

Notes From The Early History of the UW-Madison Department of Neuropsychiatry

Note: The following article by Dr. Henry Peters was put together from notes he made for a presentation at the Fall WPA Conference at Egg Harbor, WI (Door County) in 1988. It was part of several presentations on the history of Wisconsin psychiatry by persons who lived portions of that history.

By Henry A Peters, MD

The UW Neuropsychiatry department began sometime after the arrival of Hans Reese, MD, in about 1920 after World War I. He had been a medical student at Hamburg and while still a student was enlisted or assigned as a paramedic to a battleship that took part in the Battle of Jutland. He recounted the weird terror at being below decks during the bombardment of the battleship, which must have clanged mightily when it shot back at an enemy that one could not see even when above decks. There were ships sinking all around. Whether the battle was decisive or not historians cannot agree but it made a lasting memory in the mind and feeling of a young Hans Reese, who just before the war had played football with the Olympic team in Russia. Whether Hans later captained or served on an "Untersee Boot" (a German submarine) is not known but widely believed. He did take up neurological training with the famous Dr. Pette and met many of the great neurologists of that time such as Bleuler, Kraepelin, etc.

Because of the close links with syphilis in terms of diagnosis and treatment in psychiatry and neurology, Hans became very involved in the field of treatment of tertiary lues (syphilis) and was brought to Wisconsin by Dr. William Lorenz of the Wisconsin Psychiatric Institute, an organization that was created by the legislature to cover costs of doing Wasserman test studies. This led ultimately to the State Laboratory of Hygiene which provided screening for the whole state. Reese played a part along with Drs. Lorenz, Bleckwenn, and Loevenhart and then Dr. Tatum in developing the arsenical mepharsen which became the drug of choice for the treatment of secondary syphilis and superceded the mercurial 606. Also the development by Wagner von Jauregg of malaria therapy was introduced into Wisconsin and this was standard therapy for tertiary lues until it was established that penicillin was also effective. The University also played an important part in developing a rolling drum that increased penicillin production by thousands of times in the last year of WW II, this being the result of work of Dr. Stan Knight. Nonetheless, malaria therapy worked and there was always a screened room on the Neuropsychiatric Service so that patients being treated with malaria would not result in transmission via Wisconsin mosquitoes to non-syphilitic patients. The Neuropsychiatric Service also developed Tryparsamide for the treatment of tertiary syphilis though it was also superceded by penicillin. Though it can induce optic atrophy the drug is still used to treat sleeping sickness in Africa.

Dr. Loevenhart tried to treat schizophrenia with Cyanide injections but the success rate is still not known. Dr. Bleckwenn who was related through marriage to Dr. William Lorenz (for whom Lorenz Hall at the Mendota Mental Health Institute is named) was also on the scene about this time. He had an interest in treating patients with Schizophrenia and it was the catatonic Schizophrenic that especially held his interest. In those days a catatonic stupor with waxy flexibility would last for days, and the patients would not eat but still had to be fed by tube feeding. Dr. Tatum was very interested and became an authority on the barbiturates some of which he helped to create. When amytal became available, it was Dr. Bleckwenn who got the notion that putting the catatonic patient in deeper stupor might prove interesting. What do you think happened? The patients, when they began to come out of the coma would go into a stage wherein they became completely lucid, would eat avidly and would discuss their delusions and hallucinatory material. It came as a shock to realize that a stuporous patient had been completely aware of everything that had been said and all of the goings on about him or her. As time went on, the technique of "narcoanalysis" evolved and "truth serum" had become a reality. This led to its use in conjunction with the state crime lab and to unveil the background problems of the severe conversion hysteric. In some instances the patient would become psychotic after such a narcoanalysis, and it was talked about as an "unmasking of a psychosis." (I suspect however that in some instances it amounted to a precipitation of a porphyric psychosis.)

When WW II arrived, Dr. Bleckwenn was sent to the Pacific with McArthur, and he used narcoanalysis as a means of therapy for patients with "shell shock" or "grade 4 hysteria." or "combat neurosis." Bleuler proceeded to use pentothal instead of amytal and began to get credit for narcoanalysis that was really started by Dr. Bleckwenn and cohorts. To clear up this historical mixup is something that we as psychiatrists from Wisconsin should be striving to clarify.

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Most of us are unaware that at one time up to 10 or 15 percent of the beds in mental hospitals were filled with patients suffering from bromism from over the counter triple bromides, Bromoselzer, and other patent medicines containing bromine. This great imitation of psychosis or brain tumor was recognized and treated often at Wisconsin, and Bleckwenn using his knowledge that the bromide radical takes the place of chlorine so is excreted in the stomach, devised a method of removing it by simply inserting a stomach tube and sucking out the contents as sodium chloride or ammonium chloride was given to the patient. This kept the bromide excreted by the stomach from being reabsorbed lower down in the gut.

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Even earlier years of the NP department also saw treatment of at least one wave of "Von Economo's Encephalitis" that went through our state in the late twenties. We still have movies of these people many of who were psychotic and who showed, in their acute illness, most of the symptoms of flagrant Parkinsonism. Dr. Lorenz did some investigative work also at that time in which he traced many Wisconsin families with Huntington's chorea from Wisconsin to Michigan and as far south as Kentucky where the gene had presumably been planted several hundred years earlier during Elizabethan times.

About the time that all this was going on Fritz Kant who had studied with Bleuler and Kraepelin showed up on the scene, just before the Second World War. With a heavy Teutonic accent, he had a saber slash over one cheek, and this together with the looks of a Ezio Pinza provided a very imposing figure. He lectured extensively on Psychoanalysis during and after the war years, but he also took a great interest in treating alcoholism with conditioning techniques. These sessions were something to behold and the picture of the patient being virtually hypnotized by Dr. Kant and his admonition to "drink the visky" when the patient was so sick from the ipecac and pilocarpine, probably also conditioned others who were onlookers at these sessions. Yet it seemed to work (at least for awhile). AA was likewise under the guidance of this very remarkable man who once referred to himself as head of the alcoholics.

Mabel Masten was also an early member of the Neuropsychiatry Department. With a very strong interest in pediatric neurology and psychiatry she made a strong contributing member of the department.

These were time of much exchange of ideas and the department had many friends including Adolph Meyer, the Menningers, and many others. Dr. Reese became head of the American Neurological Society, and the Central Neuropsychiatric Society was heavily supported by the department.

There were attempts made to create a psychiatric diagnostic center for the many state institutions that had to do with mental illness. This finally resulted in the facility on the UW campus, which is now the building in which the student health clinic is housed. To run this Dr. Leslie Osborne from Adelaide, Australia, was recruited. It should be mentioned that there was a time when the NP department tried to create a sanatorium that would be a model for the country patterned after a facility in Hartford, Connecticut. This institution was a living entity very briefly just before the depression. It was lost as a UW sanatorium because the money market crashed. The physical structure and grounds became Oakwood Retirement Village in Madison. It has become outstanding in its own right as a retirement facility.

The separation of the NP department into the Neurology and Psychiatric Departments facilitated the expansion of both and brought about a timely increase in personnel that saw both departments thrive. Names to be remembered in many different ways include Ed Burns, Pier Roemer, Annette Washburn (whose work with bulimics and anorexia persists) at the CSC to this day. We must remember Harry Harlow, George Schlenker, Owen Otto, Eugenia Schoen, and later Bob Roessler, Leigh Roberts, Milt Miller, Will Fey, Dick Thurrell, Norman Greenfield, Jack Westman, Carl Whitaker, Joe Kepecs, and many others that continue to have an influence on the present in teaching and state-wide psychiatry.

It is difficult to tell just what happened in psychiatry that made it in my opinion more effective in some ways and less so in others. There was an era where hydrotherapy, mummifying patients in swaddling wet wraps, warm soaks, etc. was employed in many parts of the country. The era when I entered the field had already embraced electric convulsive therapy, and this obviated the need for the more ancient methods. The question of the type of electro-stimulation was answered by unilateral convulsive therapy touted as an answer to recent memory loss. The use of this medium was often intense in patients that had made a suicide attempt, and it was very effective, the patients often forgetting that they had even made the attempt. Whether effective in the long run with acute mania or catatonic excitement was not even debatable since it worked better than anything else available at the time.

Advances in psychiatry and neuropsychiatry in the not-so-many decades since the preceding reminiscences are astounding

when viewed from vantage points of the past. These anecdotes of by-gone times reflect not only local changes in the UW Psychiatry Department but equally astounding changes in state-wide, nationwide, and even world wide psychiatry.

***Editor's note:** Dr. Henry Peters is an Emeritus Professor of Neurology from the UW-Madison Department of Neurology. He joined the then combined Department of Neuropsychiatry (Neurology and Psychiatry) at the end of WW II and practiced both psychiatry and neurology throughout his academic career. When the combine department split in the 1950's into two departments, he was forced with some reluctance to choose membership in one or the other and chose neurology. But over the years, Hank Peters has maintained WPA membership.*