

President's Letter

Dear Heath Society members and Friends,

A year and a half ago Katrina struck the Gulf coast. The "Katrina fatigue" psychologically weighs upon us continues, exaggerated by the slow pace of recovery. There are, however, some encouraging signs. The French Quarter has never been so clean, most street lights are operating and street signs are up, and some sense of normalcy exists in some sections of town. But crime has returned with a vengeance and the health care situation remains at bare minimum. In Orleans Parish there are thirty adult beds for the CMI, no MHC are open and many of the most violent of the CMI are held for hours to days in beds of local emergency rooms.

Both medical schools are back and operating back in New Orleans, but residents continue to be sent outside the parish for training. Read Dan's column for information on the Department of Psychiatry and Neurology.

A year ago the Heath Society Board created the "Katrina Fund" in order to raise monies to assist the department in recruiting residents, providing CME and faculty development. You, the alumni and Friends of the Department have been most generous. We collected over \$27,000 for the Katrina Fund. Thanks.

Good news! The Remy Gonzales Professorship has been fully funded and a significant amount came from Society members.

The Heath Society had originally donated \$7,000 to underwrite the 2005 Brain & Behavior CME Program. At our most recent meeting, we voted to pay the remaining balance of \$9,000. We also voted a one time only fee of \$1,000 to sponsor medical students who attended the 2006 Brain & Behavior CME meeting.

The Board also agreed to raise \$5,000 a year with which to underwrite the annual Brain & Behavior CME for the next five years. That means we will again turn to you, the Alumni and



Chairman's Column

The post-Katrina rollercoaster ride of highs and lows has kept us in an emotionally labile state. Following the "high" of a successful Brain and Behavior Conference, we were struck with the death of Leon Weisberg, MD. His death has left a gaping hole in our hearts and in the department. We were able to pause and reflect upon his life and his legacy at his funeral and subsequently at his memorial service, but life moves on and the rollercoaster won't let us off!



Nevertheless, my colleagues and I continue to try to put the pieces back together. Child psychiatry has been very successful in adding new faculty, staff, and trainees. Come July, they will once again have two psychology interns and will welcome two new triple board trainees and a child fellow to their ranks. New initiatives have been funded and will allow them to continue on this positive trajectory.

Our forensic psychiatry group remains strong and was largely untouched by the faculty separations of a year ago. General (adult) psychiatry and neurology are "thin" and are moving into a recruitment phase that should ultimately allow them to return to their former strength.

The Daughters of Charity have sold the DePaul/Tulane property to Children's Hospital. Children's, in turn, will lease it to the State so that psychiatry beds can be opened hopefully by July of this year. We will staff half of these beds and use them for teaching purposes.

Meantime, our clinics have moved back downtown into TUHC where we have space on the fourth and fifth floors. Everything old is new again!

The Heath Society has assisted us by providing funds for our annual CME program and funds for special learning opportunities for our trainees. Special thanks to all of you who contributed to the Katrina Relief Fund.

Editor's Note

I was hoping that this would be the issue in which I would point out that there was no reference to Katrina; that that horrid nightmare had finally disappeared from our immediate thoughts and our every day lives. However, obviously that is not the case. Although most of the references in this issue are generally positive with respect to the Katrina's aftermath, there is still much fallout, fatigue and futility.



The fallout we see in the continuing domino effect the storm has cause. Fewer hospital beds mean no teaching means fewer faculty means fewer residents means loss of funding and prestige. Fewer office spaces mean fewer businesses means smaller tax base means less income means fewer public services means fewer citizens returning home and more citizens leaving means loss of culture and prestige. Fewer public services also means fewer resources to fight crime which has filled the vacuum left by many law-abiding citizens who have left town or failed to return and seems to be tied to the illegal drug market said to be flourishing in some parts of the city.

The fatigue can be seen on the streets of the city where some areas look almost identical to the way they did shortly after the storm. Only the streets have been cleared. The homes remain damaged and deserted. Financial fatigue has been felt by many who have been paying both rent and mortgage while hanging on to quickly vanishing visions of receiving just reimbursements from their insurance companies or the state's Road Home program.

The futility can be seen in the Road Home program which has proven to be a bureaucratic nightmare. Only hundred of claims have been paid for the many thousand that have been filed. At one point last month it was estimated that the agency processing the federal funds allocated to paying the citizenry was

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costing \$15 for every \$1 paid to claimants. Not a good ratio. So slow and so mired is the whole process that it has cost our governor her chance for a second term and has kept a good number of our citizen from being able to return home.

But, not all is negative and that is the message that the City is trying to get out to the Nation. New Orleans is "open for business" and is anxious and able to host conventions and tourists and has rebuilt some neighborhoods back to their pre-Katrina levels. And, most importantly for us, Tulane has emerged from its restructuring as a leader in the community and our Department has survived some very difficult times and is now engaged in some new training venues that did not exist prior to

Katrina. Much credit is due Dan Winstead and his faculty for finding and developing these new opportunities.

On a different topic, we regrettably announce the passing of two significant faculty members: one from the past, Harold Lief, who was a major influence in the early days of the department; and one from the present, Leon Weisberg, the head of our neurology section. Most graduates of the past 2 decades or so are well familiar with Leon and his clinical skills and administrative leadership. Not as many readers are likely as familiar with Harold Lief and we appreciate Ralph Slovenko's cogent tribute to Dr. Lief that details his many contributions

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Vice-President's Comments

New Orleans gets under your skin... It gets into your blood. For years after I finished my training at Tulane, I looked for reasons to get back to the Crescent City. I remember especially a Tulane psychiatry conference in 1976, featuring psychologist Erich Fromm. How I wangled leave from Fort Bragg to get down to New Orleans I cannot imagine, but it was a wonderful homecoming. Dr. Fromm was a disappointment; he was promoting his new theory concerning The Necrophilic Personality. Dr. Heath was in rare form, as usual, showing videos of his patients with intractable seizures, much improved after the implantation of a cerebellar electrical stimulator.



Scott S. Cowen Institute for Public Education Initiatives. Tulane's President believes that the city's best hope is to bring its children up with good educations to become the future leaders. What appeals to me about the effort is the open-minded approach of the Institute's agenda, to "work with public schools from the Greater New Orleans area and their support systems to help find effective solutions...to improve student achievement and college readiness." This sounds like a public health approach to me, and surely psychiatric consultation to the schools can be an important resource. All this takes me back to my fun days of Child Psych training, working in the schools. I almost wish I could do it again.

Ah, but the baton passes on. I am delighted to report that our daughter, Rebecca, listed Tulane's Triple Board Program, Pediatrics, Psychiatry, and Child Psychiatry, as her first choice for residency, and she matched! Maybe it requires courage to step into the challenges of life in New Orleans these days; the potential payoff in experience and satisfaction surely justify the risk. May God grant our beloved New Orleans a refuah shlemah, a full return to health, and may God keep and bless those good people who work to bring the healing.

Robert O. Begtrup, MD

Leon Weisberg

Leon Weisberg died suddenly on December 13, 2006. He was Professor of and Vice Chair for Neurology in the Department. A native of New York City, Leon did his undergraduate work at Yale University and received his medical degree from Columbia College of Physicians and Surgeons. He then trained at Harlem Hospital and the Neurological Institute.

Leon received numerous honors and awards at Tulane Medical School including the Student Award for Teaching Excellence, membership in Alpha Omega Alpha Society, Tulane University Health and Sciences Center Teaching Scholar Award. He was a member of numerous professional associations including the Medical Board of the Multiple Sclerosis Society, Executive Committee of New Orleans Neurological Society, and Board of Directors of the Louisiana American Heart Association.

Additionally Leon was active in the Association of University Professors of Neurology, The Stroke Belt Consortium and the Neuroscience Teaching Committee. He was the Chair of the Committee of Tulane - LSU Aids Program. He headed the inpatient and consultation services at Charity Hospital and served on its Executive Committee.

A memorial service was held for Leon at the TMC auditorium in downtown New Orleans on January 16th. Donations in his honor can be made to the Louisiana Stroke Association or the Louisiana SPCA.

This year our alumni reception at the Annual Meeting of the American Psychiatric Association will be held in conjunction with other medical schools throughout the United States. The reception will be held under the following venue:

APA All-Alumni Reception
Tuesday, May 22, 2007
6:00 pm to 7:30pm
San Diego Convention Center Terrace
III West Harbor Drive, San Diego, CA

We hope to see you there!

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Speaking of donations, we were able to surpass the \$100,000 mark needed to endow the Gonzalez Professorship. We will now apply for the matching funds (\$40,000) from the State. As additional monies are added, we hope to eventually fund a Chair in Remi's name.

We have a stellar group of new residents coming in July as well as two child psychology interns, as mentioned previously. As we are able to add new training sites, we will plan on increasing our residency size back to our original numbers and add two adult psychology interns in July, 2008.

Life in the Big Easy isn't so easy anymore! Nevertheless, most of us are finding the challenge to be exciting and rewarding.

Daniel K. Winstead, M.D.

Psychiatry Residency Update

The residency program at Tulane continues to recover from the effects of Hurricane Katrina. After being displaced to training sites in Houston and previously unused sites in Louisiana after the storm, we now are using sites in the greater New Orleans area and Baton Rouge for all rotations. The continued paucity of adult inpatient beds in the New Orleans area continues to effect training. Tulane currently uses inpatient rotations at Southeast Louisiana Hospital (Jackson) and Greenwell Springs Hospital (Alexandria). Both of these sites are being used for medical student rotations in addition to residents. The Department is grateful to the Louisiana Office of Mental Health and Drs. Crapanzano, Kelly and Abou for their help in finding sites to train our residents.

Tulane hopes to be involved clinically and educationally in new inpatient beds as they open in the Metro area. The rest of the clinical rotations for residents and medical students are in the Metro area. Many of these rotations are in settings

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to our profession. Interestingly Wally Tomlinson has provided us with a paper that he and Pat Dowling delivered last summer to the 40th International Congress on the History of Medicine in Budapest, Hungary which cites Dr. Lief's role in the early days of the Department's history. Space limitations prevent us from publishing this paper in this issue. However, we anticipate printing it in an upcoming issue of this newsletter.

Lastly, I again appeal to our members to submit updates on your professional doings. We had been getting regular contributions but absolutely none since Katrina. That's been almost 2 years ago and now it's time that we, too, as a group demonstrate that we have overcome this tragedy and are putting Katrina behind us once and for all.

Craig W. Maumus, M.D.

not used prior to the storm. They include a number of non-governmental agencies that have come to New Orleans to help with the recovery. Jan Johnson has been instrumental in the identification and integration of these rotations into the training programs of the department.

We are happy to report that after limiting the numbers of the incoming class of residents this current year we have increased the number of new residents joining the residency program beginning in July of this year to 7. This is still significantly less than the average numbers of new residents in the 5 years prior to Katrina and reflects the continued effect of Katrina on medical education in New Orleans, in particular psychiatric education. Nevertheless, we will have a total of 20 residents in our general psychiatry and combined residency programs. As New Orleans recovers over the next several years, Tulane Psychiatry and its residency training program fully expect to be involved in that recovery.

Patrick T. O'Neill, MD

President (continued from page 2)

Friends of the Department of Psychiatry & Neurology for donations (which will include membership dues) to meet this annual goal. Besides supporting the department's CME, we share responsibility and money for:

1. Alumni directory
2. Newsletter: Society pays for printing (\$1250 twice a year) and the Department for mailing
3. Resident Prizes for scholarly paper: Society pays for prize (\$500)
4. APA reception: Shared by Department and Heath Society.

The Board also passed a motion to set up funds for a "Chair Wish List" giving the president the authority to approve "reasonable expenditures" presented by the Chairman. Dr. Winstead will develop a list of "needs" that the Heath Society might underwrite. As an example, I recently approved expenses for a resident to attend a meeting in which he was to receive an award.

You will soon receive a letter from the Heath Society asking you to enroll or reenroll and to make a donation for the Society's various programs. As a gift for your enrollment and donation, a DVD of the very interesting and enjoyable oral history of the Department will be sent with the letter.

As you can see from this report, the Heath Society has made very significant contributions to the overall success of the recovery of the Department of Neurology and Psychiatry. I close this letter in saying that I am very proud and gratified by the generosity and wisdom of our psychiatry community.

Douglas W. Greve MD

**For back issues of the
Newsletter, check us out at
www.psychneuro.tulane.edu/HeathSociety**

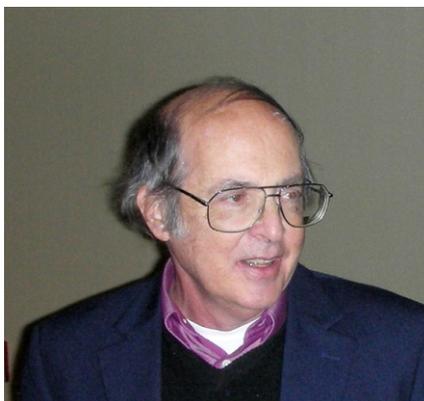
Leon Weisberg...a tribute

I would like to share my experience of being a medical student who had the privilege of learning from Dr. Weisberg.

In my first two years at Tulane, I felt like I was being bombarded with a relentless onslaught of information. At the time, I had difficulty knowing what was important. When Neuroscience started in the second semester, I was struck by Dr. Weisberg's serious and eccentric manner that came from his pacing, dry wit and E-NUN-CIATION. Not only were the words well pronounced, but the ideas they carried were elegantly concise. Lectures like Dr. Weisberg's substantially improve the quality of life for medical students.

That semester, I began to ask questions in Dr. Cusik's small group that was attended by Dr. Weisberg. He was surprisingly engaging in small groups, listening as well as he lectured. I was most impressed that on the rare occasion that he was unable to answer a question, he could say "I don't know."

During the CNS pathology block of our second year, Dr. Weisberg came to Houston to teach like so many other Tulane faculty members. Having gone through so much that year, it was an enormous relief to see him lecturing on everything from intra-cerebral hemorrhage to cerebellar ataxia. During a small group session, he completely ignored the handout and, instead, discussed things he found interesting like ordering "therapeutic CT's" for patients who could not be convinced that they did NOT have a brain tumor. I have found that I learn the most when



people are obviously passionate about their area of expertise.

In third year, I was blessed with a terrible lottery number in the first round. In August, Lauren Brian, Jason De Leon and I were assigned to Dr. Weisberg for what turned out to be an amazing month of neurology. His was the most teaching-intensive service I have ever been on. Anything was open for discussion and I never regretted asking a question.

One of my strongest recollections of that month was the unspoken excitement before meeting Dr. Weisberg for rounds. The cause of our excitement was "what was Dr. Weisberg going to say TODAY?!!" For example, "If you're walking and somebody hits you, you'd tell them to go to hell. Now if you have Parkinson's, you'd fall." As a student, these gems were remarkable and unforgettable.

As we got more comfortable with the neuro exam, Dr. Weisberg took more time with each of us. One day in clinic, after I spent 45 minutes doing an H&P on an amiable crane operator who was suffering from chronic pain. I presented

my findings and then we went to see the patient. Dr. Weisberg introduced himself as the head of neurology, asked a few extra questions, discussed diagnosis and treatment and we left the room. As we walked down the hallway he turned to me and said, "Good job." It is a compliment that I shall always remember.

After my neurology rotation ended, people would comment that I was most excited about patients with neurologic findings. I found an L4/L5 radiculopathy on one of my ob/gyn patients. On my medicine clerkship, when given the choice between a patient with abdominal pain and one with new onset ataxia with headache, I went immediately for the latter. Dr. Weisberg's teaching had something to do with this preference.

In a letter to Robert Hooke, Sir Isaac Newton wrote, "If I have seen further it is by standing on the shoulders of Giants." As we gather here today to pay tribute to Dr. Leon Weisberg and to pay our respects to his family, I want to recognize the enormous contribution that Dr. Weisberg made to this community and especially to his many students. We all were incredibly fortunate to have benefited from Dr. Weisberg's academic excellence, commitment to teaching and chutzpah.

I speak for my class and many before ours when I say that Dr. Weisberg's dedication to his students and this school will never be forgotten. He was loved, respected and will be sorely missed.

Robert Carruthers, T4

Alumni Profile: Robert Columbus Lancaster, M. D.

"Most Caring Psychiatrist"

Born in Bolton, Mississippi in 1921, Bob Lancaster received his BA from Mississippi College in Clinton, Mississippi. Always interested in the helping professions, Bob was uncertain at the time whether to become a minister or a doctor. Deciding on medicine, he was accepted by Tulane University School of Medicine and entered their three-year accelerated World War II program, graduating in 1945.

After completing an internship at Charity Hospital of New Orleans, Dr. Lancaster served on active duty as a medical officer for the U. S. Naval Reserve. In their infinite wisdom, The U. S. Government assigned Dr. Lancaster to the Gulfport VA Hospital though he had limited psychiatric training. This was an 1100 bed unit for mentally disordered veterans. This bureaucratic decision proved to be fortuitous as Dr. Lancaster discovered that he had a knack for diagnosing and treating psychiatric patients. This was in the era before antipsychotic and antidepressant medications. Dr. Lancaster was exposed to therapies which now seem antiquated including hydrotherapy with needle-point showers. These proved to have a tranquillizing effect on agitated psychotic patients. Also used were alternating hot and cold water up and down the spine. A modified jacuzzi with the patient in a hammock while soothing music played in the

background was also used to calm overtly psychotic patients. Interestingly, jacuzzis, steam rooms, saunas, and invigorating showers are all part of the program in most health clubs today. Dr. Lancaster is one of the few, if not the only psychiatrist in the area who treated psychotic patients with insulin coma therapy as well as other somatic therapies of the pre-psychopharmacology era. Listening to Dr. Lancaster's oral history DVD offers a rare opportunity to learn about some of the earlier psychiatric therapies used during World War II.

After completing his military obligations, Dr. Lancaster continued with the VA for another two years. Realizing that all of his psychotherapy experience was with male patients and that he required more extensive training, he applied for and was accepted as a resident at Tulane University School of Medicine in the Department of Psychiatry and Neurology. Dr. Robert G. Heath had just become Chairman of the Department the year before. Dr. Lancaster recalls, with admiration, other faculty members at that time included Drs. Russ Monroe, Norman Rucker, and Harold Lief.

After completing his residency, Dr. Lancaster entered private practice but always maintained a faculty appointment at Tulane, actively participating in the residency training program. He

concentrated on hospital and outpatient psychiatry and was a leading expert on electroconvulsive therapy. "Although ECT was never very effective with schizophrenia," Dr. Lancaster recalls, "it was very effective in the treatment of depression, especially for the elderly patient."

In 1977, Dr. Lancaster assumed the Medical Directorship at DePaul and he served in this capacity for 27 years. His interpersonal skills were ideal for administration. Bob was the most effective Medical Director that DePaul has ever had. His clinical skills together with a congenial personality and ability to work effectively with others was admired by all.

Each year Dr. Lancaster presents an award to a graduating Tulane psychiatry resident as the "Most Caring Psychiatrist." This highly prized award was initially endowed by one of Dr. Lancaster's grateful patients. Now this award is sustained by Dr. and Mrs. Lancaster. Those of us who have known Bob over the years, feel that he deserves the award. This brief historical review of his professional life is a small attempt to recognize that Dr. Robert Lancaster is indeed "a most caring psychiatrist and human being."

*C. B. Scignar, M. D.
Heath Society Historian*



Part of the audience at the Brain & Behavior conference in December

In Memoriam...Harold I. Lief, M.D.

Dr. Harold I. Lief died on March 15, 2007 at age 89 of congestive heart failure. He was a renowned psychoanalyst, teacher, scholar and researcher.

Shortly after World War II, in 1949, a group of Columbia-trained psychoanalysts headed by Dr. Robert G. Heath and including Drs. Harold I. Lief, Irwin Marcus, Russell Monroe, and Norman Rucker came to Tulane to set up its department of psychiatry, which to this day is combined with neurology and integrates psychoanalytic training into its residency program.

The development of the Tulane program was viewed initially as a threat to the existence of nonuniversity-affiliated training institutes. The American Psychoanalytic Association, which approves training institutes, complained to the president of Tulane. Some members of the Tulane group were ostracized by the association. Heath was at first granted and then refused admission in an extraordinary session. Monroe's application was not approved because he was participating in an unapproved training institute. A few years later Marcus and Rucker left Tulane and became members of the association. Dr. Lief never applied for membership, but in 1999, the association invited him to join and he accepted (without having to pay dues). Since the development of the Tulane program, a number of psychoanalytic programs have come under the aegis of universities and medical schools.

The excommunicated and other members at Tulane along with a number of analytic pioneers formed the American Academy of Psychoanalysis. Dr. Lief was a leading member of the Academy and was at the forefront in its development. In 1967 he was voted president of the Academy.

I met Dr. Lief in 1963 when, at the initiative of Dr. Gene L. Usdin, Dr. Heath invited me to do the residency in psychiatry even though I was not a physician. At the time I was a tenured member of the Tulane law faculty and I



took a partial leave of absence. It was a memorable time. It was an honor and a pleasure to make friends with members of the psychiatry faculty and the residents.

Dr. Lief was an erudite and inspiring teacher. He livened his lectures or case presentations with appropriate and unforgettable anecdotes. The residents, notably Dr. C.B. Scignar and Dr. Daniel Sprehe, were sparked by Dr. Lief, and to this day they speak admirably of him. As for myself, since 1963, Harold has been an inspiration. He involved me in many interesting undertakings. Early on, he sponsored me as a "scientific associate" of the Academy of Psychoanalysis.

In the early 1960s, Dr. Lief criticized the reluctance of physicians to consider psychosocial factors in making their diagnoses. With his brother, Dr. Victor Lief, and his sister-in-law, Dr. Nina Lief (who were also members of Tulane's faculty), he co-edited a textbook for medical students, *The Psychological Basis of Medical Practice*, published in 1963. The book addressed psychosomatic conditions, psychological side effects of psychiatric drugs, and other elements of the mind-body relationship.

Dr. Lief then turned his attention to sex education of physicians. He became its foremost advocate, maintaining that medical schools were remiss

in educating medical students in this regard. Physicians, he pointed out, may be less knowing about sex than the ordinary person. As a result of Dr. Lief's highlighting this shortcoming, there have been changes in medical curricula to include courses in sex education.

Dr. Lief was editor-in-chief and wrote many of the chapters in the book *Sexual Problems in Medical Practice*, published in 1981 by the American Medical Association. He also assisted in founding the attractive and interesting monthly *Medical Aspects of Human Sexuality*, that was distributed to many physicians. Of 11,500 physicians contacted in all fields of practice in the United States, 98 percent of the respondents said they felt the need for additional information on clinical aspects of human sexuality and were enthusiastic about the publication of a medical journal devoted to the subject.

For the general public as well as for professionals, Dr. Lief supported the founding in 1964 of the Sex Information and Education Council of the United States (SIECUS). It was headed by Dr. Mary S. Calderone - - pediatrician, daughter of photographer Edward Steicher, and niece of writer Carl Sandburg. SIECUS maintained that sound sex education can help accord to sexuality the decency and dignity it deserves. For many years ill-informed or lurid sex material was the only source of information for far too many people of all ages. Dr. Lief was a president of SIECUS.

Dr. Lief left Tulane in 1967 for the University of Pennsylvania where, as a professor of psychiatry, he organized the Center for the Study of Sex Education in Medicine. At the time, only three other medical schools had programs in sexology. In 1982 he became professor emeritus but he continued to practice until the last year of his life.

He was director of the Marriage Counsel of Philadelphia where he counseled couples and studied conflicts

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Harold I. Lief, M.D
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between spouses. He explored the connection between testosterone levels and sexual desire in both men and women. He did not discount depression and emotional distance as factors that can inhibit desire.

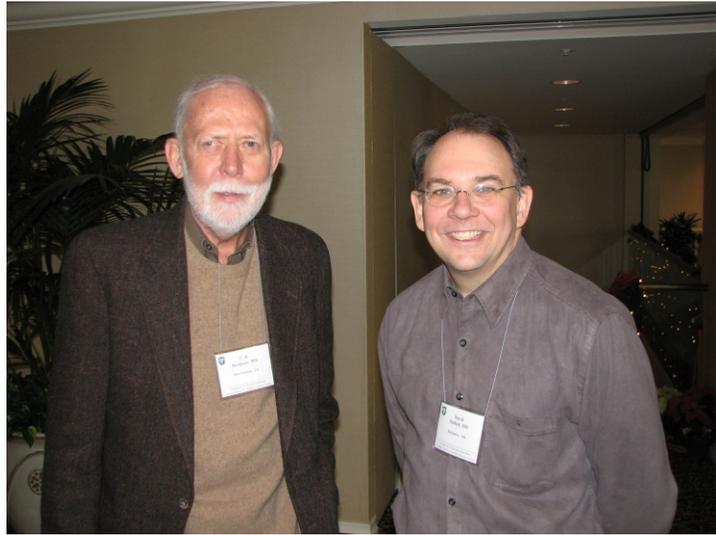
More currently, Dr. Lief assisted Dr. Pamela Freyd in establishing the False Memory Syndrome Foundation (FMSF) in 1992. It has a scientific advisory board and within a year the membership grew to over 4,600. The Foundation disseminated information about the nature of memory and about how to deal with revival of memory therapists. Along with Dr. Paul McHugh of Johns Hopkins Department of Psychiatry, Dr. Lief pointed to the need to have corroboration in cases of child abuse allegations. Dr. Lief wrote the chapter “Casualties of Recovered Memory Therapy: The Impact of False Allegations of Incest on Accused Fathers” in volume 18 of the Review of Psychiatry published by the American Psychiatric Press.

Harold involved me not only in the Academy of Psychoanalysis but also in his other endeavors— Medical Aspects of Human Sexuality, SIECUS, and FMSF. His camaraderie is fondly remembered. He enriched my life and the lives of others, and we are grateful.

Dr. Lief was born in Brooklyn, he attended the University of Michigan and obtained his medical degree from NYU in 1942. He is survived by Myrtis, his second wife, and by five children, a daughter, Peggy Goldberg and four sons, Caleb, Frederick, Oliver and Jonathan. He is also survived by 10 grandchildren and two great-grandchildren.

Ralph Slovenko, J.D., Ph.D.

Editor’s Note: Ralph Slovenko is Professor of Law and Psychiatry at Wayne State University Law School in Detroit and a graduate of the Tulane psychiatry residency program.



Chet Scrignar and David Mallot



Barbara Caffey and Dan Winstead. Dr Caffey gave an update on Tourette’s, OCD and PANDAS.



Terry Passman (L) and Harold Adams, Chair of Department of Neurology at University of Iowa who delivered the keynote lecture as the 11th Robert G. Heath MD Lecturer.

Dr. Sandor Rado & his Contribution to American Medical Education

Wallace K. Tomlinson, M.D.
Patrick J. Dowling, M.D.

Sandor Rado was born in the village of Kisyarda, northeast of Budapest, in 1890 (8). A precocious child, he began to develop his interest in the sciences during his early years at the gymnasium in Kass, an interest that ultimately led to his choice of a career in medicine. Contrary to his father's wishes that he attend the University of Budapest to study law, finance, and banking, Rado enrolled in the University of Berlin Academy of Science in 1907. Although his association with students of the Faculty of Medicine during his undergraduate years sparked his interest in a medical career, he, nevertheless, took a *Wanderjahr* after graduation, using this opportunity to study philosophy in Bonn and Vienna. Following his medical studies at Budapest, he received his diploma in 1915.

By this time, Rado was already immersed in the fledgling field of psychoanalysis. As early as 1910 he had read the brief *Analysis of the Soul* by Sigmund Freud's Hungarian disciple and personal analyst, Sandor Ferenczi. Subsequently, in his avid reading of Freud's own works, it seemed to him that, like Hippocrates, Freud was convinced that "The brain is the origin of the way people think, dream, and behave."

By 1913, while he was still a medical student, Rado was active in the loosely organized Hungarian Psychoanalytic Society. In the same year, Ferenczi arranged for Rado to attend a lecture by Freud himself in Vienna, an event described in detail by Roazen and Swerdloff (8). Freud's presentation and the originality of his ideas left a lasting impression on Rado, so much so that for the next fifteen years the two remained closely associated. In time, Rado became the editor of *Die Zeitschrift fur Psychoanalyse*.

In 1922, after moving to Berlin, he became a member of the Berlin Psychoanalytic Institute that had been established by Karl Abraham. It was during those years

that Rado, working closely with the Institute, developed the curriculum that he was to use elsewhere in later years. Following the First World War, Freud increasingly withdrew from the academic community, a community that he felt had rejected him, while at the same time enjoying a proprietary pride in his growing and successful movement. Among his followers, however, there were some, including Rado, who felt that this tendency to separate psychoanalysis from the mainstream of academic medicine entailed the risk that the psychoanalytic "School" might well become merely a cult. This cultistic phenomenon was clearly, though unwittingly, described by Franz Alexander in *The History of Psychiatry* (1). Rado's own view of this development seems to have coincided with the statement of scientific purpose by J. Robert Openheimer: "...one of the features which most arouse our suspicions of the dogmas of some of Freud's followers [is] the tendency toward a self-sealing system...which has a way of almost discounting evidence which might adversely reflect on their doctrine. The whole point of science is just the opposite (5)."

In 1931, at the personal request of Freud, Rado was sent to New York to establish a Psychoanalytic Institute that was intended to be independent of other institutes already in operation in the United States. Rado's tenure at the New York Institute was not a happy one, however. His theoretical formulations and practical innovations in education led to increasing conflict within the psychoanalytic movement. He broke with Freud in 1935, and in 1941, Rado was dismissed from his position as Director of the New York Institute.

Undeterred, Rado remained in New York. In the autumn of 1944, after Columbia University had received sufficient private funding to establish a psychoanalytic training and research program

within the Department of Psychiatry of the medical school, he was named the first director of the program, largely through the influence of his close friend George Daniels (Irwin Marcus, personal communication).

Rado's earliest students in the Columbia program included Norman Rucker, followed by Robert Heath and Irwin Marcus in the second year, and Harold Lief and Russell Monroe in the third. Marcus, who had come into training directly from being the chief of Head Injury Service at the Beaumont Army hospital in El Paso, Texas, was particularly struck by Rado's biological orientation embedded in the neuroscience of the time. He recalls Rado's frequent references to the work of Walter Cannon, Nobel laureate in physiology, references that, in the context of the psychoanalysis of the era, were unusually forward-looking. Despite his volatile and temperamental personality, Rado apparently charmed his students, who became life-long devotees. Rado remained director of the Columbia program until 1955 when he reached the mandatory retirement age. Until the end, he, alone among major psychoanalytic figures in the United States, maintained that separation of psychoanalysis and the neurosciences was artificial and damaging(6).

Among Rado's early students at Columbia, Robert Heath would become the most influential and certainly the most controversial. Heath had graduated from the University of Pittsburg, and, like most of his contemporaries, had been in the service before his arrival at Columbia. While there, he trained in both psychiatry and neurology, and, perhaps because of this, he absorbed both Rado's emphasis on the relationship of the brain and the mind, and the adaptational psychodynamic view that was so closely related to Cannon's physiological formulations.

It was not so surprising, therefore, that when Maxwell Lapham, then the dean of

Tulane Medical School in New Orleans, offered Heath the chairmanship of the newly established Department of Psychiatry and Neurology even before he had completed his training, Heath quickly developed a training program patterned on Rado's at Columbia. Almost immediately he was joined in New Orleans by others of Rado's students, including Rucker, Monroe, Lief, and Irwin Marcus, who established the training program in child psychiatry and stayed with the Tulane program longer than the others.

Psychoanalytic training was offered within the department. As at Columbia, it was completely separate from and independent of the American Psychoanalytic Association, though the program had sought and been rejected by that more orthodox body. Eventually, it would become a member of the American Academy of Psychoanalysis. Rado, himself, was a frequent Visiting Lecturer at Tulane, and through his lectures, as well as his writings, exerted a profound influence on the way psychiatry was understood and taught there.

Throughout the middle decades of the twentieth century, psychoanalysis dominated the psychiatric establishment in the United States- in the medical schools, in the psychiatric journals, at the top levels of the American Psychiatric Association, and, most of all, in the popular understanding of psychiatric illness. This hegemony came with a price, however. Mainstream psychoanalysts generally ignored or rejected the rapid expansion of knowledge in the neurosciences and genetics as this knowledge related to disordered behavior, cognition, and mood.

Rado's Adaptational Psychodynamic System, however, was not only compatible with this new knowledge, but, because of the influence of Cannon's physiology on Rado's thinking, was already using models of behavior drawn from the biological sciences rather than from philosophy, as was the case with orthodox psychoanalysis. Rado described two categories of emotions: welfare emotions, including pride, joy, affection, and self-respect; and emergency emotions

such as fear, rage, retroflected rage, and "guilty fear." Neurotic maladaptation was the result of dyscontrol of the emergency emotions. Rado rejected the central psychoanalytic concept of the unconscious, introducing instead the concept of a non-reporting level of memory and emotions. Rado and Heath shared the traditional neurological view that higher order functions, such as abstraction, language, problem solving, and planning for the future were carried out by the cerebral cortex, while emotional activity originated in the subcortical regions. Consequently, early in the history of the Tulane department, Heath carried out research in which psychodynamic concepts, as defined by Rado, were equated with localized brain activity.

Heath was especially interested in the neural basis of schizophrenia. He theorized that a central feature of that illness was anhedonia, a profound inability to experience pleasure. He focused his attention specifically on the septal area of the brain, the nucleus accumbens, which he thought of as the neural core of this experience of pleasure. By exploring this area through the use of deeply implanted electrodes, he was able to demonstrate abnormal EEG activity (3). His findings were rejected as irrelevant by mainstream psychiatry, still dominated by psychoanalysis, and the whole idea of psychosurgery, calling to mind the prefrontal lobotomies of the past, was greeted with such outrage by the general public that it was outlawed in Louisiana in 1977. Nevertheless, Heath was one of the pioneers in the field of deep electrode implants, which is now routinely used in the treatment of chronic pain, movement disorders, and occasionally epilepsy.

A more serious problem for Heath was the Taraxein affair. Heath had contended that schizophrenia was caused by a substance in the brain which he called Taraxein (Greek: "to disturb"). Heath hypothesized that this Taraxein was probably an autoimmune product (4). A team from the National Institutes of Mental Health, the federal government's major funding agent in the field, visited Heath's lab, found no evidence of Taraxein, and

research on the subject essentially ceased. The psychoanalytic establishment rejected the whole idea that schizophrenia had a physical rather than a psychological basis, and the rumor spread that Heath had falsified his data. In the end, of course, the physical etiology of schizophrenia became universally accepted, though no other researcher has ever found evidence of Taraxein.

In retrospect, it is now clear that the neuroscientific discoveries of the mid-twentieth century had already reached a formidable critical mass by the time of Heath's most productive years, but, because much of the scientific work had been carried out in Europe, in Canada, in departments of neurology, physiology, genetics, and anatomy, it was largely ignored in the departments of psychiatry which were training the future clinicians. It was Rado and his followers, however, who provided a bridge between the psychological and psychodynamic and the physical world of brain science, and thereby allowed a generation of psychiatrists trained in a psychoanalytically oriented art to feel comfortable practicing scientifically-based biological psychiatry.

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Editor's Note: This paper was delivered by the authors at the 40th International Congress on the History of Medicine held in August 2006 in Budapest, Hungary.

Child & Adolescent Update:

Editor's Note: Tulane Child and Adolescent Psychiatry is active in the greater New Orleans community at many levels. In this article, Dr. Valerie Wajda Johnston provides an overview of a prominent example of this work by describing a unique partnership we have formed with the Louisiana Children's Museum.

The Louisiana Children's Museum (LCM) has served families from New Orleans and visitors from Louisiana and beyond for the past 20 years. Their mission is to support children to "develop their cognitive, physical and social skills while enjoying fruitful interaction with adults and peers" through hands-on activities. The museum has had an active outreach department which has taken exhibits and programs to surrounding schools and communities. In recent years, the museum has incorporated mental health professionals into their activities in an effort to support children and families' emotional well-being, and to promote early development.

A relationship between LCM and the Section of Child and Adolescent Psychiatry began in 2003, with a program called "Family Camp." Family Camp was an eight week Saturday morning series for kindergarten and pre-kindergarten children and their families from schools in Jefferson and Orleans Parish. Tulane faculty presented talks with parents on psychological and behavioral issues. The schools chosen to participate had participated in other LCM outreach program and which had a student population who were identified as being "at risk" for academic difficulties based on standardized testing (the LEAP). LCM provided transportation from the schools to the museum, where "camp counselors" helped the children

complete structured art projects and psychiatry faculty provided talks about development and mental health in childhood. The response to the program was very positive, and the camp was held twice a year for two years. Over that time, the director of LCM, Julia Bland, and her staff became increasingly interested in having a mental health professional join their staff to provide "developmental expertise" to their staff and their patrons.

In July of 2005, I became the museum's first on-site psychologist. I spend about two days per week at the museum. I began organizing the fall session of "Family Camp" and developing other in-house and outreach programs around early childhood mental health and development. Then, in August, 2005, Hurricane Katrina hit. This changed the course of my participation with the museum. Julia Bland, director, and Deb Mod, development director, put together a skeleton crew that reorganized and eventually reopened the museum on June 24, 2006. Early on, LCM was the only game in town for children and families, and the attendance was overwhelming. Ms. Bland and Ms. Mod, along with the museum's board of directors, recognized that mental health in general and children's mental health specifically would be an important part of LCM's daily activities. As a result, I spent several hours on the floor of the museum with parents, answering questions about development and the effects of Katrina on their children, and listening to countless evacuation and return stories. I also began co-directing Toddler Time, a parent-child activity time for children ages 3 years of age or younger.

I also have assisted with generating ideas for and the writing of grants, some

of which have been funded. In December of 2006, the Children's Museum of Manhattan and the Toy Industry Foundation sponsored a three month long program called "Play Helps," which was administered by LCM at Andrew Jackson Elementary in St. Bernard Parish daily, and on the weekends at LCM. The emphasis of the grant was to provide opportunities for play in areas where children's ability to play has been compromised. At the time, Andrew Jackson was the only elementary and middle school in the area. Play Helps consists of three geodesic tents in which three main LCM staff members and two of the school's art teachers provided play and art experiences for the elementary students. The grant included shipments of a huge number of craft and art supplies, puppets, musical instruments, and assorted other toys. In that program, I spent time with the children in the tents and at LCM, and also with the staff, who sometimes needed guidance on how to react to the children's comments and needs. LCM has been able to secure funding to extend the program, and I continue to direct discussions with the staff and volunteers about the children's reactions to them and issues such as confidentiality.

The museum re-opened its doors less than a year ago, and we are already developing new in-house and outreach programs that have mental health themes or facets. We are looking forward to partnering with school systems, childcare agencies and child welfare agencies in order to support the mental health of children and families through art activities and workshops.

*Valerie Wajda Johnston, Ph.D.
Assistant Professor, Child & Adolescent
Section*



Dr. Michael Scheeringa spoke on PTSD in young children



Faith Baudoin and her daughter

Spring, 2007

**The Robert Heath Society
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