counteracted promptly if psychiatry and the psychiatrist are to be accepted at their full value. It must be admitted that psychiatry more than any other field of medicine has become a community problem and numerous social and economic forces are concerned with improving psychiatric conditions. In any instance, psychiatry's interests can best be served by prompt action in the direction of bettering its position. + The Committee feels that we should not overlook recent admonitions of leaders in psychiatry that too few training positions exist and that too few physicians are interested in such training in spite of the obvious need for such service, nor the significance of recent legislation on the national level relative to psychiatry. + Specific recommendations made by the Committee are: + Medical School Teaching + Undergraduate medical students must have the best possible psychiatric instruction. Its importance to them and its broad relations to the rest of medicine and the art of living in general must be emphasized. However, all too often are students dis-interested. Every effort should be made to increase their interest. The pre-medical curriculum should be examined with the idea of adding such fields of study as sociology and economics. Medical School curricula should be revamped and a minimum basic level of instruction in psychiatry determined. + Students must be given the greatest possible opportunity to see both in and out patients, and to follow them through the course of their illnesses. Increased clinical opportunities are essential. In this respect, state and private hospitals should be utilized more fully, for example for junior and summer internships. Such service should be of great learning

value rather than routine note-writing doldrums. + The best way to learn psychiatry is to “Live” with the patient. The practice of some schools in other states whereby students are sent to mental hospitals for one or two months during the school year should be studied. Special efforts to bring this about in Pennsylvania medical schools should be encouraged, possible by a conference of deans of medical schools, the heads of departments of medicine, surgery and psychiatry and other interested persons. + The student should have at the minimum, after a course in psychiatry, the ability to recognize that a psychiatric problem exists. This, many physicians lack. The most interested and best prepared psychiatrists should be asked to contributed to teaching and to liaisons with medicine, surgery and pediatrics. + Great emphasis should be placed on the psychopathology, the psychodynamics and therapy of mental aberrations occurring in childhood, since we believe that most mental illness has its genesis in the early years of life. + Internships + It is certainly important for us to interest more interns and general hospitals in the subject of psychiatry. Internships should include a service in psychiatry in a mental hospital. This would be goo for both the intern and the institutions involved. There are many mental hospitals which could be called upon for this purpose. With moderate effort, they could work out a satisfactory service. They would benefit by it. But if this is not possible, an equivalent service under a competent physician should be provided in the general hospital. Either service should be at least three weeks long. + Medical education of necessity is growing more complex. There is a possibility that in the future the rotating internships will be two years long rather than one. If this increase is made, provision for a two or three month service in psychiatry should be included. + Resident Training + Pennsylvania’s private and state mental hospitals offer a variety of material for teaching and research. This material is now being almost entirely wasted, since it is not being used. The potentialities of these institutions must be explored and resident training programs encouraged. All mental hospitals must be improved to a level where they will be suitable for teaching, and standards set high enough to insure adequate training. The experience of specialized institutions, as those for epileptic and the mentally defective, should be included. Every possibility for teaching and research must b e utilized. + Thought should be given to the practicality of resident training programs in which the psychiatric resident receives some training on the medical ward, and the medical resident has some contact with psychiatry. It is probable that in the past, too strict adherence to a rigid framework has defeated the primary purpose of resident training which is to give an intensive but also broad orientation in the related fields of psychiatry and medicine. + Integration With Medicine + Psychiatry needs a close integration with medicine. Where this exists, it is mutually helpful and stimulating. The foundation and improvement of psychiatric wards in general hospitals must be encouraged. The position of the psychiatric consultant must be strengthened and the scope of his responsibility increased. Where no consultation service exists, one should be developed. + The evaluation of emotional factors in somatic disease should be a routine part of the examination of the patient in the general hospital; this does not necessarily demand a psychiatrist for such depth of understanding should be part of every physician’s equipment. + Research + Recognizing that teaching and training on the one hand, and psychiatric research on the other, have much in common, it is recommended that the Committees

on Psychiatric Education and Research work closely together. Advisory and monetary aid to researchers, a liberal policy on the part of the hospital administrators to encourage research, the establishment of consultative bodies of men trained in teaching and/or research, are practical suggestions. Also to be considered are prizes offered by the Society for original research by young physicians and regional meetings for the display of budding talent. + Post Graduate Training + While post graduate training usually means the further training of the resident or physician already in psychiatry, it also may refer to physicians in other fields of medicine. It is common knowledge that the general practitioner and the internist are the first ones to see the majority of the psychiatric problems as they develop; and probably most such cases are treated by the general practitioner and the internist without being referred to a psychiatrist except when the situation gets out of hand. + Therefore, it is to the advantage of psychiatry and medicine in general that educational opportunities be afforded to physicians other than those in psychiatry. + The Committee recommends thoughtful consideration of the report given by Doctor Thomas Rennie at the recent American Psychiatric Association meeting in which he described the course for general physicians recently given at the University of Minnesota under the auspices of the Commonwealth Fund of New York City. A similar course in sound practical psychiatry with emphasis on the manifestations and treatment of early mental illnesses, particularly the psychneurotic and psychosomatic disorders, could be effected in Pennsylvania communities by utilizing available personnel and facilities. + General + With regard to the non-professional public, the use of public lectures for mental hygiene purposes, and of other types of contact to develop a better understanding of the aims, scope, methods, needs and handicaps of psychiatry should be tried. + The public can slow down what psychiatry is trying to do, or it can help immeasureably—it must always be remembered as a powerful though unorganized body. In psychiatry we try to fool ourselves that lay-persons and other physicians are less afraid of our specialty than they were, that they are more willing to accept the psychiatrist. If this is the trend, it is coming slowly—there has been neither rapid nor complete acceptance although, happily, the experiences men and women in military life have had with psychiatry may hasten the process. + The Committee feels it has nothing radically new to offer but believes it is important to point out again some of the more likely steps to be taken. Unfortunately, we talk a lot in psychiatry but act more slowly. Year after year the same things come up for discussion. the Committee suggests that eventually there must be an end to talking. Franz Alexander, in the Introduction to the new book Psychoanalytic Therapy, writes thusly, and we can adapt it to our own particular situation—“So long as little was known about the pathogenesis and pathology of neurotic disturbances, it was unavoidable and so justifiable to study every case in extenso. Each patient was at the same both an object of therapy and a subject of research. With the advance of knowledge in this field, however, we can now use generalizations and principle tested by our extended experience to develop a more flexible and economical procedure adjusted to the individual nature of the great variety of neurotic patients.” + So should we, after extensive talking and full recognition of our difficulties, pass on to a more active stage. “

(12) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1947; 104:286

"At the ninth annual dinner meeting of the Pennsylvania Psychiatric Society, held at The University Club, in Pittsburgh, September 18, 1947, Nolan D. C. Lewis, M.D., director of the New York State Psychiatric Institute, of New York City spoke on "The Special Aims and Organization of a Psychiatric Research and Teaching Center."

The following officers were elected to serve for the year 1947-1948:

President: LeRoy M. A. Maeder, M.D., Philadelphia.
President-Elect: Thomas A. Rutherford, M.D., Waymart.
Secretary-Treasurer: Philip Q. Roche, M.D., Philadelphia.
Councillors for one year: Samuel B. Hadden, M.D., Philadelphia, Charles H. Heninger, M.D., Pittsburgh, Harold L. Mitchell, M.D., Pittsburgh, Howard K. Petry, M.D., Harrisburg.
Councillors for two years: Edward J. Carroll, Jr., M.D., Pittsburgh, Eugene L. Sielke, M.D., Philadelphia, Mesrop A. Tarumianz, M.D., Farnhurst.
Auditor for one year: Robert J. Phifer, M.D., Woodville.
Auditor for two years: Elmer V. Eyman, M.D., Philadelphia.
Auditor for three years: Morris W. Brody, M.D., Philadelphia."
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>1948—Mental Health Bulletin (Danville State Hospital) 1948; 25 (4; 1/15):19---same announcement as above

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Activities of allied medical groups. Phila Med 1947; 43:273

"At the Ninth Annual Dinner Meeting of the Pennsylvania Psychiatric Society which took place in Pittsburgh, September 18, 1947, the following officers were elected to serve for the year 1947-1948:

President: LeRoy M.A. Maeder
President-Elect: Thomas A. Rutherford
Secretary-Treasurer: Philip Q. Roche
Councillors for one year: Samuel B. Hadden, Charles H. Henninger, Harold L. Mitchell, Howard K. Petry
Councillors for two years: Edward J. Carroll, Eugene L. Sielke, Mesrop A. Tarumianz
Auditor for one year: Robert J. Phifer
Auditor for two years: Elmer V. Eyman
Auditor for three years: Morris W. Brody"

(13) Medical news: Pennsylvania. JAMA 1948; 138:763

Society Election.--At the annual meeting of the Pennsylvania Psychiatric Society in

Philadelphia October 7, Dr. Thomas A. Rutherford, Waymart, became president; Dr. Harold L. Mitchell, Pittsburgh, president elect, and Dr. Philip Q. Roche, Philadelphia, secretary-treasurer. The society voted to make formal application to the Council of the American Psychiatric Association for recognition as the district branch society of the association for Delaware and Pennsylvania.
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Activities of allied medical groups. Phila Med 1948; 44:457

"At the Tenth Annual Dinner Meeting of the Pennsylvania Psychiatric Society which took place at the Barclay, in Philadelphia, October 7, 1948, Dr. William C. Menninger, President of the American Psychiatric Association, spoke on 'Psychiatry Today and Tomorrow.'
The following officers were elected to serve for the year 1948-1949: President--Thomas A. Rutherford, Waymart; President-Elect--Harold L. Mitchell, Pittsburgh; Secretary-Treasurer--Philip Q. Roche, Philadelphia; Councillors for one year--Edward J. Carroll, Pittsburgh, LeRoy M.A. Meader, Philadelphia, Eugene L. Sielke, Philadelphia, Mesrop A. Tarumianz, Farnhurst, Delaware; Councillors for two years--Robert S. Bookhammer, Philadelphia, Hamblen C. Eaton, Harrisburg, Robert H. Israel, Warren; Auditor for one year--Elmer V. Eyman, Philadelphia; Auditor for two years--Morris W. Brody, Philadelphia; Auditor for three years--Robert W. Staley, Pittsburgh; Editor of Transactions--Theodore L. Dehne, Philadelphia.

The Pennsylvania Psychiatric Society voted unanimously to (1) adopt the resolutions committing the Society to approve in principle the Proposed New Constitution and By-Laws of the American Psychiatric Association as published in the American Journal of Psychiatry, pp. 135-145, Vol. 105, No. 2, August, 1948, and to, (2) make formal application to the Council of the American Psychiatric Association for recognition of the Pennsylvania Psychiatric Society as the district branch society of the American Psychiatric Association for Delaware and Pennsylvania as provided in article V of the current By-Laws of the American Psychiatric Association and in anticipation of the Pennsylvania Psychiatric Society becoming the District Constituent Society of the American Psychiatric Association for Delaware and Pennsylvania under ARTICLE 3 of the Proposed New Constitution of the American Psychiatric Association, if, as and when the latter Constitution and By-Laws are formally approved and adopted, and to, (3) conduct a mail ballot of all members and fellows of the American Psychiatric Association residing in Delaware and Pennsylvania and eligible to vote on the above matters."

>1949—Mental Health Bulletin (Danville State Hospital) 1949; 26(4; 1/15):34---[exactly same notice as above, but Corrall not Carroll]

(14) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1949; 106:478

"At the 11th annual dinner meeting of this Society, on Sept. 29, 1949, in Pittsburgh, Dr. Manfred S. Guttmacher of Baltimore spoke on "The Function of Psychiatry in the

Courts."

The following officers were elected to serve for the year 1949-1950: president: Dr. Harold L. Mitchell; president-elect, Dr. Arthur P. Noyes; secretary-treasurer, Dr. Philip Q. Roche. The following were elected as councillors: for one year, Drs. Robert S. Bookhammer, Hamblen C. Eaton, Robert H. Israel, and Thomas A. Rutherford; for two years, Drs. Holding A. Bengs, O. Spurgeon English, and James M. Henninger. Auditors are as follows: ; for one year, Dr. Morris W. Brody; for two years, Dr. Robert W. Staley; for three years, Dr. Lauren H. Smith. Dr. Theodore L. Dehne is Editor of Transactions."

(15) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1951; 107:637

"The Twelfth annual dinner meeting of the society as held in Philadelphia, October 19, 1950. Dr. John A. P. Millet spoke on "Psychiatry and International Relations."

The following officers were elected for 1950-1951: president, Dr. Arthur P. Noyes; president-elect, Dr. Robert H. Israel; secretary-treasurer, Dr. Philip Q. Roche; councillors, Drs. Hilding A. Bengs, O. Spurgeon English, James M. Henninger, Harold L. Mitchell, Frederick H. Allen, J. Franklin Robinson, and Preston W. Thomas; auditors, Drs. Robert W. Staley, Lauren H. Smith, and Mollie E. Orloff; editor of transactions, Dr. Theodore L. Dehne."

>1951—Mental Health Bulletin (Danville State Hospital) 1951; 28(4; 1/15):7---“Announcement + Pennsylvania Psychiatric Society + At the Twelfth Annual Dinner Meeting of the Pennsylvania Psychiatric Society which took place at the Barclay, in Philadelphia, October 19, 1950, John A. P. Millet, M. D. spoke on “Psychiatry and International Relations.” + The following officers were elected to serve for the year 1950-51: + President: Arthur P. Noyes, M. D., Norristown + President-Elect: Robert H. Israel, M. D., Warren + Secretary-Treasurer: Philip Q. Roche, M. D., Philadelphia + Councillors for one year: Hilding A. Bengs, M. D., Harrisburg; O. Spurgeon English, M. D., Philadelphia; James M. Henninger, M. D., Pittsburgh; Harold L. Mitchell, M. D., Pittsburgh + Councillors for two years: Frederick H. Allen, M. D., Philadelphia; J. Franklin Robinson, M. D., Wilkes-Barre; Preston W. Thomas, M. D., Mayview + Auditor for one year: Robert W. Staley, M. D. , Pittsburgh + Auditor for two years: Lauren H. Smith, M. D., Philadelphia + Auditor for three years: Mollie E. Orloff, M. D., Philadelphia + Editor for Transactions: Theodore L. Dehne, M. D., Philadelphia.”

(16) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1951; 108:477

"At the dinner meeting in Pittsburgh, September 20, 1951, Dr. Henry W. Brosin spoke on "Current Activities at the Western Psychiatric Institute and Clinics." The following officers were elected to serve for the year 1951-52:

President, Dr. Robert H. Israel; president-elect, Dr. Philip Q. Roche; secretary-treasurer, Dr. M. Royden C. Astley. Councillors for one year: Drs. Frederick H. Allen, Arthur P. Noyes, J. Franklin Robinson, and Preston W. Thomas. Councillors for two years: Drs. Herbert H. Herskovitz, John A. Malcolm, and Howard K. Petry. Auditors: for one year, Dr. Lauren H. Smith; for two years, Dr. Mollie E. Orloff; for three years, Dr. John N. Frederick."

>1952—Mental Health Bulletin (Danville State Hospital) 1952; 29 (4;1/15):20---“Pennsylvania Psychiatric Society + At the Thirteenth Annual Dinner Meeting of the Pennsylvania Psychiatric Society which took place at the University Club, in Pittsburgh, September 20, 1951, Henry W. Brosin, M. D. spoke on “Current Activities at the Western Psychiatric Institute and Clinics”. + The following officers were elected to serve for the year 1951-1952: + President: Robert H. Israel, M. D., Warren + President-Elect: Philip Q. Roche, M. D., Philadelphia + Secretary-Treasurer: N. Royden C. Astley, M. D., Philadelphia + Councillors for one year: Frederick H. Allen, M. D., Philadelphia; Arthur P. Noyes, M. D., Norristown; J. Franklin Robinson, M. D., W-Barre; Preston W. Thomas, M. D., Mayview + Councillors for two years: Herbert H. Herskovitz, M. D., Devon; John A. Malcolm, M. D., Pittsburgh; Howard K. Petry, M. D., Harrisburg + Auditor for one year: Lauren H. Smith, M. D., Philadelphia + Auditor for two years: Mollie E. Orloff, M. D., Philadelphia + Auditor for three years: John N. Frederick, M. D., Pittsburgh.”

(17) News and Notes: Pennsylvania Psychiatric Society. Am J Psychiatry 1953; 109:551-552

"At the 14th annual meeting of this Society the following were elected as officers for the year 1952-1953: president, Dr. Philip Q. Roche; president-elect, Dr. Frederick H. Allen; secretary-treasurer, Dr. M.Royden C. Astley; councillors for one year, Drs. Herbert H. Herskovitz, Robert H. Israel, John A. Malcolm, and Howard K. Petry; councillors for 2 years, Drs. Robert S. Bookhammer, Eugene L. Sielke, and Frederick L. Weninger; auditor for one year, Dr. Mollie E. Orloff; auditor for 2 years, Dr. John N. Frederick; auditor for 3 years, Dr. Howard T. Fiedler.

Plans were laid for 2 new departures in Society activity, the first calling for a week-end spring meeting with a well-organized scientific program, and second providing for all-day consulting sessions using visiting psychiatrists at various medical centers."
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Psychiatrists hold annual meeting. Phila Med 1952; 48:607

"At the fourteenth annual meeting of the Pennsylvania Psychiatric Society the following officers were elected for the year 1952-53:
President: Philip Q. Roche, M.D., Philadelphia.
President-Elect: Frederick H. Allen, M.D., Philadelphia.
Secretary-Treasurer: M. Royden C. Astley, M.D., Philadelphia.
Councillors for one year: Herbert H. Herskovitz, M.D., Devon; Robert H. Israel, M.D.,

Warren; John A. Malcolm, M.D. Pittsburgh; Howard K. Petry, M.D., Harrisburg.
Councillors for two years: Robert S. Bookhammer, M.D., Philadelphia; Eugene L. Sielke, M.D., Philadelphia; Frederick L. Weninger, M.D., Pittsburgh.
Auditor for one year: Mollie E. Orloff, M.D., Philadelphia.
Auditor for two years: John N. Frederick, M.D., Pittsburgh.
Auditor for three years: Howard T. Fiedler, M.D., Retreat."

>1953—Mental Health Bulletin (Danville State Hospital) 1953; 30(4;1/15):23---"Pennsylvania Psychiatry [sic] Society + At the Fourteenth Annual Meeting of the Pennsylvania Psychiatric Society the following were elected as officers for the year 1952-53: + [officers as listed above] + Plans were laid for two new departures in Society activity, the first calling for a week-end Spring Meeting with a well organized scientific program; and the second providing for all day consulting sessions using visiting psychiatrists at various medical centers."
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Presidents of PA Psychiatric Society

1- 1939-40 William C. Sandy, M.D., Harrisburg Organizer
2- 1940-41 Henry I. Klopp, M.D., Allentown Organizer
3- 1941-42 Baldwin L. Keyes, M.D., Philadelphia Organizer
4- 1942-43 George J. Wright, M.D., Pittsburgh Organizer
5- 1943-44 Ralph L. Hill, M.D., Wernersville
6- 1944-45 George W. Smeltz, M.D., Pittsburgh Organizer
7- 1945-46 Kenneth E. Appel, M.D., Philadelphia
8- 1946-47 Charles H. Henninger, M.D., Pittsburgh Organizer
9- 1947-48 Le Roy M. A. Maeder, M.D., Philadelphia Organizer
10- 1948-49 Thomas A. Rutherford, M.D., Waymart
11- 1949-50 Harold L. Mitchell, M.D., Philadelphia
12- 1950-51 Arthur P. Noyes, M.D. Organizer
12- 1951-52 Robert H. Israel, M.D.
13- 1952-53 Philip Q. Roche, M.D.
14- 1953-54 Frederick H. Allen, M.D.

Of the founding Council, Seymour DeWitt Ludlum was practicing at the time of the organization of the Philadelphia Psychiatric Society. He was born 8/1/76 and died 12/2/56. In 1903 he was an Assistant Physician at Friends' Asylum. In 1908 he was listed as a member of the American Medico-Psycholgical Association from Merion, PA. In 1939 when he was elected a Councilor of the Pennsylvania Psychiatric Society he was 63 years old.

>1966—Robert H. Israel: Pennsylvania Psychiatric Society in History of the District Branches and of the District Branch Assembly. Washington, DC, American Psychiatric Association, 1966, pp 17-18 [loose-leaf folder at Library of APA]---"Pennsylvania Psychiatric Society + The Pennsylvania Psychiatric Society was originally conceived to bring together the commonwealth's neurologists and psychiatrists. The name selected was the Pennsylvania Neuropsychiatric Association but another group had preempted the name and would not surrender its rights. Reality had to be recognized and the name was shortened. + The organizing group, led by Dr. William C. Sandy with assistance from Dr. LeRoy M. A. Meader, included 25 physicians from Philadelphia and eastern Pennsylvania, five from Harrisburg and central Pennsylvania, and eight from Pittsburgh and western Pennsylvania. The first annual meeting of the formally constituted organization was held in Pittsburgh on Oct. 5, 1939, where the decision was made to incorporate the Society and to arrange for affiliation with APA. + Early meetings reflected the Society's interest in new treatment and procedures, as evidenced by papers on the utilization of electroshock therapy. Special attention was also given to promoting training in penal psychiatry. + The involvement of the United States in World War II turned attention to psychiatry's role in the war effort, and a well-qualified psychiatrist was appointed to each examining board and each induction board throughout the state. At the April meeting in 1941 we were informed that Pennsylvania was one of the few states where this had been done. Succeeding programs throughout the next few years were largely occupied with our participation in Selective Service and other aspects of the war. + After the war the Society turned its attention to defining and fulfilling the proper function of a state psychiatric organization. + An address at the annual meeting by Supreme Court Justice Owen Roberts sparked a growing interest in encouraging the general public to become more involved in the problems of mental health and mental illness. The use of films, television, talks, a speaker's bureau, and liaison with religious organizations all combined to help focus the public's attention on our problems and contributions. + Speakers at our meetings probed the relationship of psychiatry to the courts, and committee members worked to promote collaboration between the medical and legal faculties of Pennsylvania universities. + Attention was focused on a proposed separate Department of Mental Health and the Society played an active role in insisting that institutions for the mentally ill and mentally retarded be headed by administrators who were properly qualified psychiatrists. Other actions were directed toward providing improved standards for state hospital personnel and opposing the use of the state hospital system for political purposes. + The membership joined other efforts to promote the creation of the Eastern Pennsylvania Psychiatric Institute and centered attention on the aims and organization of a psychiatric research and teaching center. + All psychiatrists were urged to participate actively in Mental Health Week, and the mental hospitals agreed to open their doors and invite public interest and inspection through the medium of organized tours. Many hospitals also arranged lecture programs and tours for college psychology and sociology groups, and similar programs for high school classes. + A new relationship began in 1949 when the Society was formally approved by APA as the District Branch for Pennsylvania and Delaware. + The onset of the 1950's coincided with a proposed new state Mental Health Act. Various constructive changes recommended by the Society were

incorporated into the legislation which emerged as the Mental Health Act of 1951. + In response to our request, the Welfare Department in 1952 sponsored the distribution of the “Psychiatric Bulletin” to all physicians and osteopaths in the commonwealth in an effort to promote better understanding of psychiatric problems and better use of available resources by general practitioners. + Statistics developed by a Pennsylvania state hospital on the actual recovery rate of hospitalized patients, first presented at one of the Society’s annual meetings, gave a much more hopeful outlook on the prognosis of these individuals than earlier data, and much of this material was later used in a successful effort to persuade Congress to grant a significant increase in the funds available for work in the mental health field. + A new constitution was adopted by the Society in 1961 in order to conform to APA standards. + Throughout the years we have been highly vocal in our efforts to hasten changes in laws, facilities, and management techniques which would keep mental patients out of jails, and to advocate psychiatric wards in general hospitals and psychiatric services to public schools and to the courts. While progress has at times been slow, the long-term perspective shows that the efforts have not been wasted and that there has been steady progress toward these goals in the commonwealth. + As might be expected, the organization has undergone evolution and changes. One interesting contribution has been the use of a newsletter which has been sent to members from time to time by the secretary; it has been of particular interest to members who have been forced to miss a meeting and who appreciate being informed of current psychiatric thinking and activities. + Except during World War II, two regular membership meetings have been held each year. One is held in conjunction with the meeting of the Pennsylvania State Medical Society and our major scientific program is now presented as a section of that organization. This is usually in the form of papers or seminars on topics of current interest and is oriented to attract and interest a general medical audience instead of limiting its appeal to psychiatrists. + 1964 showed a resurgence of strength in the psychiatric field. The Comprehensive Mental Health Planning Program occupied the foreground of our interest and members of the Society played a leading role in charting the program and in facilitating the expanding utilization of psychiatric skills. + Current membership in the Society is 440; officers for 1965-66 are Dr. Jack Wolford, president; Dr. Morris W. Brody, president-elect; Dr. Jack B. Kremens, secretary; Dr. Saul Greizman, delegate; and Dr. J. Martin Myers, alternate delegate.”

Sandy WC: Comment: Proposed Amendments to By-Laws. Am J Psychiatry 1936; 92:982-983

An announcement by William C. Sandy, M.D., dated December 27, 1935, as Secretary of the Association. To be acted upon at the ninety-second annual meeting to be held in St. Louis, Missouri, May 4 to 8, 1936.

Affiliated Societies.--Whenever any state or provincial psychiatric society or psychiatric society of a geographic division in the United States or British America

shall express a desire to become an affiliated society of The American Psychiatric Association, it shall submit to the Council of this Association a copy of its constitution and by-laws, showing the requirements for membership and a list of the members. If the Council recommends to the Association at an annual meeting that the said society be accepted and this recommendation be adopted by a vote of not less than two-thirds of the Fellows and Members registered and voting at the session at which the recommendation is submitted, the society making application shall thereafter be designated as an Affiliated Society of the Association. Societies designated as district societies previous to the adoption of this by-law shall hereafter be designated as Affiliated Societies.

District Branches.--When a group of not less than twenty of the membership of the Association residing in any state or group of adjoining states shall make application to the Council of this Association to organize a district branch of the Association and the Council approves, the Council may recommend to the Association at an annual meeting, the establishment of such a district branch, to be named according to the state or group of states where it is to be organized. The recommendation may be adopted by a vote of not less than two-thirds of the Fellows and Members of the Association registered and voting at the session at which the recommendation is submitted: provided however, that no one shall become a member of the district branch who is not already in the membership of The American Psychiatric Association. Each district branch may elect its own officers, arrange its own programs of meeting and shall provide for its own expenses.

Proceedings of Societies. Am J Psychiatry 1936; 93:414-417

Wednesday Morning Session. May 6, 1936. After approving the report of the Auditors made by Dr. Buckley and electing the officers for the next year, Secretary Sandy presented the proposed amendments.

President Clarence O. Cheney: "Briefly, if I may interpolate, these amendments change the designation of what has previously been called a district society to that of an affiliated society, such societies being made up of other than members of this Association. Under the present Constitution, there are district societies that are composed of persons who are members of this Association but also who are not members. It has been difficult to handle that situation and the Council has given careful consideration to the matter of having such societies called district societies. The provision is made by this amendment to have, therefore, affiliated societies.

"It would seem that any organization that was a district branch of an association such as this should be really a part of the parent body and be composed only of members of this Association. The term affiliation does not indicate that an association or society is a part of the parent body. On the other hand, the amendments provide that where groups of fellows of members of this Association wish to organize into local or district societies, provision can be made and they will be called district societies, but they shall be limited always to members and fellows of the Association."

Proceedings of Societies. Am J Psychiatry 1949; 105:867

From the remarks of President-Elect William C. Menninger: "Last, I would pay special tribute to our affiliate societies, because while the Association as a large national group is powerful, much of our power depends on the grass-root situation. I am sure that our affiliate societies, if given jobs, would be delighted with the opportunity to carry them out. I have had very gracious offers from almost all of these affiliate societies to be of help in any way requested by the Council or the Executive Committee; and I fully intend to give rather large chores, very big challenges, I hope, to the affiliate societies to work on in addition to what happens in our committees and with the organization as a whole."

Obenauf WH: The District Branch of the APA: its origin, present status, and future development. Am J Psychiatry 1959; 116:416-422

Association of Medical Superintendents of American Institutions for the Insane: 1844-1892
American Medico-Psychological Association: 1892-1921
American Psychiatric Association: 1921-current

1844: 13 Medical Superintendents
1892: 250 Medical Superintendents
membership designation "Medical Superintendents" was changed on the Association Roster to "Members" and Assistant Physicians in mental hospitals were for the first time eligible to be called "Associate Members."
1921: 1,000 members. Physicians other than those practicing in institutions for the insane became eligible for membership. The category of "Fellow" was established and those previously called "Associate Members" became "Members."
In 1927 by-Laws were amended to provide for "Sections" as well as for "District Societies". Sections were to be any national society with similar interests who wished to become an organic part of the association. Provision was made to assimilate their treasuries as well as their membership, but non-APA members were to be kept on a separate list and they would have no voice in the affairs of the Association. This arrangement soon outlived its potential usefulness, however, and it was abandoned in 1936. The "District Societies," on the other hand, beginning with the Massachusetts Psychiatric Society in 1931, flourished.

The formation of "District Branches" as we now know them has been possible since 1936, but no reaction in the way of effective organization occurred for some 12 or 13 years. "It was not until 1949, and then no doubt stimulated by the report of the Committee on Reorganization, and in anticipation of organizational change, that the first two District Branches were formed and recognized--the Pennsylvania District Branch (including the State of Delaware) and the Mid Continent District Branch (including the States of Kansas and Missouri)."

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Notes and Comment. Branches of the Medico-Psychological Association. AJI 1897; 54:291-293---"The American Medico-Psychological Association appears not only to have fallen heir to the vigor of the old association of superintendents, but, with its new name, to have taken new force and increased ambition. As the oldest national medical association it has, with singular and becoming modesty, maintained an existence wholly independent of any other organization, and has possibly hidden its light to an extent which is to be deprecated. With its reorganization and new name, the time appears to have arrived when it may properly increase its sphere of work and the bounds of its influence. If the English Medico-Psychological Association, with the limited area from which its members are drawn, finds divisional meetings in addition to the regular annual meetings of the Association of value, why should not the American association, drawing as it does its members from a much wider area, find such meetings worthy of trial? The nucleus of divisional associations already exists if the members of organizations who are, or should be, connected with the Medico-Psycholgocial Association will consent to become component parts of the parent organization. We refer particularly to the Southern Association of Superintendents and to the Association of Assistant Physicians. Neither of these associations appears very vigorous as an independent organization, but each might be the rallying-point for an active and useful division of the larger association. We are not so much a national association as an American one, embracing in our organization not only the members from the United States, but the British American provinces likewise, and we might, we presume, include our neighbors on the south, especially in Mexico, where there is a growing interest in the care of the insane. Out of such an association, large in numbers and in the area which it covers, can there not be established divisional sections, meeting quarterly or semi-annually, in a measure independent and in a measure responsible to the parent organization, independent in officers, in programme, in time and place of meeting, but limited in active membership to members of the general association and branches of that body? A northern division could be formed embracing Canada, an eastern, middle, western, northwestern, southwestern and southern, and at the various meetings of these divisions ample opportunity could be given for the attendance and active participation of those who cannot always attend the annual meetings. Then, too, these meetings should embrace all branches of the medical service of institutions. As the organizations of superintendents alone lacked much which the broader lines of the Medico-Psychological Association, with its active and associate memberships open to assistants, has given us, an organization of assistants working alone equally lacks something which can only be supplied in these divisional meetings. We trust these suggestions will be considered by our readers and that we will be favored with brief notes for publication upon the points which have been indicated and upon the feasibility of organizing divisional meetings."
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