The Strange Disappearance of Adolf Meyer

Lawrence Davidson, Ph.D.[1]-

In 1943 Adolf Meyer had been in the United States for 51 years. He had spent that time revolutionizing attitudes in American Psychiatry. Indeed, he had so single-handedly reshaped thinking in this field that, in that year, Dr. Arthur H. Ruggles, President of the American Psychiatric Association, had the following assessment of Meyer: *As research worker, scholar and organizer, as professor of psychiatry at one of our great medical schools, and as head of one of our outstanding mental clinics, Dr. Meyer has served our Association for half a century - for one-half of the whole duration of our Association's existence. He has been a guiding light and inspiration in many committees, in all our councils and scientific deliberations. His erudition and contributions are unexcelled by any one man among us (Ruggles, 1943).* Meyer's influence had already been noted, under similar circumstances 23 years before by E. E. Southard:

/ myself believe that no greater power to change our minds about the problems of psychiatry has been at work in the interior of the psychiatric profession in America than the personality of Adolf Meyer. If he will pardon me the phrase, I shall designate him as a ferment, an enzyme, a catalyzer (Southard, 1919-20).

[1]- 7742 Bedstone Rd.. St. Louis, Mo. 63119

Today most psychiatrists would be hard pressed to describe Adolf Meyer's contributions in any detail and perhaps many younger ones would not even know who Meyer was. This strange fading from the scene is confirmed by a perusal of the literature. Checking various non-medical and medical indexes for the years 1944 to the present, one finds that only 12 articles dealing predominantly with Meyer are listed (omitted are obituaries appearing on the occasion of his death in 1950).* Other than the few volumes presenting or elaborating his own body of writing, six other books were found that deal with Adolf Meyer though mostly in small part or directly?* In both cases omissions are telling. In George Mora and Jeanne Brand (Eds.), Psychiatry and History (1970) a discussion of Meyer and his contributions is not to be found. And then there is the collection of articles that appeared in the January 1973 edition of the American journal of Psychiatry under a special section entitled Psychobiology. Up until Meyer's death psychobiology was the unmistakable name used for Meyerian psychiatry. Coined as early as 1915, the term initially referred to Meyer's multidimensional approach to mental problems (Meyer, 1915). However, according to the 1973 articles, psychobiology now stands for the use of drugs on patients suffering various mental illnesses, or biochemical psychiatry. Such an act of forgetting is indicative of Meyer's curious status (or non-status) in the

profession he did so much to shape.

Thus, Adolf Meyer is an important missing person whose absence, however, few notice. A case certainly worth investigation on both points. To do so we must briefly look at what Meyer did and try to fit it into the context of a psychiatric profession in search of a firm medical, scientific footing.

Adolf Meyer Reorients American Psychiatry

When Meyer came to the United States in 1892 he found psychiatry largely an institutional affair. The doctors who tended to these institutions were guided by the "perfectly fatalistic" notion that serious mental illness was caused by brain malfunction, often seen as hereditary and having, in most cases, no cure. Thus, the psychiatrist's role was largely custodial, and since asylums had grown large and overcrowded by the late 19th century, care was often less humane than it should have been. It was Weir Mitchell, himself a noted late 19th century physician specializing in nervous disorders, who once characterized American asylum supervisors as little more than heads of second rate boarding houses. To compound the problem, the medical schools provided no real training in psychiatry and so this branch of medicine lacked a clear and progressive sense of purpose and direction. The situation was ripe for someone who could provide forceful and new leadership so as to at least encourage the belief that something could be done for the patient.

This is what Meyer did. Starting out as neuropathologist at Illinois Eastern Hospital for the Insane at Kankakee, he could not make any obvious connection between his autopsies and the deceased patient's mental illness. Turning to the study of living patients, he discovered that record keeping of life and case histories was sloppy or nonexistent. His resultant frustration inspired Meyer to press for new approaches. Dropping the idea that brain malfunction alone was behind mental illness, he replaced it with the notion that both heredity (biology) and environment (psychological responses) played a role in the development of disorganized or otherwise deficient "reaction patterns" to life experiences. This multidimensional assessment became the basis for Meyer's "psychobiological" orientation. Meyer's new approach in turn necessitated strict and extensive history taking. One had to know as much about the patient as possible to get the clearest view of the origins and evolution of the problem. It was to be as all encompassing a procedure as possible. Once such a complete picture was obtained, one could then set about designing a therapy to alter the inappropriate habit patterns and ways of thinking that represented the patient's disease. For this revolutionary reorientation that was psychobiology, Meyer and his supporters claimed the at once humble and popularizing status of "commonsense." Dr. Wendel Muncie writes:

"Commonsense" was a *term Meyer used with some relish and which has been badly misunderstood...Meyer used the term in more than one sense. "Commonsense" was essentially a translation for the term "consensus" and as such represented Meyer's constant quest in theory, teaching and practice for those items of agreed value. (Muncie, 1959, p. 1330)* Meyer's close association with the American pragmatists William James and John Dewey is often credited with inspiring him to assign a vital role to the patient-environment relationship (Lidz, 1966, p. 324-325). Whatever the source of his inspiration, his vigorous promotion of the psychobiological approach led psychiatry away from its previously exclusive reliance on custodial care and research in terms of the "pathology of dead tissues" and toward a clinical, therapeutic concentration which characterizes it to this day (Ebaugh, 1966). And it led Meyer from Kankakee to Worcester State Hospital in Massachusetts (1895-1902) and then on to the posts of professor of psychiatry at the University Medical College, Ithaca, New York (1904-1909), and professor of psychiatry at Johns Hopkins University in Baltimore (1910). Finally he became director of that University's Henry Phipps Psychiatric Clinic (1914) where he stayed until his retirement in 1941.

By 1920, Adolf Meyer's psychobiological orientation was the order of the day and Meyer himself the very personification of

the psychiatric establishment in the United States. The influence of his thinking rippled out and inspired the mental hygiene movement, psychiatric social work, and child guidance clinics.

Yet even at the apex of Meyer's influence, when his personal charisma attracted the brightest young psychiatric interns and his skill as an innovator, counselor and administrator made him the *guiding light and inspiration* of his profession, there were signs of shortcomings. Pitfalls can be perceived in his method of presenting and developing his ideas which were to lay the basis for his later eclipse.

The Latent Problems

Meyer was tireless as a teacher, peer counselor and writer. For some of his dedicated students these activities attested to a *quiet, epic grandeur* (Muncie, 1948, p. 10). Yet in all these endeavors Meyer was also a man of contradictions. Along with charisma there is evidence that his method of presenting his ideas was characterized by an amorphousness and indirectness that left many baffled as to his true meaning.

According to one of his students, Meyer's tendency was *to be elliptical, or to verbalize incomplete thoughts which meandered in the direction of his own special interest of the moment* (Ebaugh, 1966). Even among his colleagues, at those innumerable committee meetings in which he participated, he *lacked the authoritarian straightforward way of presentation.* When he spoke, the first *sentence or two seemed to distill the thoughts of the preceding speakers,* yet *this was followed by elaborations, arguments pro and con*$_r$ *side issues of pertinence, and revolvements of his thinking, that became so involved that his final summing up sometimes bore little relation to his original thesis* (Freeman, 1968, p. 181). One is reminded of those German philosophers (Meyer was Swiss German) of high repute whose words sound very deep but no less obscure.

To this may be added the fact that his *elliptical* manner was directed toward a too ambitious goal. He aimed at bypassing the doctrinaire tendencies in psychiatric thought by being all inclusive. *It is always wisest to pay attention to the whole range of factors,* he said (Lief, 1948, p.ix). The schools and doctrines of others were limiting of the profession's vision and so were untrue to the multifaceted nature of life. Thus they risked missing the diagnostic boat somewhere along the line. Meyer's dream was to evolve basic psychobiology into a holistic as well as practicable science - a task at which he was to fall short. His students and colleagues were therefore often left both impressed and adrift. Meyer's concern to promote a more versatile style of work certainly came through (Grob, 1963, pp.1139-1141; Lidz, 1966, p. 329). But even here there were holes, as when Wendell Muncie, one of Meyer's most devoted students, attests to the lack of *discussions of detailed treatment methods* (Muncie, 1959). In fact, soon after his retirement there arose uncertainty over the particulars of just what it was that Meyer had taught (Muncie, 1948).

What we are left with to help explain Meyer's significant influence on American psychiatry was his sheer charismatic presence. With his persistent ubiquity and administrative talent he won the day by example and came to personify a more outward looking and optimistic approach for which the profession developed great affinity. A measure of that influence was the fact that Meyer's basic psychobiological perspective became psychiatry's "commonsense" way of looking at things. By the 1940's this multidimensional outlook stood on its own, as if it had always made up part of the profession's perceptions, while its originator began his disappearing act.

Thus neither personal charisma nor even a revolution in perceptual orientation are the stuff immortality is made of in psychiatric medicine. A lasting greatness for Meyer's name would most likely have required a clear and concise theoretical base, presented in a systematically developed corpus, underpinning that congenial psychobiological attitude. What was needed was a body of writing as impressive as the man himself.

It was not that Meyer failed to take to print. Indeed, he was relatively prolific and did try to wax theoretical. Yet much of his writing is convoluted, longwinded, and

esoteric to a fault. As with his clinical work, his writing reflects an effort to be as inclusive as possible. This aim led to an ambitious attempt to extend the psychobiolog-ical outlook into that holistic science noted above - an effort at description, classification and explanation of mental life that was complex and recondite. Ergasiology or ergas-iatrics (from the Greek ergasia, or energy) was Meyer's term for this effort and he saw it as something of a new "science of man" (Lief, 1948, p. 537). Along with it came such formidable terminology as hyperthymergas-ia, dysergasia, kakergasia, oligergasia, ergas-iatrician and intergrationpluralismus, etc. (Lief, 1948, pp. 553-554).

If such an esoteric endeavor was not enough to undercut psychobiology's otherwise accepted claim to commonsense, Meyer's written effort to elaborate his new science often slipped into an interminable and tedious style as when he wrote:

It is behavior, overt and internal or implicit, that concerns us, so far as it works as the "he" or "she", that entity which is more than the body as found in a corpse, viz., function including rises in status nascendi, *in the now and here, as the reaction in and to the situation, including in the presentation as representations of experience, past, remote, and anticipating, and general or abstract, through its organization as a subject or agent-and-reagent and its participating live resources (Meyer in Lief, 1948, p. 592).*

Dr. Theodore Lidz concludes that *the reasons for his (Meyer's) position are not readily learned from his writing* (Lidz, 1966, p.321). This, perhaps, is understating the case. Dr. Walter Freeman, a long term acquaintance of Meyer's is more to the point when he writes that, *the phraseology of Meyer, iluminating at times, obscure at others, and generally so qualified, diffused and original to the point of confusion, makes it difficult to follow his thought* (Freeman, 1968, p. 129).

Meyer himself appears to have been unaware of this problem. It is true that he once complained to Alfred Lief that *when it comes to psychobiology, I wish it were possible to get rid of the words and get the sense to unprejudiced readers.* Yet the words found objectionable were not necessarily his own, but rather *the pseudoerudi-tion of present-day popular slang and the formal effort of available renderings* **(Lief,** 1948, p.viii). Lief had come to him in 1947 to prepare a volume of Meyer's own writings and this was entitled **The Commonsense Psychiatry of Adolf Meyer.** As the 12 pages of glossary that accompany Lief s edition attest, in print at least, it was far from being any such thing. Dr. Humphry Osmond has suggested that Meyer was led to call his obscure theoretical offerings "commonsense" because of his essentially Swiss outlook. Meyer, like many of his countrymen, considered himself very practical and down to earth. He certainly thought of psychobiology, in all its elaborations, as a practical improvement over psychiatry as he had found it. Meyer himself understood ergasia et al. and so assumed others did too.

In the end psychiatry received two contra-dictory gifts from Adolf Meyer. One was an attitude of mind (the basic psychobiological orientation) which the profession digested wholly until it was indeed thought of as commonsense, became part of the nature of things and thus ultimately appeared authorless. The other was a set of explanatory, elaborative writings (ergasiology) that few in American psychiatry understood or paid attention to. However, this strange combination of total assimilation on one level and near total rejection on another was not just a function of the man's momentary charismatic presence tempered by a convoluted literary style. Both factors operated within_the context of a profession seeking to define its needs in terms of a scientific, medical discipline. These perceived needs of psychiatry were the final arbiters of Meyer's fate.

The Needs of Psychiatry

Psychiatry has always longed to be a fully integrated member of the medical fraternity while often feeling itself to have achieved no better status than that of a stepchild. Unsure of its empirical basis, the profession's self-image has been undercut by insecurity and uncertainty. For many psychiatrists, this necessitates the putting forth of constant re-

minders that the touchstone of medicine is the application of a *tight methodology of basic science research to any of its claims* (Frankel, 1969).

The major claim it would like to project is, of course, the ability to cure. Mental illnesses are, however, some of the most intangible of maladies. In the case of both neuroses and psychoses, cures have proved elusive. This has led to frustration and, in recent times, a more or less helter skelter approach to therapy sending the profession off at once in many directions (psychological, physiological, sociological and even anthropological) and further weakening its medical identity.

Yet, ultimately to approach cure in a medically accepted, scientific manner is the answer of most psychiatrists to this professional identity crisis. It is in these terms that the profession as a whole tries to define itself and its needs. This is true not only today but was true at the end of the 19th century when Adolf Meyer arrived in the United States. The frustration Meyer encountered stemmed from the fact that the laboratory investigations of the neuropathologists were not going anywhere, and too many psychiatrists were bogged down in custodial duties and speculative categorization of mental problems. This produced a pervasive pessimism about the ability to significantly improve, much less cure, the patient.

Meyer's new approach held out the promise of amelioration and possibly cure of the mentally ill. A thorough researching out of the patient's case would allow for more accurate diagnosis and the development of an effective therapy. Following the patient out into the community (Meyer's wife was among the first psychiatric social workers) would further help readjustment. Holding out the promise of better diagnosis and therapy meant holding out the promise of doing real medicine and this is what assured the success of the psychobiological outlook.

Between 1900 and 1940, with Meyer active on the scene, it appeared that basic psychobiology was sustaining psychiatry along a road that at least paralleled the development of scientific medicine. However, as the first full flush of optimism wore away, the limitations of psychobiology in light of the ultimate goals of the profession began to emerge. As Theodore Lidz has noted, *psychotherapy is a difficult and elusive activity, and psychiatrists seek clear-cut and definitive answers, guidelines and rules* (Lidz, 1966, p. 329). Such *answers, guidelines and rules are* usually supplied either by foundation laying doctrine and/or by promising scientific research.

On the one hand we have seen how Meyer took a dim view of doctrine. He felt it seduced psychiatry into dangerous oversimplifications. He writes: *We are all inclined to sacrifice at the altar of excessive simplicity, especially when it suits us* (Meyer in Lief, 1966, p.8). An intuitive, ethereal mind in whose world mental constructs predominated, Meyer operated within a profession made up mostly of people whose basis of experience was much more down to earth and concrete. Thus he sought to break the bounds of limiting doctrine without realizing that it was not such doctrine that psychiatry objected to. As long as the doctrine gave the profession definition in a way that assured a solid medical status, it was indeed what it desired. Under the circumstances, Meyer's ergasiology proved something worse than oversimplification. Designed to account for everything that influenced mental activity, it proved an attempt at holism that was beyond the scope of both Meyer's and the profession's abilities. Planned as a new science, next to which all other limited systems, theories and schools would pale, it proved too complex and perplexing to give definition to psychiatry.

On the other hand, by the time age forced his retirement in 1941, it was apparent that while psychobiological orientation, with its notion of reaction patterns and the keeping of thorough case histories, was an integral part of clinical psychiatry, it itself was not a scientific procedure that could guarantee cure. Nor was it able to settle, once and for all, psychiatry's chronic identity crisis. Nathan Hale writes:

Meyer's deliberate rejection of system led to case histories that were full and minute, yet often disorganized and

miscellaneous. What he notably lacked was a theory of development, of sexuality, and of the meaning of symptoms, which required some method of penetrating beyond the outward behavior to its significance for the patient (Hale, 1971 p.163).

Basic psychobiology was a necessary aid but not a sufficient answer to the ultimate questions of the profession. Soon psychiatrists were turning elsewhere for *answers, guidelines and rules.*

In seeking to meet its professional needs psychiatry turned in two directions. It turned for a time to Freudian psychology and, pursuing the badge of science, it turned back to the laboratory - this time to that of the bio and neurochemist.

Freudian Competition

Adolf Meyer and Sigmund Freud had two things in common; they both had neurological backgrounds from whence grew passionate interest in psychopathology. How they promoted that interest, however, bespeaks all the difference between them.

Meyer said of himself, / *naturally espouse pluralism and relativism* (Meyer in: Lief, 1948, p.628). Unfortunately it was pluralism that many in psychiatry would soon deplore.

Meyer was low key and avoided not only doctrinal controversy but the promotion of a following dedicated to propagation of his own ideas (Ebaugh, 1966, p. 336). In contrast, Freud felt the absolute need for a school and maintained a very high doctrinal profile, staking out for psychoanalysis both a scientific claim and a claim to cure. He was more than willing to get his hands dirty in defense of dogma, while Meyer insisted that he had no dogma to defend. When the latter did venture into the realm of theory the result was ergasiology. By comparison, Freud's written presentation is a masterpiece of clarity. He was as great a propagandist in print as Meyer was a poor one. Meyer himself gave Freud credit in this regard when he said in an unpublished lecture delivered in 1924 that Freud had formulated *telling terms and formulae* in the most communicable system psychiatry had seen in thirty years (Hale, 1971, p. 458).

For the profession as whole, Freud and his dynamic structuralism indeed seemed to succeed where Meyer's commonsense cum uncommon ergasiatric psychiatry failed. The former was not just bringing about an attitudinal reorientation that could be integrated into clinical work but, unlike psychobiology, was supplying an accompanying theoretic structure on which, it first appeared, psychiatry could hang its hat. It was again that need for *answers, guidelines and rules* that brought many in the profession, grudgingly or gleefully, to agree with William Mennin-ger when he wrote in 1948:

Regardless of our personal or scientific opinions of Freud and his work, many of us feel that through his stimulus psychiatry was given a new birth. It was converted from a purely descriptive science, largely preoccupied with psychoses, into a dynamic, rational system capable of serving as a basis for interpreting psycho-pathology (Menninger, 1948, p.51). Of course Meyer also had done much to redirect psychiatry away from a *purely descriptive science.* However, by 1948 he was in eclipse and, like the men of the Renaisance, the psychoanalysts seemed to see nothing but gothic darkness preceding them. Freud now received some of the plaudits which, but a few years before, had been reserved for Meyer.

The timing of events also worked against Adolf Meyer. Just as his career was winding down, war and fascism were forcing renowned psychoanalysts on the continent to immigrate to the US. We have already seen how dependent was Meyer's influence on his active status in the profession. With retirement his charisma was replaced by that of the Freudians while the vacuum created by his unsuccessful holistic approach to theory was readily filled by psychoanalytic doctrine.

Psychoanalysis also engendered a period of enthusiasm and optimism. As Nathan Hale has shown, early in the 20th century psychoanalysis was already seen in America as a therapy particularly capable of affecting cure among neurotics in such a way as to appear to promote social success (Hale, 1971, pp. 401-402, 420-421). Then, in 1950, one psychiatrist writing in the **Psychiatric**

Quarterly could still complain that psychoanalysis *has become regarded by many as a therapeutic panacea* (Lowrey, 1950, p**.** 456).

It was a prolonged honeymoon that did not last. Today are heard the same misgivings over Freudian psychology as can be levelled at much of Meyer's work: it does not necessarily lead to cure, it is not really scientific and, its eminent theoretic structure notwithstanding, has hot resolved psychiatry's identity muddle. Ironically, it was Adolf Meyer who was one of the first to warn against the "cocksure" acceptance of all popular Freudian claims. While acknowledging psychoanalysis as valuable in dealing with emotional and psychological aspects of mental illness (Hale, 1971, p.458) he also declared that it could not be *as exclusive a way to salvation as the popularizing statements would seem to claim* (Meyer, 1922). And later, when he noted that psychiatry had placed too much weight upon *publication and formation of schools and theories and general formulation which detract from the interest in the facts as found and open to actual work* (Meyer, undated), he was thinking not of ergasiology but, no doubt, of the Freudians.

However, as the first half of the 20th century ground on, Freud did not prove to be Meyer's only source of competition. Modern psychiatry's initial research had had its basis in the laboratory and while Meyer did more than anyone to temper biology with psychology, the search for chemical and physiological causes and cures for mental disorders was never given up. By the 1930% biologically based therapies were being developed which would also come to be seen as having the potential to fulfill the needs of psychiatry.

The Drug Revolution

For the last 45 years psychiatry has turned increasingly to the use of various surgical, shock, sleep and hypno therapies, but most of all it has begun the effective use of drugs. These therapies were initially taken up because, as one psychiatrist has put it, there existed a *prevailing pessimism regarding therapeutic possibilities in schizophrenia* (Overholser, 1950, pp. 652-653). Thus, while by the 1940/s and 50/s psychoanalysis held rein over the therapeutic imagination of many of those who dealt with neurosis, hope for cure of the more serious forms of mental illness came to rest with psychopharmacological research. As much was confirmed by Wendell Muncie when he wrote in the late 1950/s that *selective psychopharmacology* is *our best hope for attack on the 'final common pathways' of form in the major 'functional' psychoses* (Muncie 1959, p. 1319). Then too, in the treatment of the severe neurotic symptoms, drugs have come to play an increasingly prominent role. Soon the "drug revolution" was seen not only as the best hope for re solving individual mental maladies but also for putting right the *disorganized state of psychiatric thought.* Psychopharmacology appears to many psychiatrists as holding the ultimate answers in the search for assured scientific, medical status (Rogow, 1970).

Thus, first preempted by the Freudians, Meyer's work had no chance of making a comeback when, finally in the 1960/s, analysis too came into question. As the special section of the 1973 issue of the American Journal of Psychiatry shows, psychobiology has become a euphemism for drug therapy. The modern reassignment of this term became the profession's coup de grace to Meyer's memory. According to Dr. Walter Freeman, this father of modern American psychiatry was *past his prime when the physical methods of treatment brought a new era to psychiatry. He died before the era of tranquilizers and energizers* (Freeman, 1968, p. 129).

Conclusion

Among the endless self-addressed memos Meyer was in the habit of penning one reads,

We *recognize conditions which function in harmony with self maintenance and attainment of success and others that do not operate as effectively, and others that do not work at all, or we might put it this way: there are biopositive advantageous and bionegative disturbing and destructive*

processes, processes serving self maintenance and others interfering with self maintenance (Meyer, undated). This was a prophetic statement for these were just the criteria that the psychiatric profession applied to the curiously contradictory products of Meyer's mind.

His mind worked on two levels that reflected his dual Swiss German heritage. Meyer was at once a pragmatic Swiss whose unromantic good sense commended itself to the American scene. Simultaneously he was a German philosopher whose theoretic musings were beyond the reckoning of his peers. Basic psychobiology, as a revolutionary new orientation in psychiatry, eventually was taken as commonsense. It fitted the profession's needs and was judged so "bio-positive" that, to use the words Muncie once applied to Meyer's clinical wisdom, it soon appeared *so basic, so elemental, and so self-evident that one can hear oneself saying impatiently, 'yes, of course'* (Muncie, 1959, p. 1320). The work of that other Meyer, however, the philosopher who authored the abortive ergasiology, was judged as a *bionegative destructive process* which did nothing for *self maintenance and attainment.*

In the end, then, Meyer was forgotten twice over in different ways and for different reasons. Eragasiology was forgotten more or less completely due to its own inadequacies and overwhelming sources of competition. His generation of the psychobiological orientation, on the other hand, was forgotten for the ironic reason that nothing is more useful yet less distinctive than that which is seen as commonsense. As to this latter instance of forgetting, wherein the thing itself remains with us but as part of a background against which it no longer stands out, it might seem at first that Meyer would not have had it any other way. After all, he purposely avoided the promotion of a following or school. Moreover, it was his opinion that *the efforts of the worker today (should) become so assimilated in the commonsense of tomorrow that it must be our pride to see that it has passed into the real objective nature of the world about us, no longer burdening our attention* (Muncie,
1959, p. 1330). By his own definition then, could not Meyer have judged himself at least partially successful?

Unfortunately it was not that easy for him. By the mid *1930?s* that simple but dynamic psychobiological outlook had evolved in Meyer's mind into the more monumental new science of ergasiology. The acceptance of this new science now became Meyer's criterion for personal success and it is this shift that laid the basis for an ultimate sense of frustration. Late in his life he realized that the psychiatric profession was passing both ergasiology and himself by. In yet another self-addressed memo, dated Thursday, November 20,1947, he lamented: 72:35 *a.m.*

Without explicit expression of wherein I differed from my neighbors-and my apparent exponents of ergasia and ergas-iatrics, I allowed...(to be) sabotaged what I stood for. I well might deplore my having lost the leadership...What was it that failed to go across? Did I pussyfoot too much?

...An unwillingness to declare war?...Leaving it to attempts to compromise? 1:50 a.m.

Wherein did I fail? Did I? What is the Problem? With whom? How? (Meyer, 1947). It is now easier to understand why the psychiatric profession retains no clear remembrance of Adolf Meyer. Its memories, especially as transmitted by the medical schools and journals, are a function of the profession's clinical and organizational requirements. Yet, if you will, from a group psychological standpoint this forgetting is lamentable. A profession without a clear sense of its past will approach its future with all the more uncertainty. To forget Adolf Meyer is ultimately to forget the splendid example of that "biopositive" Swiss who taught that answers are likely to be best found by attacking problems in a coordinated fashion on many fronts at once. Thus a sharper perception of psychiatry's debt to Meyer might help the profession feel more comfortable with itself and its persisting multidimensional pursuit of answers to mental maladies. Perhaps more culpable in this act of

forgetting are the historians of psychiatry. It is their job to be objective and thorough and to provide a basis for remembering all the more important aspects of the past. Yet they too have either relegated Meyer to minor status or forgotten about him altogether. To treat him so, however, is to allow for a 40 year gap in the history of the profession! It would seem that the historians have here been content to follow the lead of the physicians. They have taken over psychiatry's own non-historical criteria for remembering and thus, without knowing it, aided and abetted in the disappearance of one of the fathers of modern American psychiatry.

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