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Part III: Clinical Departments and Divisions --- Chapter 29: Department of Psychiatry (pages 477-496)

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"The more things change, the more they remain the same."

—Alphonse Karr (1808–90)

At the beginning of the nineteenth century, it was customary for medical students to go to the great European universities for more advanced theoretical training. America still had very few institutions of higher learning. Numerous Philadelphia physicians, including Benjamin Rush and Phineas Bond, had experience in European universities.

In the eighteenth century, bloodletting was a common procedure for treatment of all kinds of ills, including mental problems. Theories relative to circulation of “humors,” toxicity, and the later one of *locus minoris resistentiae* (lessened resistance to invasion by microorganisms and/or their toxins), were the product of speculations relative to cause, and they often led to bizarre treatments. As treatment of mental illness, high colonic irrigations, purges, dental extraction, and removal of tonsils and adenoids each had a vogue that continued into the twentieth century. At one state hospital, as recently as the middle of the current century, a psychiatrist-surgeon practiced this belief by excising long segments of intestine from his patients on the grounds that the colon harbored the site of infection, which led to the development of schizophrenia. Not until the invention of electroshock therapy by Dr. Ugo Cerletti and Thomas Bini of the University of Rome and introduced in the United States at the Institute of the Pennsylvania Hospital by Dr. Joseph Hughes in 1944 was this method of treatment condemned as ineffective and inappropriate.

Until the latter half of the eighteenth century, mental diseases were thought to be caused by misanthropic theological forces in which God had deserted the mentally ill, who were seen as “possessed” of Satanic forces that obstructed a correct functioning of the mind. The scientific world paid little attention to the psychoneuroses until late in the nineteenth century. Men such as Charcot in Paris, Freud in Vienna, and Maudsley in England began to pay closer attention to the nature of the psychoneurotic process, defining it in terms more consistent with today’s concepts. It is therefore interesting that one of the members of the first graduating class of the Jefferson Medical College in 1826, Joel Foster of Vermont, wrote his thesis on “Neuroses.”
Early Psychiatric Facilities in Philadelphia

In 1944 a directory of the mental hospitals in Philadelphia was published. It included names of the hospital directors and described their general status. The earliest history belongs to the Philadelphia General Hospital. Founded in 1732, it was located between Third and Fourth and Spruce and Pine Streets, on a site called Almshouse Square, which housed a facility primarily for the care and treatment of indigent and immigrant people. Those in a position to afford private care received it at home. In that period and until recent times, medical care was considered to be an individual matter, whereas it now is considered by many to be a human right. The early settlers in Philadelphia provided facilities only for the care of those totally unable to care for themselves by reason of severe physical illness, mental illness, or poverty. The Almshouse became overcrowded and in 1767 was moved to a tract between Tenth and Eleventh Streets, from Spruce to Pine. In that year 284 inmates were transferred to the new building. Dr. Benjamin Rush, the “Father of American Psychiatry,” was on the staff of the infirmary from 1774 to 1777, and George McClellan worked there while a student at the University of Pennsylvania.

Before the turn of the nineteenth century, no facilities existed for the care of insane patients, and those who were violent were housed at the Pennsylvania Hospital at Eighth and Spruce Streets. Evidently this became expensive to the City; to relieve the burden, cells were built in the basement wing of the Almshouse to house ten violent mentally ill people. The basement amounted essentially to an underground prison. The cells were described as “damp, chilly caverns with insufficient light and improper ventilation. They were close to sick and surgical wards and the noise of these creatures bereft of reason exerted an unpleasant influence on the sick.” These conditions prevailed until 1814, when 92 insane patients, together with a group from the Almshouse suffering from physical disease, were moved to a farm west of the city in the township of Blockley. This lay across the Schuylkill River, facing the U.S. Naval Hospital at Grays Ferry. The facilities eventually became known as the Philadelphia Hospital and ultimately the Philadelphia General Hospital, one of the great teaching institutions in America, a site that tragically suffered demise at the hands of “progress” in 1977.

It is interesting to compare it with the Salpêtrière Hospital in Paris, which has stood on the left bank of the Seine since the middle of the seventeenth century and continues to serve as a public hospital.

In 1859, in an attempt to improve the care of the mentally ill, the insane patients at the Philadelphia Hospital were separated from those suffering from physical disease and were placed under the care of a separate medical officer who received a salary of $1,000 a year. A general program, including activity, outdoor work, and kindness, rather than coercion and imprisonment, was instituted. This must have been a reflection of the work of Dr. Thomas S. Kirkbride, who had founded his mental hospital 20 years earlier in the same general area of West Philadelphia at Forty-fourth and Market Streets.

In 1890 patients with possible mental illness were admitted to wards that treated delinquency and alcoholism. In 1906 similar patients were placed in separate wards with attending physicians. In 1912 the so-called psychopathic wards were established, and Philadelphia General Hospital continued to operate a psychopathic department, separate from neurology and medicine, until the closing of the hospital.

Several psychiatrists were appointed in 1916 to operate this facility. These included Drs. S. DeWitt Ludlum, later to found the Gladwyne Colony and become well known in the treatment of schizophrenia, Sherman F. Gilpin, Sr., A.C. Buckley, and S.T. Ingham. Franklin G. Ebaugh, a graduate of Johns Hopkins in 1912, became the first director of the facility in 1921. He resigned in 1924 to become Professor of Psychiatry at the University of Colorado. He was the junior coauthor, with Dr. Edward A. Strecker, of Practical Clinical Psychiatry for Students and Practitioners, published in 1925 and used by Jefferson students for at least two decades.

A six-story building with a capacity of 300 beds for the treatment of the mentally ill was erected in 1931. The admission rate was over 4,000 per year, of which number about 1,500 patients were termed too sick to return to civilian life and were
committed to mental hospitals. The importance of
the psychopathic wards at the Philadelphia General
Hospital with respect to the Jefferson Medical
College was its excellent teaching cases for the
students. The teaching program was established by
Dr. Francis X. Dercum and carried on by Drs.
Edward A. Strecker (Jefferson, 1911), Baldwin L.
Keyes (Jefferson, 1917), Robert A. Matthews
(Jefferson, 1928), and Paul J. Poinsard (Jefferson,
1941) until 1962. These programs were so
successful that students would attend the clinics on
Saturday afternoon for two hours even when there
was a football game at Franklin Field. The interest
in mental disorders, the capacity of the professors
to demonstrate classical-type cases, and the
significance of the care that patients were offered
in these facilities could not be overestimated.

The Philadelphia State Hospital for Mental
Diseases was established in 1907 and was owned
and operated by the City of Philadelphia in
conjunction with the Philadelphia General
Hospital and the Municipal Hospital for
Contagious Diseases at Front and Luzerne Streets.
In 1938, when taken over by the State, it contained
96 buildings and occupied 1,100 acres of land in
the Byberry section of Northeast Philadelphia at
Roosevelt Boulevard and Southampton Road. The
total bed capacity was about 6,500, and plans in
the 1930s and 1940s suggested the need for a total
of at least 10,000 beds. Planners at that time did
not have available the potentials for active
treatment that were to evolve following World
War II. The hospital was staffed in part by
graduates of Jefferson and was used as component
of Jefferson’s teaching program. Dr. Frederick
Kramer, a neuropathologist, neuroanatomist,
psychiatrist, and Clinical Director of the Hospital,
taught Jefferson students through the decades of
the 1930s, 1940s, and 1950s.

The Friends Hospital at Roosevelt Boulevard
and Adams Avenue, founded in 1813, was the first
private psychiatric hospital in America. Through
the years it had affiliations with Jefferson as well
as the other Philadelphia medical schools. Another
facility for the mentally ill was the Philadelphia
Psychiatric Hospital, founded in 1937, and located
at Ford and Monument Roads.

Among the other outstanding psychiatric
facilities in Philadelphia in the nineteenth and
twentieth centuries was the Philadelphia
Orthopaedic Hospital and Infirmary for Nervous
Diseases. This hospital was built in 1867, and in
1870 Dr. S. Weir Mitchell (Jefferson, 1850) joined
it, converting it from a specifically orthopaedic
hospital into one also treating nervous disorders.
Dr. Mitchell had been head of the Turner’s Lane
Hospital in Philadelphia during the Civil War and
had established the “Infirmary for Nervous
Diseases” that became incorporated with the
Orthopaedic Hospital. The hospital also had a
School of Nursing and Physiotherapy, which
remained active until the death of Dr. Mitchell in
1914. The Graduate School of Medicine of the
University of Pennsylvania became actively
involved with the hospital, and in 1938 it was
incorporated into the Hospital of the University of
Pennsylvania. The final remains of that great
neurologic, orthopaedic, and psychiatric institution
now exists only as a plaque on the wall of the
University Hospital. The former hospital building
at Seventeenth and Summer Streets was sold in
1940 to a group of physicians, who changed the
name to Doctors’ Hospital. They came from St.
Agnes Hospital following disagreements between
the staff and the nuns who ran St. Agnes at that
time.4

The Pennsylvania Hospital, with the
Department of Mental Diseases, the Department
of Sick and Injured, and The Institute, constituted
an important element of psychiatric treatment for
patients in Philadelphia. Dr. Earl Bond noted that
there were four major achievements to the credit
of the hospital: the textbook of mental diseases
published by Benjamin Rush in 1812; the
development of the Department for Mental
Diseases at Forty-fourth and Market Streets by
Thomas Story Kirkbride in 1841; the outpatient
clinic set up by Dr. John B. Chapin in 1885; and
the building of the Institute at Forty-ninth and
Market Streets in 1930.5

The Institute contained facilities for the
treatment of psychoneuroses and for the study of
neurological disorders by clinical laboratory means.
The Rockefeller Foundation maintained a
laboratory for biochemical study of brain
metabolism, and five Rockefeller Fellows carried
on these studies. Dr. Robert A. Matthews, later to
become Professor of Psychiatry at Jefferson and
Chairman of the Department, was one of the original Fellows.

In 1925, Dr. Frederick H. Allen started the Philadelphia Child Guidance Clinic at the Children's Hospital at 1711 Fitzwater Street. This facility still exists and is one of the first units of its type in America for the care and treatment of childhood nervous disorders. Before the Child Guidance Clinic opened, however, Dr. Baldwin L. Keyes established an inpatient service for the treatment of nervous disorders at Jefferson Hospital at the request of the Professor of Pediatrics, Dr. Edward L. Bauer. The children's program and its extensive work was an outgrowth of the foundation laid by Dr. Keyes.

All of the medical schools have taught psychiatry for many years. The specialty was independently recognized at Jefferson in 1936, at Temple in 1928, at Hahnemann sometime in about the same era, and at the University of Pennsylvania in the 1920s. Dr. Keyes (Jefferson, 1917) at Jefferson, Max H. Bochroch (Jefferson, 1880) at Temple, John J. Tuller at Hahnemann, Edward A. Strecker (Jefferson, 1911) at the University of Pennsylvania, and Harold D. Palmer at Women's Medical College became the original Heads of specific Departments of Psychiatry in Philadelphia.

The Development of the Department at Jefferson

An independent Department of Psychiatry was not established until 1942, although Dr. Baldwin L. Keyes was appointed Clinical Professor of Psychiatry in 1936 and was responsible for all its teaching. A considerable degree of teaching of psychiatric disorders had existed, however, starting originally with natural philosophy, botany, and anatomy, which peripherally related to mental disturbances as well as physical ones. In the "Summer Courses" of 1870–1872, Dr. Isaac Ray (M.D., Bowdoin, 1827), the distinguished superintendent of the Butler Hospital in Rhode Island, lectured on "Insanity." It was not until 1883, however, that any specific mention was made of a faculty member giving a course in the medical school. This was done by Dr. Jeremiah Thomas Eskridge, a graduate of Jefferson in the Class of 1875. Eskridge was born in Delaware of parents of Scottish descent whose ancestors had come to this country in 1660. The year of his birth marked the year of Germany's 1848 revolution, at which time large numbers of immigrants from Germany fled the strife of their native land only to enter upon military duty within 13 or 14 years at the outbreak of the Civil War in America.

Dr. Eskridge was appointed to the faculty of Jefferson as Assistant Demonstrator of Anatomy in the same year he graduated. In 1879 he was appointed Lecturer on Physical Diagnosis and the following year an Attending Physician at St. Mary's Hospital and Jefferson Medical College Hospital. In 1882 he obtained the position of neurologist to the old Howard Hospital, located at that time at 1518–1520 Lombard Street, and in 1883 he became an Instructor in Mental and Nervous Diseases at Jefferson. It was in this year that he gave his first course (documented in the college announcement), which evidently was an optional part of the curriculum for those interested rather than a required one. In 1884 Dr. Eskridge contracted tuberculosis and abandoned the damp climate of Philadelphia for the higher dryer one of Colorado. Nothing is reported of his activities for the next five years—presumably he was taking the rest cure of that time for his pulmonary disease. In 1889 he surfaced again and was appointed Neurologist of the Arapahoe County, Colorado, Hospital and of St. Luke's Hospital. In 1890 Eskridge became Lecturer in Nervous Diseases at the University of Colorado and by 1892 was named Dean of the medical faculty and Professor of Nervous Diseases and Medical Jurisprudence. He held these positions until 1897. Two years before his resignation he was appointed Commissioner of the Colorado State Insane Asylum and President of the Board of the Asylum, a position that he held until 1902 when he died in Denver of a stroke. He published 60 papers. Dr. Eskridge was the first official faculty member at Jefferson to teach nervous and mental diseases and one of the early Professors of Psychiatry in the country.
Francis X. Dercum, M.D., Ph.D., L.H.D., Sc.D. (1856–1931); Clinical Professor of Nervous and Mental Diseases (1892–1925)

The teaching of psychiatry was not documented as a specific subject following the lectures given by Dr. Eskridge until the advent of Dr. Francis Xavier Dercum (Figure 29-1). Dercum was the first Professor of Nervous Diseases at Jefferson. He was born at Sixth and Market Streets in Philadelphia in 1856, the son of an immigrant Bavarian family prominent in the arts, letters, and professions of Germany; Francis Dercum's father had fled Germany with the outbreak of the Revolution of 1848. Dercum was a graduate of the Central High School of Philadelphia in 1873 and of the Medical School of the University of Pennsylvania in 1877. He subsequently earned a Ph.D. degree at the University. Dr. Dercum studied histology under Dr. George A. Piersol, Professor of Anatomy at the University, and was appointed a Demonstrator in the Laboratory of Physiology. He published articles on the nervous system of fish and wrote other articles on the sensory organs. He also became involved in the pathology laboratory of the State Hospital for the Insane at Norristown. In 1884 he became Chief of the Nervous Clinic at the Hospital of the University of Pennsylvania. While there he studied photographically the movements of horses with Eadweard Muybridge, a pioneer in the photography of motion before the days of motion pictures.

Dr. Dercum, along with Dr. Eskridge, was a founder of the Philadelphia Neurological Society. He became a member in 1885 and President 1896. He was a member of the College of Physicians and appointed Neurologist to the Philadelphia Hospital in 1887, where he remained until 1911. In 1892 he was named Clinical Professor of Nervous and Mental Diseases at Jefferson, a position that he held with distinction until his resignation to become Emeritus in 1925.

Renowned worldwide for his work in the study and treatment of both neurologic and psychiatric disorders, Dr. Dercum was a member of American and European societies, including a Chevalier of the Legion of Honor of France. At the time of his death in 1931 he was President of the American Philosophical Society. In his superb abilities as physician, neuropsychiatrist, scholar, and theorist, Dr. Dercum set the pace for the development of the Department. He was a stout leader who held rank with that of S. Weir Mitchell. He taught admirably in the classroom and laboratory, as well as in his demonstration of cases to the medical students at the Philadelphia General Hospital, and his method of teaching was continued by one of his pupils, Dr. Edward A. Strecker, who succeeded Dr. Dercum as Professor upon the latter's retirement in 1925.
Edward A. Strecker, M.D., Sc.D., Litt.D., LL.D. (1887–1959); Professor of Mental and Nervous Diseases (1925–1931)

Dr. Strecker (Figure 29-2) was among the prominent psychiatrists in Philadelphia who were active in the training of physicians in that specialty, both in the Medical School of the University of Pennsylvania and the Pennsylvania Hospital. He was born in Philadelphia in 1887, graduated from Jefferson in 1911, and was trained in psychiatry at the Pennsylvania Hospital. He continued Dr. Dercum's program of teaching at Jefferson and at the Philadelphia General Hospital in the wards and, on Saturday afternoons, in the amphitheater. He was an outstanding scholar, a brilliant teacher, and a dynamic, forceful physician, who in many ways resembled Franklin Roosevelt in appearance and manner. In 1931 Dr. Strecker left Jefferson to become Professor of Psychiatry at the Medical School of the University of Pennsylvania and was succeeded by Dr. Michael A. Burns. Dr. Strecker continued his activities as teacher, writer, lecturer, and man of national prominence at the University and particularly at the Institute of the Pennsylvania Hospital. He prided himself on being one of the four men (with Drs. Earl Bond, Lauren H. Smith, and Kenneth E. Appel) who trained and placed 29 professors of psychiatry around the country during the tenure of their work there.

Dr. Strecker maintained his office and residence at the Institute. He authored many books and papers; was a pioneer in the treatment of alcoholism; and initiated a therapeutic program with his assistant, Mr. 'Dutch' Chambers, that antedated the program of Alcoholics Anonymous. Dr. Strecker died in Jefferson Hospital in 1959 at the age of 72 from lung cancer.

Michael A. Burns, M.D., (1884–1938); Professor of Neurology (1934–1938)

When Dr. Strecker resigned as Professor of Mental and Nervous Diseases in 1931, he was not replaced for a period of three years. The previous programs of instruction were continued under the supervision of Drs. Michael A. Burns, Sherman F. Gilpin, and Benjamin P. Weiss. Some younger men were added to the staff, and the weekly teaching at the Philadelphia General Hospital went on. In 1934 the position of Professor of Nervous and Mental Diseases was abolished and replaced by that of Professor of Neurology. Neurology and psychiatry were lumped together, and the practitioners were neuropsychiatrists. Psychiatry came under the wing of the Department of Neurology, and in that year Dr. Michael A. Burns (Figure 29-3), whose interest was primarily in
neurology, was appointed Professor and Head of Neurology (which included psychiatry), succeeding Dr. Strecker.

Dr. Burns was a graduate of Jefferson in the class of 1907 and he, too, was a student of Dr. Dercum. In 1931 the Curtis Clinic was opened and an ever larger number of students showed interest in psychiatric training. Dr. Burns continued teaching students on the wards of Jefferson Hospital and in the amphitheater of the Philadelphia General Hospital on Saturday afternoons. The members of the Department at that time included Drs. Benjamin P. Weiss, N.S. Yawger, R.C. Kell, Baldwin L. Keyes, Robert A. Matthews, George L. Stephen, Samuel T. Gordy, Thomas E. Shea, Angelo M. Perri, William H. Schmidt, B. Ulanski, Henry Golden, S.F. Gilpin, Lauren H. Smith, George F. Phelps, G.M. Tomlinson, Charles F. Becker, Harold D. Palmer, S.F. Gordon, and Walter R. Livingston. Aided by his staff, Dr. Burns continued the work of Drs. Dercum and Strecker in teaching and research. In the 1930s, however, the work load in psychiatry increased disproportionately. Dr. Burns recommended that the Department of Neurology be divided into two separate Departments, one of Psychiatry and the other of Neurology. In 1937 Dr. Baldwin L. Keyes was appointed Clinical Professor of Psychiatry in the Department of Neurology. Psychiatry thus far had evolved from early beginnings as a part of the course in medicine, to part of the Department of Mental and Nervous Diseases, and next to a Division in Neurology. Although not yet recognized as a full Department, it was a separate entity at long last identified as an important aspect of health care.

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**Growth and Expansion of the Department**

In 1934 the Board of Trustees abolished the Department title of “Nervous and Mental Diseases” and established the Department of Neurology with Dr. Burns as Professor and Chairman. At Dr. Burns’ request, Dr. Keyes assumed responsibility for teaching psychiatry at Jefferson and at the Philadelphia General Hospital. Dr. Burns died suddenly on March 7, 1938, and was succeeded by Dr. Bernard J. Alpers as Professor of Neurology and Head of the Department.

Baldwin L. Keyes, M.D., D.Sc., LL.D. (1893—); Clinical Professor of Psychiatry (1937–1942), and Professor of Psychiatry and First Chairman of the Department (1942–1959)

A separate Department of Psychiatry was set up under the Directorship of Dr. Baldwin L. Keyes.
Figure 29-4), who in 1937 had been appointed Clinical Professor of Psychiatry in the Department of Neurology and in 1942 was made full Professor and Chairman of the Department of Psychiatry. The establishment of a separate Department of Psychiatry was to have far-ranging effects on the program of instruction at the medical school, symbolizing the changing times, changing attitudes, and the increasing importance and awareness of mental processes as a part of physical disease and as causes of mental disorders. There could not have been a more appropriate choice for Chairman than Dr. Keyes. He served as leader, father figure, scholar, and superb clinician for hundreds of psychiatrists and literally thousands of medical students. He was “a man for all reasons” in his ability to maintain an open mind regarding any reasonable concept of the causes of mental disorders. Throughout a full lifetime of psychiatric practice he preserved a posture of objectivity through a burgeoning set of theoretical positions about mental functioning.

Baldwin Keyes, born in Rio de Janeiro in 1893, had a unique childhood. His paternal grandfather, a dentist from Montgomery, Alabama, was a strong supporter of the Confederacy and a close friend of Jefferson Davis. He invested large amounts of money in the secession government, only to lose it in the fortunes of war. He migrated from Alabama to Rio de Janeiro, established a practice in dentistry, and raised his family. His mother, Emily Supplee Longstreth, was from an old Quaker family in Philadelphia. Because of his religious persuasion, her father purchased his way out of the Civil War, which was possible to do at that time, only to learn that the man who took his position for $200 was killed at the battle of Gettysburg. This cast such a heavy burden of depression upon him that he was advised by his physician to take a long sea voyage. Arriving in Rio de Janeiro after much seasickness, he refused to return to Philadelphia and called for his family to join him. Emily Longstreth married Baldwin Keyes’ father (also a dentist), and seven children were born of this union. Throughout her life she preserved much of the philosophy of Quakerism, a force that was to have considerable impact on her son Baldwin. The children were raised in an area of Rio in which there was considerable cultural enrichment because much of the diplomatic corps lived nearby. All of the children were registered with the American Embassy as Americans. They learned to speak not only English but also Portuguese, German, French and some Spanish. After brief education in the schools of Rio to the fourth-grade level, Dr. Keyes was sent to a boarding school in England for six months. He then continued his education in Philadelphia, the home of his maternal grandparents, at Germantown Academy and at Swarthmore Preparatory School, from which he graduated in 1912. Dr. Keyes enrolled in the Dental School of the University of Pennsylvania because of his desire to become an oral surgeon like his father.
and grandfather. After one year of such study and the ensuing summer in England, he decided to enter medicine. Following additional studies in botany at the University of Pennsylvania he enrolled at Jefferson in 1913 and graduated in 1917. At this time Europe was being ravished by World War I, and Dr. Keyes joined the U.S. Army as a First Lieutenant, Medical Reserve. The United States had declared war on April 6, 1917. The British forces requested 1,000 doctors for combat duty; Dr. Keyes volunteered and was assigned to the Gordon Highlanders in France as a combat surgeon. He was awarded the British Military Cross in 1918 for meritorious service and showing bravery under enemy fire. When the American Expeditionary Forces came to France in 1917, Keyes was recalled to the American Army, where he continued to work as a combat surgeon for a short period. He was then assigned to a hospital for treatment of the sick and wounded from frontline duty at Aix-les-Baines in the French Alps, where he became Hospital Adjunct (second in command) and was promoted to Captain in the Regular Army. He returned home in June, 1919, and transferred his commission to the Army Reserves.

Following World War I, Dr. Keyes entered the Misericordia Hospital on the advice of Dr. Ross V. Patterson, Dean of Jefferson, for completion of an Internship. This had not been done following his graduation from medical school because of immediate war duty. Following this, he entered the Graduate School of the University for the purpose of becoming an oral surgeon. In order to support himself he took the position of assistant to Dr. Edward A. Strecker at the Institute of the Pennsylvania Hospital as a paid physician. This experience led to an interest in neurological and psychiatric disorders, thus terminating his goals in oral surgery. Keyes studied psychiatry instead, at the Department of Nervous and Mental Diseases of the Pennsylvania Hospital under Dr. Earl Bond. He remained on the staff of the Institute of Pennsylvania Hospital as an Assistant in Neurology and Psychiatry from 1921 until 1925.

With interest in psychiatry and neurology firmly established, Dr. Keyes carried out work with Dr. Strecker at the Pennsylvania Institute on ovarian therapy in involutional melancholia. This investigation was reported to the Philadelphia Psychiatric Society in 1922 and published later that year.12

Despite an active clinical practice, teaching at Jefferson, serving as Attending Physician to the Pennsylvania Hospital, Roseneath Farms, and as one of the founding members of the Fairmount Farm Hospital, Dr. Keyes again turned his attention to military matters occasioned by World War II. At the outbreak of the war, Governor Arthur H. James appointed Keyes a member of the Selective Service Board. In June, 1940, before the outbreak of the war, the Army Surgeon General promoted him to Colonel and ordered him to organize and command the Jefferson Unit, the Thirty-eighth General Hospital. This hospital was to station in Cairo, Egypt, and serve the African and European theaters of war. From 1942 to 1944, Dr. Keyes served as the Unit’s Executive Officer and Commandant in charge of medical affairs, but was then transferred to England as a consultant in neuropsychiatry. He remained in the organized reserves of the United States Army until 1954, when he retired. His last active military post was that of Commandant of the School of Military Neurology and Psychiatry at Mason General Hospital. Following the war he was assigned as a Senior Consultant to the Office of the Surgeon General of the Army and to the Veterans Administration.

On returning to Jefferson after the war, Dr. Keyes became active in the development of the Eastern Pennsylvania Psychiatric Institute, was appointed Psychiatric Consultant to the Municipal Court of the City of Philadelphia, and served on many advisory boards and committees as a part of his sense of civic duty and pride. He was an original member of the Admission Committee of the Medical College. The Jefferson Chapter of Alpha Omega Alpha awarded him an Honorary Membership in 1952. In 1966 he was awarded the Honorary Degree of Doctor of Science from Drexel University, and in 1967 the Doctor of Laws from Jefferson.

A charming man, gifted conversationalist, world traveler, superb photographer, and most of all a man able to influence students through his personal example, Keyes stimulated an interest in more students to enter psychiatry than his
predecessor Dr. Strecker was doing at the University. Both continued to teach actively at their individual medical schools and at the Philadelphia General Hospital, but more students went into psychiatry from Jefferson than from the University of Pennsylvania. Indeed, there was more than one occasion when more residents from Jefferson went into psychiatry than into surgery, in spite of the enormous dynamism of the Department of Surgery. When medical students, residents, and staff started to form a Keyes Psychiatric Society, he demurred, recommending that it be called “The Jefferson Psychiatric Forum.”

Through the efforts of Dr. Keyes, aided by generous financial support from Mrs. Mabel Pew Myrin, the fourteenth floor of the Thompson Building, a former area of operating rooms, was converted into a Psychiatric Unit opening in November, 1957. This was the first specific unit for the care and treatment of nervous disorders at Jefferson Hospital and one of the first in Philadelphia. There was a bed capacity of 25 with an outstanding corps of nurses under the direction of Mrs. Rachael Clark. The first Director was Dr. John A. Koltes (Jefferson, 1947).

Dr. Koltes was trained in psychiatry at Jefferson, the Friends Hospital, and the Hospital of the University of Pennsylvania. He also received training in psychoanalysis at the Philadelphia Association for Psychoanalysis. In 1955 he studied the operation of certain European mental hospitals at the direction of the Secretary of Welfare. The work of Dr. Maxwell Jones in the Therapeutic Community in London and that of Dr. Manfred Bleuler at the Burgholtzli Hospital of the University at Zürich were the primary sources. Dr. Koltes at that time was Clinical Director of the Eastern Pennsylvania Psychiatric Institute, a facility built in Philadelphia for the purpose of improving the quality of state mental hospital systems by providing training and research for members of the system and for new members to join. Drs. Baldwin Keyes, Robert Matthews, and John Davis, in conjunction with the Secretary of Welfare, were instrumental in the establishment of this program. They visited Dr. Jones in London and several other psychiatrists and hospitals. This latter group was revolutionizing the entire mental hospital system of the country before the days of drug therapy by unlocking the doors and permitting fresh air to enter the dank halls of these large institutions. T.P. Rees at the Warlingham Park Hospital, Surrey, and George Bell at the Dingleton Hospital, Melrose, Scotland, were prime examples of this new approach. The Commonwealth of Pennsylvania published a journal, Letters from Europe, by Dr. Koltes outlining these programs.

Initially, it was considered feasible to admit patients to the Jefferson psychiatric unit from any ward of the hospital, including patients who were operated upon neurosurgically. It was quickly determined, however, that this was an unsuccessful effort and only patients who were not intensely psychotic or were suffering from severe brain damage could be treated in the inpatient unit. This led ultimately to the recognition that a variety of patients came from sources that had not previously been addressed. They were too sick to be treated as outpatients but not sick enough to be committed to mental hospitals. This work thus led to the establishment of a new perspective about inpatient care of a short-term, intensive nature that previously had not existed.

Philadelphia psychiatry had tended to be divided into two groups, private facilities primarily at the Institute of the Pennsylvania Hospital, Friends Hospital, Fairmount Farm, and Roseneath, which together housed 400 to 500 patients, and the public hospitals at Byberry and Norristown, which together housed about 11,000 patients. The psychiatric inpatient service of the general hospital, in contrast, served an entirely new group of people and has continued to do so since its initial establishment. Dr. Koltes remained the director of the inpatient unit from 1957 until 1965, when he relinquished the administration to Dr. Howard L. Field (Jefferson, 1954) in order to enter full-time private practice.

In 1958 Dr. Keyes retired by reason of age from Chairmanship of the Department to become Professor Emeritus but continued to practice until July, 1979, when he closed his office at the age of 86. Alumni Association President in 1955, presentation of his portrait to the College by the Class of 1955, recipient of the Jefferson Alumni Achievement Award in 1971, services in the affairs of Jefferson until past the age of 90, brought Dr. Keyes the seldom given title of “Mr. Jefferson.”
Robert A. Matthews, M.D. (1903–1961); Second Chairman (1958–1961)

With the retirement of Dr. Keyes in 1958, Dr. Robert A. Matthews (Figure 29-5) assumed the position of Chairman of the Department until he was killed in an automobile accident in 1961. Born in Johnstown, Pennsylvania, Matthews obtained a B.S. degree from the Pennsylvania State College in 1925 and graduated from Jefferson in 1928. He interned at the Philadelphia General Hospital and in 1930 was appointed Chief Resident Physician at the Philadelphia State Hospital (Byberry), where he served for four years as its Clinical Director. At the same time he was named Physician-in-Charge of the Philadelphia Institution for the Feebleminded. He was on the staff of the Nazareth Hospital, where he served as the Director of Neuropsychiatry, and held the same position at the Delaware County Hospital. In addition, he was a consultant to the Veterans Hospital in Coatesville and when in Louisiana in 1950 was Psychiatrist-in-Chief of the Charity Hospital of the Louisiana State University.

Dr. Matthews demonstrated great ability to instruct students, residents, and the lay public. He had the capacity to analyze a clinical situation and express it in terms that could be easily understood by those with little knowledge of the principles of mental function. He was a happy man whose hallmark was a perennial smile. One asset that enshrined him as an outstanding teacher was his ability to demonstrate a mental symptom, an unusual gait, or a peculiar habit of a patient that fixed it in the memory of the student. This was not to ridicule or demean the patient but, rather, a teaching device to demonstrate the nucleus of the problem the patient was experiencing so that the student could readily identify, interpret, and thereby incorporate it into his or her own fund of knowledge.

Dr. Matthews continued the clinical teaching lectures at the Medical School and demonstrations from the mental wards on Saturday afternoons at the Philadelphia General Hospital, and his lectures were as popular as those of his predecessors.

Dr. Matthews was the last Chairman who had been trained or in some way affiliated with the Institute of the Pennsylvania Hospital, at which he was a Rockefeller Fellow for 1935–1936. In 1930 Dr. Matthews was appointed Instructor in Nervous and Mental Diseases at Jefferson and was employed as an Attending Physician at the Philadelphia State Hospital. He became an assistant to Dr. Baldwin Keyes, along with Dr. Robert S. Bookhammer (Jefferson, 1928), who also was on the staff of Byberry Hospital. Dr. Matthews rose through the ranks to Assistant Professor of Psychiatry, a position he held from 1939 to 1942. During the war years 1942 to 1946, he was Associate Professor of Psychiatry and Acting Head of the Department during the absence of Dr. Keyes. Upon Dr. Keyes' return, Dr. Matthews was appointed Clinical Professor.
Throughout the war years Dr. Matthews taught neuropsychiatry at the Naval Hospital. In 1950 he accepted the position of Professor of Psychiatry and Head of the Department of Psychiatry and Neurology at the Louisiana State University School of Medicine in New Orleans. This was his first departure from Jefferson in 25 years. In New Orleans he served also as a consultant to the Surgeon General’s office of the Army and traveled abroad to the European theater to study the psychiatric facilities of the Army and Air Force hospitals in Europe in the postwar era. He reported his findings to the Office of the Surgeon General and gave a paper on it to the Louisiana Society for Mental Health. Entitled *The Unique Aspects of the Care of the Mentally Ill in Europe*, his paper describes some of the methods of treatment found in European psychiatric centers, including Zürich, London, Tübingen, Munich, and Gheel, the latter a town in Belgium, not far from Antwerp, where mental patients have been taken care of by a small farming community since the year 900. The principles of concern, mercy, and moral support at Gheel are applied as vital factors in the care and treatment of severe mental illness. Interests of this sort led him to further explore the work of Dr. Maxwell Jones, the social psychiatrist from London who had studied at the Institute of the Pennsylvania Hospital in 1939. Dr. Jones became world famous as the developer of the concept of the Therapeutic Community, and Dr. Matthews’ interest in the work of Dr. Jones in particular and social psychiatry in general was one of the hallmarks of his later contributions to psychiatry.

Dr. Matthews resigned his position at Louisiana in 1956 and accepted the dual responsibility of Professor of Psychiatry at Jefferson and first Commissioner of Mental Health for the State of Pennsylvania. Newspapers at the time made great note of the fact that he was to receive a salary of $25,000 a year, equal to that of the Governor and $10,000 more than his superior, the Secretary of Welfare. The Mental Health Commissioner position required the Commissioner to supervise 15,000 employees throughout the State’s mental health system.

A significant administrative change occurred with Dr. Matthew’s tenure as Chairman of the Department. Whereas up to that time the Chairmen had been in full-time private practice and supported themselves by private work, Dr. Matthews became the first Chairman to be a paid Professor in this Department. In 1958 Dr. Thomas Loftus, a former Professor of Psychiatry at West Virginia who had trained in New York, joined the staff as a full-time Professor and as one of the primary academicians in the Department. He contributed actively to the quality of the training programs for undergraduate teaching. During the Matthews administration the subject of Psychiatry was elevated from a minor course in the medical curriculum to a major subject alongside Medicine, Surgery, Obstetrics, and Pediatrics.

Dr. Matthews was successful in his multiple careers as teacher, author, and Commissioner, and in his innumerable lectures to professional and lay groups. He was a pragmatic person, not a dreamer, full of energy, and enthusiastic about life. His contagious sense of well being was easily transmitted to patients and provided a vehicle to carry them toward a state of recovery. His tragic death left an indelible mark upon the minds and perspectives of those who survived him.

One of Dr. Matthews’ legacies was the establishment of a strong faculty that resulted in part from his collective work with Dr. Keyes. Physicians were returning from military duty, either to positions formerly held or to new positions, and the Medical School profited by their experience. Dr. John E. Davis, former Clinical Director of the Trenton State Hospital and U.S. Army Colonel, came to Jefferson after the war and in 1951 initiated, within the Department, the Eastern Pennsylvania Psychiatric Institute. The building was dedicated by the Governor in 1955, and Dr. Davis became its first Medical Director. In 1961 he went on to succeed Dr. Matthews as Commissioner of Mental Health, and in 1963 he returned to Jefferson where he worked until his premature death in 1968 from cancer of the lung.

Another distinguished member of the Department was Dr. Robert S. Garber, former military officer, who returned to active teaching at Jefferson. He was also the Clinical Director and later President of the Carrier Clinic in Belle Mead,
New Jersey, and eventually President of the American Psychiatric Association. Both Drs. Garber and Davis had been on the staff of the Trenton State Hospital before the war. Other members of the department who made important contributions to the teaching program were Drs. Frederick Kramer, Milton K. Meyers, Solomon M. Haimes, Louis Kaplan, Albert J. Kaplan, Paul J. Poinsard, William R. O'Brien, Raphael H. Durante, George W. Hager, Jr., John A. Koltes, Wallace B. Hussong, Abraham Freedman, Edgar C. Smith, Coleman W. Kovach, Leopold Potonski, John C. Patterson, George J. Martin, Don Everett Johnson, and Olive J. Morgan (Ph.D., psychology) and Carter Zeleznik (Ph.D., psychology).

In 1957 Zygmunt A. Piotrowski, Ph.D. came to Jefferson as Associate Professor of Psychiatry (Psychology) from New York where he had worked with Dr. Nolan Lewis, the distinguished Professor of Psychiatry at Columbia University and Director of the N.Y. State Psychiatric Institute at Columbia. Dr. Piotrowski had a doctorate from the University of Poznan, Poland, in psychology and the theory of science. His favorite subject as an undergraduate student was algebraic geometry, which influenced his capacity to think in abstract terms. At Jefferson he worked in two primary areas of research—the application of the computer to scoring of the Rorschach test, and the use of psychological tests to differentiate organic from functional mental disorders. In these efforts he was ably assisted by Drs. Barry Bricklin and Carter Zeleznik.

Dr. Piotrowski added a touch of Continental quality to the decorum of the Department as evidenced by his versatility in literature, history, and the arts. His conversations were always intellectually stimulating. With Dr. Albert Biele (Jefferson, 1938) he wrote a book entitled Dreams: A Key to Self-knowledge (1986). Dr. Piotrowski retired from Jefferson at age 65 and joined the faculty at Hahnemann, where he continued his research, writing, and teaching until his death in 1986.


In 1961, following Dr. Matthews’ death, Dr. Paul J. Poinsard (Jefferson, 1941) was appointed Acting Chairman of the Department of Psychiatry (Figure 29-6). Dr. Poinsard had served in World War II in the South Pacific as a Flight Surgeon and was the recipient of five battle stars. Following discharge he returned to Philadelphia and matriculated in the Graduate School of Medicine at the University of Pennsylvania in Psychiatry and Neurology. He then entered the Institute of the Pennsylvania Hospital for a three-year residency training program. In conjunction with this, he studied at the Philadelphia Psychoanalytic Society and was trained in both general psychiatry and psychoanalysis. Dr. Poinsard ably administered the
affairs of the department, including its outpatient service, until the appointment of Dr. Floyd S. Cornelison, Jr., in 1962.

Dr. Poinsard was the first psychiatrist to be elected as President of the Thomas Jefferson University Hospital Medical Staff (1979–1981) and served for many years on its Executive Committee. He was elected to the positions of President of the Philadelphia Psychiatric Society, the Pennsylvania Psychiatric Society, the Medical Club of Philadelphia, the Jefferson Alumni Association during the Centennial of its founding in 1970, the Meigs Medical Association, and as the one hundred and twentieth President of the Philadelphia County Medical Society in 1980. He became Emeritus Professor of Psychiatry in 1983 but continued as an active member of the Department, the Hospital, and the Alumni Association.

Although never a member of the Department, Dr. Francis J. Braceland (Jefferson, 1930) achieved great distinction in the field of psychiatry. A graduate of LaSalle College before matriculating at Jefferson, he was trained in psychiatry under Dr. Streecker at the Institute of the Pennsylvania Hospital with continuing experience as a Rockefeller Foundation Fellow in Zurich and London. After a few years as Professor of Psychiatry at Women’s Medical College, he was named Professor of Psychiatry and Dean at Loyola University School of Medicine, Chicago. During World War II, Dr. Braceland served as special assistant to the Surgeon General and Chief of Neuropsychiatry for the United States Navy, continuing in the Naval Reserve and retiring in 1962 with the rank of Rear Admiral.

Following the war, Dr. Braceland became Chief of Psychiatry at the Mayo Clinic. In 1951 he moved to Hartford, Connecticut, as Psychiatrist-in-Chief at the Institute of Living and Professor of Psychiatry at Yale University. He served as President of the American Psychiatry Association and Editor of its Journal and as President of the American Board of Psychiatry and Neurology. He was the author of many articles and three books.

Dr. Braceland received seven honorary degrees including one from Jefferson, the Laetere medal of the University of Notre Dame, and was named Knight of St. Gregory the Great by Pope Pius XII. A loyal Jefferson alumnus, he received the Alumni Achievement Award (1967) and served as Alumni representative (1965–1967) on the Board of Trustees.

Floyd Cornelison, Jr., M.D. (1918–); Third Chairman (1962–1974)

Floyd Cornelison (Figure 29-7) was born in San Angelo, Texas, in 1918. He attended the public schools there and obtained his B.A. degree from Baylor University in 1939. From 1944 to 1946 he studied at Columbia University and in 1950 graduated from the Medical College of Cornell University. Following graduation he entered psychiatric residency at Boston University, the Massachusetts Memorial Hospital, and the Boston State Hospital. In 1958 he received an M.S. degree from Boston University.

At the time of Dr. Cornelison’s appointment there were 54 members of the faculty and four residents. He requested and followed the sagacious advice of Dr. Braceland regarding the strengths and weaknesses of the Department. At that time only six to ten hours were available for first-year teaching of students, and 19 hours for the second year. Saturday teaching was discontinued as part of a new approach based on the theory that small-group instruction was superior to lectures. Dr. Cornelison brought with him a group of clinicians and researchers who introduced new perspectives into the Department. It was the first time in perhaps 100 years that the Pennsylvania Hospital did not have a direct influence on the reaching and training of members of the faculty of Psychiatry.

Because there were insufficient facilities for the training of students and residents at Jefferson, Dr. Cornelison developed a research and education program at the Delaware State Hospital. This activity was set up with the support of the Governor of Delaware and became known as the Marka DuPont Institute of Human Behavior. He also established an affiliation with the Coatesville Veterans Administration Hospital, which served as a source for much of the Department’s research and educational activities.

A man of international reputation, Dr. Robert Waelder was appointed to the faculty as the first Professor of Psychoanalysis. He had received a Ph.D. degree in physics at the University of Vienna at the age of 21 and fled the Nazi tyranny in 1938. His paper, *The Principle of Multiple Function*, identified him among the great thinkers in the world of psychoanalysis. He had been a close colleague of Anna Freud, who in 1964 was invited to give a lecture at Jefferson and receive an honorary degree of Doctor of Science. The daughter of Sigmund Freud, Anna Freud was an eminent child psychoanalyst and director of the Hampstead Child Therapy Clinic of London, England. Appointed with Dr. Waelder as Professor of Psychiatry (Psychoanalysis) was Samuel A. Gutman, M.D., Ph.D., a psychoanalyst who was later to write an important treatise, a *Concordance of the Works of Freud*.

In 1965 Dr. Lawrence S. Kubie was appointed Visiting Professor of Psychiatry. He had been at the Sheppard and Enoch Pratt Hospital in Baltimore and was a nationally famous psychiatrist. In the same year Dr. A. Irving Hallowell, Professor of Anthropology at the University of Pennsylvania, was appointed Professor of Psychiatry. Drs. Edward Gottheil, Alfonso Paredes, Klaus Behnson, Marjorie Bahson, Ivan Nagy, Robert Clark, and J. Clifford Scott, among many others, were added to the faculty. Miss Theresa Damanski was appointed as the first full-time member of the faculty in social work.

Dr. Kurt Wolff was appointed Associate Professor of Psychiatry to teach undergraduate and graduate students at Coatesville Veterans Hospital. A bus was converted into a “mobile classroom” for lectures or demonstrations to students during the time in which they were commuting from Jefferson to the Coatesville Hospital.

Another important addition to the faculty occurred with the appointment of Dr. Daniel Lieberman on the volunteer staff. He was Commissioner of Mental Health for the State of Delaware between 1964 and 1967. Lieberman taught students at Jefferson and participated in the development of the Jefferson–Delaware affiliation. He was able to obtain Delaware funds to support research by Jefferson personnel. The program between Jefferson and Delaware was greatly strengthened, and eventually Jefferson became the medical school for the State of Delaware with the support of the Delaware Legislature.

Dr. Cornelison had an avid interest in photography, which he applied to his research on “self-image.” He was the first to introduce audiovisual tapes into the teaching program. His research on self-image was described in a lecture delivered at the University of Vienna and in similar programs in Milan, Italy, and the University of New South Wales, Australia.

The 1960s witnessed a series of major social upheavals. This was the time of the Vietnam War, when students went on strike, when 56,000 men sacrificed their lives, and when turmoil—economic, social and moral—was on the increase. It was in some respects a post–World War II social revolution following the enormous upheaval of the entire world that had occurred with the deaths of 53 million people during those tragic
years from 1939 to 1945. The theories of Maxwell Jones in England, from which he developed the concept of the therapeutic community, were essentially an attempt to deal with the problem of authoritarianism. Jones' work was aimed primarily at "social misfits," people with personality disorders and acting-out disorders who were rebelling against society or who were underachievers. He took the general position that diminishing the role of authority and increasing individual responsibility would aid in the socialization of these people with this type of personality disorder.

At the same time, psychiatry was undergoing tremendous advances in the understanding and therapy of mental disorders. Neuroleptics in the treatment of schizophrenia, lithium in manic-depressive disorders, tricyclic antidepressants in depression, and benzodiazepines for anxiety disorders all contributed to the feeling of optimism about making a major impact, at last, on mental illness in this country. The less effective somatic treatments, such as insulin coma, psychosurgery, and hydrotherapy were discontinued, and electroconvulsive therapy was used in selected cases.

Treatment programs were developing that offered community-based services, particularly to the poor, to augment hospital care. Jefferson decided to increase its mental health services to the community and solicited Dr. Daniel Lieberman, who was completing his work at Delaware, where he had established a Mental Health Department. He came as Professor and Associate Chairman of the Department on a full-time basis and promptly obtained Federal and State funds to construct facilities and acquire staff for this ambitious undertaking. Among the new programs that he initiated were sections on child psychiatry and family therapy, a day hospital, a psychiatric emergency service, a substance-abuse treatment program, consultation services, and additional inpatient and outpatient services. This provided resources for more research and greater clinical education for medical students, and to increase the number of psychiatric residents. When the Community Mental Health Center was discontinued at Jefferson in 1977, these important programs remained as part of the clinical program and thereby provided the resources to increase the number of psychiatric residents from a handful to 32.

The loss of major faculty members, Drs. Robert Waelder, John Davis, and Kurt Wolff, occurred between 1967 and 1970. In the same period Drs. Eli Marcovitz, Maurice Linden, and Gabriel D'Amato were added to the faculty. In 1971 Dr. Terrell Davis, who had been Commissioner of Mental Health for the State of New Jersey, was appointed Professor of Psychiatry. He was later to become Head of the Department of Psychiatry at the Wilmington Medical Center.

An affiliation existed with Friends Hospital, a 200-bed private psychiatric institution founded in 1813, which had a broad range of therapeutic programs and offered a variety of opportunities for the students. This ended in 1970. Other important affiliations that terminated about this time included the Philadelphia General Hospital and the Eastern Pennsylvania Psychiatric Institute.

One of Dr. Cornelison's cherished dreams was the development of a building for treatment and research in psychiatry. He constructed a large model of a building that he hoped to erect on the corner of Eleventh and Walnut Streets. Funds were sought to promote this plan but approval by the President and the Board of Trustees was not forthcoming. Throughout his tenure there was a significant degree of frustration in his not achieving this goal. There is no question, however, that he greatly expanded the interest in research in the Medical School, and he opened a branch of the Department in the old building at the northeast corner of Twelfth and Walnut Streets, formerly the home of Bishop White. There he set up laboratories to develop his interest in photographing patients and replaying the photographs to them during the various phases of their treatment.

By 1974 there were 24 full-time faculty members and 78 part-time members for the education of 800 medical students and ten to 15 residents. Teaching was in small groups rather than the older, more didactic method in the lecture hall. At this time Dr. Cornelison resigned his position as Chairman of the Department and entered full-time private practice in Wilmington, Delaware.
Upon the resignation of Dr. Cornelison, Dr. Daniel Lieberman (Figure 29-8) was appointed Acting Chairman, a position he held from 1974 through 1976. He had had considerable administrative experience in the past, including Medical Director of a large mental hospital, Director of the Department of Mental Hygiene in California, and as Delaware's first Commissioner of Mental Health. His establishment of the Community Mental Health Center at Jefferson brought major changes to the Department that increased its budget, faculty, and clinical resources threefold. Lieberman had entered academia for a more scholarly life, but because of his background was called upon continually to provide administrative leadership.

Dr. Lieberman contributed significantly to the progress of the Department. He brought medical students for their clinical clerkship in psychiatry back to Jefferson. He organized and established a family therapy section, a child psychiatry section, a psychosomatic medicine program, including a biofeedback laboratory, a day hospital, and an additional inpatient unit at Jefferson, together with an expanded outpatient program. A Division of Substance Abuse was developed, and both research and teaching were carried on under the direction of Edward Gottheil, M.D., Ph.D., Professor of Psychiatry, who had come to Jefferson with Dr. Cornelison years earlier.

Dr. Lieberman strengthened the affiliation with the Coatesville Veterans Administration Center and strongly supported the Jefferson-Friends program until that was terminated. At the undergraduate teaching level, he was instrumental in the development of a new program called "Medicine and Society" and was Chairman of the subcommittee of the faculty that developed a two-year program for this curricular change that introduced lectures in psychiatry to the first- and second-year classes.

Additional honors came to Dr. Lieberman during his tenures as Acting Chairman. He was elected President of the Philadelphia Psychiatric Society and Chairman of the Section in Psychiatry of the Philadelphia County Medical Society. In 1987 his portrait was presented to the University by colleagues and friends.

Paul J. Fink, M.D.; Fourth Chairman (1976–1983)

Dr. Paul J. Fink (Figure 29-9) was appointed Chairman in 1976. He was born and raised in Philadelphia and graduated from Temple University, magna cum laude, in 1954 and from its Medical School in 1958. He was trained in psychiatry at the Albert Einstein Medical Center,
the Philadelphia Psychiatric Center, and by the Philadelphia Association for Psychoanalysis, from which he graduated in 1966. At Hahnemann Medical College from 1962 to 1973 he rose to the rank of Professor of Psychiatry and resigned to become Chairman of the Department of Psychiatry at the Eastern Virginia Medical School in Norfolk.

In directing the Department at Jefferson, Dr. Fink initiated some major changes in the thinking of the faculty and the community of psychiatry in Philadelphia. His views represented a departure from those of his predecessors in their encyclopedic nature and seemed to cover essentially every aspect of medical care from a psychiatric point of view.

Dr. Fink excelled in clinical work, teaching, research, and administration. He was on various councils, associations, and colleges, both national and international, in the field of general psychiatry, psychoanalysis, and sex education for many years. The annual report of the Department for 1982 listed 275 members of the faculty in addition to 20 honorary members and 38 residents. During his tenure until 1983, more than 300 members joined the faculty and almost 200 remained.

Dr. Fink's goal in residency training was to have 40 residents, ten per year in the Jefferson program. He came very close to its achievement. The Residency had started 40 years earlier when Dr. Keyes appointed Dr. John Flummerfelt as the first Resident in Psychiatry in the Jefferson Medical College Hospital. There were no residents during World War II, but Dr. Ivan Bennett was appointed in 1946 and Dr. John Koltes in 1948. Under succeeding Chairmen the numbers gradually rose until a total of 38 were appointed by Dr. Fink, a program fully accredited by the American Board of Psychiatry and Neurology.

Programs in undergraduate and graduate training, clinical treatment, research, and affiliations were expanded. Some of the programs had permanent Directors, whereas others changed as they evolved. A Division of Education was headed by Dr. Roy Clouse, a long-time stalwart member of the Department; the residency training was directed by Dr. Harvey Schwartz, a relatively new member of the Department; a Consultation and Liaison Division was headed by Dr. Lieberman, in the Department now for more than 20 years and ably assisted by Dr. Howard Field. An extensive adult service, both inpatient and outpatient, was maintained, as well as a crisis center; a partial hospital center was headed by Dr. William Dubin; a children's service was directed by Dr. Gabriel J. D'Amato and later Dr. G. Pirooz Sholevar; and a Division of Psychoanalysis was headed by Dr. Harold Kolansky. A Program in Behavioral Sciences was headed by Dr. Adrian Copeland; a Geriatrics Section was led by Dr. Sarah Kaye; and alcohol and drug research was conducted by Dr. Edward Gottheil. Other programs included a sleep laboratory, a program for study of impotence, and research in schizophrenia. Several psychologists were added to the staff, and a program of training for psychology interns was developed. The Department expanded so much that additional space had to be obtained.

in a commercial building at 1015 Chestnut Street. Affiliations with the Wilmington Medical Center and Coatesville Veterans Hospital, Delaware, were strengthened, and new affiliations with Crozer-Chester Medical Center and the Northwest Institute of Psychiatry were developed. Members of those Hospitals were added to the Faculty of the Medical School. The general size of the Department became so comprehensive that administrative personnel were secured to deal not only with the complexities but with the financing of the extensive programs that evolved. These developments were exciting, provocative, and energetic. The Department of Psychiatry thus became one of the largest of the Medical School.

Dr. Fink had the foresight to recognize that psychiatry was moving in new directions and that more research, more education, and wider approaches to fields not often touched by psychiatry in the past were very important.

Dr. Fink resigned the Chairmanship of the Department in 1983 to become Chairman of the Department of Psychiatry of the Albert Einstein Medical Center and Medical Director of the Philadelphia Psychiatric Center. Responsibility for direction of the Department once again fell upon Dr. Lieberman's shoulders.

The period of 1983 to 1988 was one of continuous evaluation, streamlining the operations, upgrading the medical education and research activities, establishing financial and operational stability, and bringing young, enthusiastic faculty to the Department. Dr. Bryce Templeton, a nationally recognized medical educator, became Director of Undergraduate Education. Dr. Kenneth Cerza, a former Chief Resident at Jefferson, became head of emergency services in Psychiatry. Several faculty were added to a strengthened inpatient service.

Troy L. Thompson, II, M.D.; Fifth Chairman (1988–)

In March of 1988, Dr. Troy L. Thompson, II (Figure 29-10) became the new Chairman of the Department, arriving from the University of Colorado, where he had headed the Consultation-Liaison Service. He is known nationally for his work at the juncture of psychiatry and medicine, and his challenge is to build upon what has developed thus far so that in the 1990s the Department will remain in the forefront of medical education and research.

In some respects psychiatry at Jefferson has not really changed from the days in the 1880s when it was a one-man lectureship in the Department of Medicine or even a modest Department, of biological psychiatry, under Dr. Dercum. From the golden days of psychodynamic psychiatry under Drs. Keyes, Matthews, Cornelison, and Fink in the 1950s, 1960s, and 1970s, it has redeveloped in the 1980s into a Department of biological psychiatry. Although the contributions of Sigmund Freud to an understanding of normal mental functioning and the nature of the neurotic process still remain the hallmark of psychodynamic psychiatry, the development of technical advances...
in neurochemistry, and the science of the neurotransmitters, microneurosurgery, atomic physiology, and psychopharmacology have once again made biological psychiatry the destination of the science of psychiatry. On the united front—the psychodynamic understanding of mental processes and the contribution of biology—the Department of Psychiatry is prepared to embrace the entire spectrum of mental science teaching, clinical practice, and research, enhancing as never before the great traditions of the faculty of the Jefferson Medical College.

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