INTRODUCTION

Moving image footage of mental disease patients in the early part of this century and their treatment has long been one of the most requested items from the Historical Audiovisuals Collection of the National Library of Medicine (NLM). Most often, patrons wish to copy the footage for use in documentary programs for broadcast on television. In an effort to facilitate more efficient reference service to these items with an eye toward copying the footage, I have assembled this bibliography of pre-1950 mental disease moving images at the NLM. The listing of each title includes information necessary to make appropriate decisions regarding the copying of it, such as length, type of element, and copyright or other restrictions if known.

DOMAIN

This bibliography covers only mental disease moving images held by the NLM. Both cataloged (searched via ALVINE) and uncataloged (searched via ARCHIVE) moving images were reviewed for inclusion. At this time, there are no resources to broaden the bibliography to cover mental disease footage which is held at other institutions, like the Library of Congress and the National Archives.

SCOPE

This bibliography covers only mental disease footage (motion picture or videotape) produced in 1950 or earlier and items which are still available from NLM. Additionally, only items with major parts of the footage about mental disease in general, or one of the specific types of mental disease in particular, are

---

Mental disease is defined using NLM's Medical Subject Headings, 1991 definition, as "Psychiatric illness as manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function."

Online database of all cataloged audiovisual materials cataloged at the NLM. It includes withdrawn titles as well as available ones since NLM never purges the item records.

ARCHIVE is an in-house database only and contains the in-process audiovisuals produced prior to 1970.
included. A list of specific terms, from the Medical Subject
Headings--Tree Structures 1991 thesaurus (MeSH), upon which I
searched are found in Appendix A. Almost all subject headings are
from the MeSH. The two which are not (lobotomy and electrochock)
are permuted terms which are most often asked for by the patrons.

SELECTION
Almost all items covered by the Scope and Domain statements were
selected. However, there are some subjects peripheral to mental
disease which sometimes contain footage about mental disease.
These peripheral subjects were not included unless they focused
on the mental disease aspect of the topic. For instance, items
excluded from these searches follow:

1. Behavior and conditioning titles that did not deal with
mental disease in the footage.

2. Development of mentally deficient or the impaired unless
also related to mental disease.

3. Mental or child development footage unless related to
mental disease.

4. Rehabilitation of injured people or shock patients using
mental disease treatment methods, but not in mental health
facilities nor cataloged as mental disease.

ORGANIZATION
Access to titles is provided by subject, title, and production
date. The full citation is in the Subject Section, while the
title and production date access is in the back of the
bibliography in index form, with cross references to the pages
where the full citations are located.

Subjects are listed in alphabetical order as are the titles under
each of the subjects in the Subject Section. In cases where the
subject heading is not a MeSH term, the MeSH heading appears in
parentheses beside the non-MeSH term.

Titles under each of the production dates in the Production Date
Index and titles in the Title Index are also in alphabetical
order.

Subject heading searches were done on the larger database,
ALVINE, and both subject and natural language searches were
completed upon the smaller ARCHIVE database. As the items in
ARCHIVE are not fully cataloged, it was necessary to do both kinds
of searches to find the appropriate items.
CITATION FORMAT

Citation format follows the National Library of Medicine Recommended Formats for Bibliographic Citation.¹ Format includes, in the following order: title, type of medium, author, secondary author, place of publication, publisher, date of publication, physical description, series, accompanying material, availability, language, and notes.

Sample Citation:

<table>
<thead>
<tr>
<th>Place of Publication</th>
<th>Type of Medium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Publisher</td>
</tr>
<tr>
<td>Convulsive and allied condition [motion picture]. Goodhart, S. Philip; Balser, Benjamin H., producers. New York; Montefiore Hospital, Neuropsychiatric Division; 1944. 1 reel: 452 ft., silent, black &amp; white, 16 mm., answer print. (Neurological cinematographic atlas). Also available in 13 min., 3/4 in. videotape. Call number: WL 340 VC no. 8 1944; Accession number: HF0408. Copyright: unknown.</td>
<td></td>
</tr>
</tbody>
</table>

This film shows 11 cases of convulsive and allied....

<table>
<thead>
<tr>
<th>Accompanying Material</th>
<th>Physical Description</th>
<th>Notes</th>
<th>Series</th>
<th>Date of Publication</th>
</tr>
</thead>
</table>

Note field contains, in the following order: call number, accession number, copyright information, and abstract. Copyright field contains, in the following order: the word "unknown" for items where no information exists, or "public domain" for items which are not protected by copyright, or the name of the copyright holder, date of registration, and copyright registration number for items which are still under copyright.

¹Karen Patrias, National Library of Medicine Recommended Formats for Bibliographic Citation, Bethesda, Maryland: U.S. Dept. of Health and Human Services, Public Health Service, National Institutes of Health, National Library of Medicine, Reference Section, 1991.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
<td>i</td>
</tr>
<tr>
<td>Scope</td>
<td>ii</td>
</tr>
<tr>
<td>Selection</td>
<td>ii</td>
</tr>
<tr>
<td>Organization</td>
<td>ii</td>
</tr>
<tr>
<td>Citation Format</td>
<td>iii</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject Section</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Catatonia</td>
<td>1</td>
</tr>
<tr>
<td>Conditioning</td>
<td>2</td>
</tr>
<tr>
<td>Convulsive Therapy</td>
<td>4</td>
</tr>
<tr>
<td>Depressive Disorders</td>
<td>6</td>
</tr>
<tr>
<td>Electroshock (Electroconvulsive Therapy)</td>
<td>7</td>
</tr>
<tr>
<td>Hospitals, Psychiatric</td>
<td>8</td>
</tr>
<tr>
<td>Hysteria</td>
<td>8</td>
</tr>
<tr>
<td>Lobotomy (Psychosurgery)</td>
<td>9</td>
</tr>
<tr>
<td>Multiple Personality</td>
<td>10</td>
</tr>
<tr>
<td>Narcotherapy</td>
<td>11</td>
</tr>
<tr>
<td>Neuropsychiatric Patients</td>
<td>11</td>
</tr>
<tr>
<td>Neurotic Disorders</td>
<td>12</td>
</tr>
<tr>
<td>Paranoid Disorders</td>
<td>17</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>17</td>
</tr>
<tr>
<td>Psychiatric Examination</td>
<td>18</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Psychiatric Nursing</td>
<td>18</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>19</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>19</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>20</td>
</tr>
<tr>
<td>Stress Disorders</td>
<td>22</td>
</tr>
<tr>
<td>Title Index</td>
<td>23</td>
</tr>
<tr>
<td>Production Date Index</td>
<td>25</td>
</tr>
<tr>
<td>Appendix A</td>
<td>28</td>
</tr>
</tbody>
</table>
SUBJECT SECTION

CATATONIA

Catatonia cases after IV sodium amytal injection [motion picture]. Bleckwenn, William J., producer. [place unknown, publisher unknown]; 1936. 1 reel: 277 ft., silent, black & white, 16 mm., answer print. Also available in 8 min., 3/4 in. videocassette. Call number: WM 197 VC no.3 1936; Accession number: HF0653. Copyright: Unknown.

This film shows the first use of an intravenous barbiturate in the treatment of psychiatric disorders. It shows three catatonic patients before and after treatment of sodium amytal—truth serum. Prior to treatment, one patient is a rigid catatonic, another is catatonic with muscular movements, and the last is catatonic with negativism. Three to four hours after injection, each patient is eating, walking, smiling, etc. In addition, the film shows the third case being injected and the immediate response in her muscles.

Catatonic behavior in a deteriorated paregasic [motion picture]. Henry Phipps Psychiatric Clinic; Spring Grove State Hospital of Maryland; producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1938. 1 reel: 163 ft., silent, black & white, 16 mm., answer print. Call number: WM 203 MP16 no.7 1938; Accession number: HF0050. Copyright: unknown.

This film shows the posture, hypertrophied neck muscles, and ritualistic and stereotypic method of eating of a 45-year-old patient who had lain in bed for one and one-half years with his head held unsupported several inches above the pillows during all waking hours.

Metrazol, electric, and insulin treatment of the functional psychoses [motion picture]. Sheedy, James G., producer. [place unknown, publisher unknown]; 1934. 2 reels: 1595 ft., silent, black & white, 16 mm., answer print. Also available in a 45 min., 3/4 in. videocassette. Reproduction forbidden without permission of New York State Department of Mental Hygiene. Call number: WM 410 VC no.1 1934; Accession number: HF0672. Copyright: is in public domain.
This film shows convulsive therapy of psychotic patients using metrazol and insulin, and metrazol and electroshock. The film shows several patients including: set-ups, injections, electroshock, convulsions, coma, artificial respiration, twitching, glucose intake, and recovery. It also shows dosages and times. Twice, six patients in one room were injected at the same time and watched for convulsions and differences in reactions. Patients include: paranoid schizophrenic with depression, dementia praecoxes—one catatonic and the other paranoid, etc. The film makes the statement that insulin is effective in all forms of schizophrenia.

**N.P. Patient** [motion picture]. Bureau of Aeronautics, producer. [place unknown, publisher unknown]; 1944. 1 reel: 1008 ft., sound, black & white, 16 mm., answer print. (Care of the sick and injured by hospital corpsmen, United States Navy training film). Also available in 28 min., 3/4 in. videocassette. Call number: WM 400 VC no.4 1944; Accession number: HF1243. Copyright: unknown.

This film illustrates how to care for and handle neuropsychiatric patients. Typical cases include combat fatigue, catatonia, suicide, and psychopaths. Their treatment include hydrotherapy, blanket-wrap treatment, electroshock, occupational therapy, etc. Film stresses corpsmen's importance in patients' recovery. Isolation strong room is shown.

**Nurse's Day with the Mentally Ill** [motion picture]. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1943. 1 reel: 341 ft., silent, black & white, 16 mm., answer print. Call number: WY 160 MP no.1 1943; Accession number: HF0055. Copyright: in public domain.

This film shows the typical activities of a nurse in a psychiatric hospital, demonstrating reassuring and supporting roles, and illustrating nursing care in shock therapies. Scenes include catatonic patients, administration of shock therapy, patients eating in communal dining room, patients sewing, weaving, painting, woodworking with large electric saws, boxing, picnicking, playing chess, checkers, listening to the radio, and dancing.

**CONDITIONING**

**Effects of morphine on learned adaptive behavior and experimental neuroses in cats** [motion picture]. University of Chicago, Division of Psychiatry, Neurophysiological
Normal cats are trained to depress a platform switch which activates a feeding signal, and then to squeeze past a barrier to the feeding box. When morphine is administered, more complex and recently acquired behavior disappears, and the cats finally ignore food entirely. In three to four hours, learned behavior reappears but in the reverse order of its disappearance. In cats made neurotic, an injection of morphine produces a temporary abolition of neurotic behavior and the appearance of previously learned adaptive patterns. As the effects wear off, the neurotic behavior tends to reappear.

Experimental Neurosis in a Dog [motion picture]. [place unknown]: Henry Phipps Psychiatric Clinic, Pavlovian Laboratory; 1939. 1 reel: 214 ft., silent, black & white, 16 mm., answer print. Also available in duplicate negative. Call number: BF 319 MP16 no.3 1939; Accession number: HF1235. Copyright: unknown.

A 2 year old male dog, Nick, was required to discriminate between a tone of 1012 frequency and one of 1024 for 6 months. He failed and has not formed a new conditioned food reflex in the laboratory. A normal dog, Billy, in the experimental room eats food tossed from the experimenter's hand and directly from the hand, even when on a leash. He is at ease under these conditions. Billy is conditioned with a metronome to nose a box open and take food from it. Nick, the neurotic dog, is restless and ill at ease. He is shown eating from the hand. On a leash, he paces and shakes himself. He is shown going in and out of a box-like structure, jumping onto and off a table or shelf over and over again. He is given food while on the shelf but will not eat it, lets it fall out of his mouth. A leash is attached and Nick will not even put food in his mouth. He turns his head away from the hand holding food out to him. With conditioned stimulus, he ignores the food box and retreats. He pants and has an erection. The conditioned stimulus is repeated. Nick ignores the stimulus and the food box, allows himself to be petted. The stimulus is repeated, but Nick still ignores the food box. Nick is taken outside the experimental room on a leash and fed. He eats but stops and becomes restless as soon as the stimulus is sounded.
Neurosis and Alcohol [motion picture]. University of Chicago, Department of Medicine, Division of Psychiatry, Psychobiological Laboratories; University of Chicago, Otho S.A. Sprague Memorial Institute; Masserman, Jules H., producers. [place unknown]: Pennsylvania State College, Psychological Cinema Register; 1944. 1 reel: 267 ft., silent, black & white, 16 mm., answer print. Call number: WM 170 MP16 no.3 1944; Accession number: HF0035. Copyright: in public domain.

This film shows experiments which demonstrate the effects of alcohol on normal and neurotic cats in an attempt to show analogous effects in humans. Cats are trained to lift the lid of a box for food, then to feed only at a bell-light signal, and finally to press a switch to activate feeding signals. Alcohol is administered, and the patterns disappear in the order of recency and decreasing complexity of integration, until only primitive feeding reactions remain. In another experiment, animals are made neurotic by severe motivational conflict. When cats are fed milk containing alcohol, complex neurotic patterns are temporarily alleviated. Some animals then prefer alcoholic milk to non-alcoholic milk until cured by relief of an underlying neurosis.

CONVULSIVE THERAPY

Metrazol, electric, and insulin treatment of the functional psychoses [motion picture]. Sheedy, James G., producer. [place unknown, publisher unknown]; 1934. 2 reels: 1595 ft., silent, black & white, 16 mm., answer print. Also available in a 45 min., 3/4 in. videocassette. Reproduction forbidden without permission of New York State Department of Mental Hygiene. Call number: WM 410 VC no.1 1934; Accession number: HF0672. Copyright: is in public domain.

This film shows convulsive therapy of psychotic patients using metrazol and insulin, and metrazol and electroshock. Film shows several patients in treatment including: setups, injections, electroshock, convulsions, coma, artificial respiration, twitching, glucose intake, and recovery. It also shows dosages and times. Twice, six patients in one room were injected at the same time and watched for convulsions and differences in reactions. Patients include: paranoid schizophrenic with depression, dementia praecoxes—one catatonic and the other paranoid, etc. The film makes the statement that insulin is effective in all forms of schizophrenia.
Nurse's Day with the Mentally Ill [motion picture]. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1943. 1 reel: 341 ft., silent, black & white, 16 mm., answer print. Call number: WY 160 MP no.1 1943; Accession number: HF0055. Copyright: in public domain.

This film shows the typical activities of a nurse in a psychiatric hospital, demonstrating reassuring and supporting roles, and illustrating nursing care in shock therapies. Scenes include catatonic patients, administration of shock therapy, patients eating in communal dining room, patients sewing, weaving, painting, woodworking with large electric saws, boxing, picnicking, playing chess and checkers, listening to the radio, and dancing.

Recent modifications of convulsive shock therapy [motion picture]. University of Nebraska, College of Medicine, Departments of Neuropsychiatry; Bishop Clarkson Memorial Hospital, producers. [place unknown]: The Departments; 1941. 1 reel: 468 ft., silent, color, 16 mm., answer print. Also available 13 min., 3/4 in. videocassette. Call number: WM 410 VC no.2 1941; Accession number: HF1122. Copyright: in public domain.

Convulsive shock's usefulness in ending affective disorders is discussed. The procedures used in employing this therapy are demonstrated. Metrazol convulsions have been the most popular method. Spinal and extremity fractures made this method hazardous until preliminary curare therapy markedly softened the convulsion. A case of manic excitement is shown to illustrate the curare-metrazol therapy. Good recovery usually occurs after 6 to 8 treatments. A second treatment using quinine methochloride instead of curare is shown. Metho-quinine and metrazol may be administered simultaneously. Post-treatment apnea is more prolonged with curare. Advocates of electroshock therapy claim that the patient fears it less, loses consciousness instantly and has softer convulsions. The seizure, however, is still too severe and fractures occur. Preliminary curarization will prevent trauma in electroshock therapy. Shots include: patients receiving curare, quinine methochloride, metrazol, and electroshock; patients having strong and soft seizures; reactions to the therapies are pointed out; a nurse mixing methoquinine and metrazol; the electroshock apparatus; X-ray of a patient injured during a strong seizure. Film shot in Omaha, Nebraska.
DEPRESSIVE DISORDERS


This film shows cases which support the thesis that convulsive shock therapy is almost specific for terminating severe depressions and most manic states within a few weeks. This film presents four cases to demonstrate behavior before and after treatment. Patients range in age from 42-58 and are all in depression states, some suicidal, some with self-mutilating tendencies. The after scenes include patients playing cards, doing woodwork, etc. This film also shows metrazol and electroshock convulsions in curarized patients. One such patient is seen immediately after her admission to the hospital screaming, pleading, and praying to die. The film ends with her as a recovered patient leaving the hospital and waving goodbye.

Feelings of depression [motion picture]. National Film Board of Canada; Department of National Health and Welfare, Mental Health Division, producers. [place unknown]: McGraw-Hill Book Company; 1950. 1 reel: 1094 ft., sound, black & white, 16 mm., answer print. (Mental mechanisms; no. 4). Also available in 30 min., 3/4 in. videocassette. Call number: WM 171 VC no.11 1950; Accession number: HF1244. Copyright: unknown.

Based on a case history by Miguel Prados, this film shows John Murray, in his early thirties, an ordinarily a conscientious, hard-working business man who suddenly suffers periods of great despondency. The film shows the use of resources psychiatry can offer to help him understand himself and his history.

Feelings of rejection: It's development and growth [motion picture]. National Film Board of Canada; Department of National Health and Welfare, Mental Health Division, producers. New York: Yeshiva University Film Library; 1947. 1 reel: 724 ft., sound, black & white, 16 mm., answer print. (Mental mechanisms, no.1). Call number: unknown--cataloging incomplete; Accession number: HF1350. Copyright: in public domain.
This is the case history of Margaret, a 23-year-old woman who has physical disorders with no physical cause. A psychiatrist, probing Margaret's past, shows her the root of her troubles—childhood overprotection and discouragement of her efforts to express herself, resulting in a crippling fear of failure and a complete inability to assert herself. When Margaret understands her problem, she starts new, healthier habits of behavior.

ELECTROSHOCK THERAPY (ELECTROCONVULSIVE THERAPY)

Effects of electroshock therapy on experimental neuroses [motion picture]. University of Chicago, Department of Medicine, Division of Psychiatry, producer. Pittsburgh: Pennsylvania State, Psychological Cinema Register; 1945. 1 reel: 1050 ft., silent, black & white, 16 mm. answer print. Call number: WM 170 MP16 no.2 1945; Accession number: HF0022. Copyright: in public domain.

This film shows experiments on the effects of electroshock on normal and neurotic cats' behavior in relation to possible histologic changes in the brain. Sections of cats' brains are also shown. In this film, normal cats subjected to cerebral electroshock show impairment of complex and recently learned response patterns, as compared with relative persistence of simpler forms of adaptive behavior. Cats made experimentally neurotic by motivational conflicts, then subjected to electroshock, show similar disorganization of complex inhibitions, compulsions, and phobias, thus releasing more nearly normal goal-directed behavior. Alterations of conduct cannot be correlated with pathologic changes in brain detectable by standard histologic techniques.

Metrazol, electric, and insulin treatment of the functional psychoses [motion picture]. Sheedy, James C., producer. [place unknown, publisher unknown]; 1934. 2 reels: 1595 ft., silent, black & white, 16 mm., answer print. Also available in a 45 min., 3/4 in. videocassette. Reproduction forbidden without permission of New York State Department of Mental Hygiene. Call number: WM 410 VC no.1 1934; Accession number: HF0672. Copyright: is in public domain.

This film shows convulsive therapy of psychotic patients using metrazol and insulin, and metrazol and electroshock. The film shows several patients in treatment including: set-ups, injections, electroshock, convulsions, coma, artificial respiration, twitching, glucose intake, and recovery. It also shows dosages and times. Twice, six
patients in one room were injected at the same time and watched for convulsions and differences in reactions. Patients include: paranoid schizophrenic with depression, dementia praecoxes—one catatonic and the other paranoid, etc. The film makes the statement that insulin is effective in all forms of schizophrenia.

N.P. Patient [motion picture]. Bureau of Aeronautics, producer. [place unknown, publisher unknown]; 1944. 1 reel: 1008 ft., sound, black & white, 16 mm., answer print. (Care of the sick and injured by hospital corpsmen, United States Navy training film). Also available in 28 min., 3/4 in. videocassette. Call number: WM 400VC no.4 1944; Accession number: HF1243. Copyright: unknown.

This film illustrates how to care for and handle neuropsychiatric patients. Typical cases include combat fatigue, catatonia, suicide, and psychopaths, their treatment including hydrotherapy, blanket-wrap treatment, electroshock, occupational therapy, etc. Film stresses corpsmen's importance in patients' recovery. Isolation strong room is shown.

HOSPITALS, PSYCHIATRIC


This film shows interviewing, physical examination on admission, forced feedings, wet-pack, continuous tub, hydrotherapy, heat therapy, use of sedatives, narcotics, insulin, metrazol, fever therapy, occupational therapy, and recreational management.

HYSTERIA

Narcosynthesis [motion picture]. [place unknown]: Bishop Clarkson Memorial Hospital, Department of Psychiatry; 1944. 1 reel: 493 ft., silent, black & white, 16 mm. answer print. Call number: WM 402 MP16 no.1 1944; Accession number: HF0899. Copyright: in public domain.

Under light narcosis produced by ultra-short acting barbiturates, patients re-experience emotions associated
with psychic trauma and become more amenable to suggestion. Four examples show: 1) effect of simple suggestion in choreic movements, 2) effect of reassurance and suggestion in hysteria with hemiparesis, 3) production of emotional responsiveness in a schizophrenic-like state, and 4) results in a severe case of major hysteria in an 11-year-old girl.

**LOBOTOMY (PSYCHOSURGERY)**

**Prefrontal lobotomy in chronic schizophrenia** [motion picture]., Bishop Clarkson Memorial Hospital, Psychiatric Department, producer. Pittsburgh: Pennsylvania State College, Psychological Cinema Register. 1 reel: 488 ft., silent, black & white, 16 mm., answer print. Call number: WM 203 MP16 no.4 1944; Accession number: HF0041. Copyright: in public domain.

This film shows the recovery that can be made by prefrontal lobotomy in chronic psychotics. Four patients are shown before and after operation. Patients include one 25-year-old aggressive female, one 22-year-old aggressive male, one female who had been catatonic for five years, and one 26-year-old Ph.D. who had catatonic lapses in the last three years. All patients appeared calmer and more sociable after operation. Only the five-year catatonic female had to continue hospitalization after the lobotomy, although she had improved greatly. Filmed at the Hospital, Omaha, Nebraska.

**Prefrontal lobotomy in the treatment of mental disorders** [motion picture]. George Washington University, Department of Neurology; Freeman, Walter; Watts, James, producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1942. Call number: WL 370 VC no.1 1942; Accession number: HF0019. Copyright: in public domain.

This film describes and demonstrates a prefrontal lobotomy, an operative procedure employed in mental disorders resistive to other methods of treatment. Procedure consists of cutting the white matter in each frontal lobe in the plane of the coronal suture. This passes just anterior to the frontal horn of the ventricle and interrupts the anterior thalamic radiation. This film includes a written description of the procedure, review of landmarks on the skull and frontal lobe on a demonstration skull and brain, operation on a live patient, and X-rays taken after the operation.
MULTIPLE PERSONALITY

Case study of multiple personality [motion picture]. Whooley, C.C., producer. [place unknown, publisher unknown]; 1923. 1 reel: 485 ft., silent, black & white, 16 mm., answer print. Call number: unknown--film not yet cataloged; Accession number: HF1423. Copyright: in public domain.

This film records a case of multiple personality. A woman (Mrs. X) regresses to a childhood state (Susie). She also has another less well-developed secondary personality (Jack). Later, in response to the death of her parish priest, Mrs. X goes into a trance state for 24 hours and emerges as a baby with the mental age of about one year. In this infant state, she has to learn things as a child would.

The patient is seen at a family picnic. Neither Susie nor Jack will speak. The patient is seen, as Susie, writing down answers to questions. A man with a reflex hammer taps at her arm and legs and jabs her many times with a pin. She is anesthetic in the trance state. When asked to bring up Jack, Susie goes into a trance state as she passes from one personality to another. She objects to bringing out Jack because he "is not comfortable in a woman's clothes," and emerges as Susie. There is a short transitional struggle and Jack appears. Jack exhibits male posture and handshake. He takes off the earrings and shoes Susie wore, tugs at her corset and pushes her long hair back. Jack then leaves and Mrs. X comes out. She had left home and arrived at the picnic as Susie. She is confused about where she is and wonders why she is covered with bleeding pin pricks. She is hypersensitive to pain and jumps at the slightest touch of the pin. Mrs. X is shy of the camera and hides her face. Susie likes the camera. When Mrs. X is tapped with the reflex hammer, she responds vigorously.

Mrs. X is seen at a later time when she emerges from a trance state as a baby. She exhibits the behavior of a one-year-old. She plays with a ball and a doll, looks at the lights, claps her hands, puts things into her mouth, bounces up and down. She is "taught" to walk by a man and a woman who each hold one of her arms as she toddles back and forth. She is scolded and begins to cry. She discovers the cameraman and imitates him as he turns the camera handle. The last shots of the film are of the family 15 years later, outside their home. There are an adult male (Mr. X?), Mrs. X, and four children.

Cryptic automatic writing by a multiple personality [motion picture]. Bucknell University, Department of Psychology,
This film shows an average college student being hypnotized to bring about three different personalities. The subject writes in two of his personalities and these writings are evaluated. An interesting note is that the turning of a pencil is the stimulus to change to a different personality.

NARCOThERAPY

**Narcosynthesis** [motion picture]. [place unknown]: Bishop Clarkson Memorial Hospital, Department of Psychiatry; 1944. 1 reel: 493 ft., silent, black & white, 16 mm. answer print. Call number: WM 402 MP16 no.1 1944; Accession number: HF0899. Copyright: in public domain.

Under light narcosis produced by ultra-short acting barbiturates, patients re-experience emotions associated with psychic trauma and become more amenable to suggestion. Four examples show: 1) effect of simple suggestion in choreic movements, 2) effect of reassurance and suggestion in hysteria with hemiparesis, 3) production of emotional responsiveness in a schizophrenic-like state, and 4) results in a severe case of major hysteria in an 11-year-old girl.

NEUROPSYCHIATRIC PATIENTS

**Convulsive and allied conditions** [motion picture]. Goodhart, S. Philip; Balser, Benjamin H., producers. New York: Montefiore Hospital, Neuropsychiatric Division; 1944. 1 reel: 452 ft., silent, black & white, 16 mm. answer print. (Neurological cinematographic atlas). Also available in 13 min., 3/4 in. videocassette. Call number: WL 340 VC no.8 1944; Accession number: HF0408. Copyright: unknown.

This film shows 11 cases of convulsive and allied conditions. An analysis of each type is made to clarify the points of differentiation between them with special reference to their otiology. Included are: generalized tic or maladie des tics, generalized myoclonic movements following acute epidemic encephalitis, myoclonus epilepsy, Unverricht, palatal myoclonus, catalepsy, narcolepsy associated with cataplexy, convulsive state in hypoglycemia,
Epidemic encephalitis [motion picture]. Goodhart, S. Philip; Balser, Benjamin H., producers. New York: Montefiore Hospital, Neuropsychiatric Division; 1944. 1 reel: 746 ft., silent, black & white, 16 mm., answer print. (Neurological cinematographic atlas). Also available in 21 min., 3/4 in. videocassette. Call number: WC 542 VC no.1 1944; Accession number: HF0403. Copyright: unknown.

This is a collection of 22 filmed cases taken from 1920-1926 in the Neuropsychiatric Division of Montefiore Hospital. Some cases show motor and other disturbances following acute epidemic encephalitis: champing movements, Parkinsonian posture, psychosis with delusional trends, tremors, rigidity, thalamic syndrome, Magnus de Kleign postural design, dyssynergia, myoclonic movements, encephalo oculogyric crisis, and self-mutilation with both eyes enucleated and all teeth removed by the patient. It shows some cases over a period of years.

NEUROTIC DISORDERS

Abortive behavior as an alternative for the neurotic attack in the rat [motion picture]. Maier, Norman K., producer. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1939. 1 reel: 326 ft., silent, black & white, 16 mm., answer print. Call number: QL 785 MP16 no. 1939; Accession number: HF0037. Copyright: unknown.

This film shows experiments on rats demonstrating that a lack of an alternative response when facing a negative situation causes neurotic behavior and that given a choice of an alternative in a negative situation, rats choose the alternative rather than exhibiting neurotic behavior. Testing apparatus includes enclosed jumping box in front of screen containing stimulus cards, cold air hose, and enclosed net.

Alcohol as a preventive of experimental neuroses [motion picture] University of Chicago, Division of Psychiatry, producer. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1945. 1 reel: 450 ft., silent, black & white, 16 mm. answer print. Call number: unknown--film not cataloged; Accession number: HF1236. Copyright: unknown.
Cats, mildly intoxicated with alcohol, just before being subjected to motivational conflicts, do not develop markedly neurotic deviations of behavior. If the same conflicts are induced when the animals are sober, severe persistent neurotic aberration are engendered.

**Dominance, neurosis, and aggression in cats** [motion picture].
University of Chicago, Otho S.A. Sprague Institute and Department of Medicine, Division of Psychiatry, producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1944. 1 reel: 695 ft., silent, black & white, 16 mm., answer print. Call number: W1 775 MP16 no.3 1944; Accession number: HF0043. Copyright: in public domain.

This film shows experiments that are designed to investigate the behavioral dynamics of group dominance and aggression in normal and neurotic animals placed in situations of competition and motivational conflict. After individual conditioning, cats are trained in groups of four to compete for food after bell-light signal. Together, they form stable dominance hierarchy, and individuals secure food repeatedly without fighting. Aggressive fighting appears in animals either when displaced by more dominant animal or when made experimentally neurotic. Goal directed behavior then deviates into aggression mainly directed against animals higher in hierarchy. Amytal temporarily mitigates neurosis, and restores nonaggressive dominancy.

**Dynamics of experimental neurosis** [motion picture]. University of Chicago, Otho S.A. Sprague Memorial Institute and Division of Psychiatry, Neurophysiological Laboratories, producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1944. 4 reels: 1702 ft., silent, black & white, 16 mm. answer print. Call number: QL 785 MP16 no.3 1944; Accession number: HF0024. Copyright: in public domain. Experiments done by Jules H. Masserman.

Part 1 shows experiments demonstrating that conditioned responses can be established in cats and that these responses give place to neurotic behavior under experimental circumstances. It shows conditioned training apparatus for releasing food pellets into a box, and cats being trained to respond to a light or bell signal by going to the food box, lifting the lid, and obtaining the food. Results of the experiment include: inhibition of feeding, sensory hyperaesthesias, phobias, motor disturbances, recurrent physiological signs of anxiety, etc. Part 3 demonstrates that experimentally induced neuroses in cats can be alleviated. This film demonstrates four therapeutic techniques: 1) diminution of one of the conflicting drives (animal is fed before being put in a cage), 2) retraining in a problem situation (petting, gentle handfeeding, and
reassurance), 3) environmental press (animal with maximally reinforced hunger drive is brought toward food by movable barrier), and 4) social example (a normal cat which has learned to feed at a signal is placed in the cage with a neurotic animal). Film shows feed box, with light-flash food signal and air blast.

**Effects of electroshock therapy on experimental neuroses** [motion picture]. University of Chicago, Department of Medicine, Division of Psychiatry, producer. Pittsburgh: Pennsylvania State University, Psychological Cinema Register; 1945. 1 reel: 1050 ft., silent, black & white, 16 mm. answer print. Call number: WM 170 MP16 no.2 1945; Accession number: HF0022. Copyright: in public domain.

This film shows experiments on the effects of electroshock on normal and neurotic cats' behavior in relation to possible histologic changes in the brain. Sections of cats' brains are also shown. In this film, normal cats subjected to cerebral electroshock show impairment of complex and recently learned response patterns, as compared with relative persistence of simpler forms of adaptive behavior. Cats made experimentally neurotic by motivational conflicts, then subjected to electroshock, show similar disorganization of complex inhibitions, compulsions, and phobias, thus releasing more nearly normal goal-directed behavior. Alterations of conduct cannot be correlated with pathologic changes in brain detectable by standard histologic techniques.

**Effects of morphine on learned adaptive behavior and experimental neuroses in cats** [motion picture]. University of Chicago, Division of Psychiatry, Neurophysiological Laboratories; University of Chicago, Otho S.A. Sprague Memorial Institute, producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1942. 1 reel: 393 ft., silent, black & white, 16 mm., answer print. Call number: QV 92 MP16 no.1 1942; Accession number: HF0033. Copyright: in public domain.

Normal cats are trained to depress a platform switch which activates a feeding signal, and then to squeeze past a barrier to the feeding box. When morphine is administered, more complex and recently acquired behavior disappears, and the cats finally ignore food entirely. In three to four hours, learned behavior reappears but in the reverse order of its disappearance. In cats made neurotic, and injection of morphine produces a temporary abolition of neurotic behavior and the appearance of previously learned adaptive patterns. As the effects wear off, the neurotic behavior tends to reappear.

This film is a pictorial description of neurotic behavior in rats and an attempt at diagnosis. In this film, rats are trained using the Lashley jumping apparatus to react in a certain manner. Afterwards, the stimulus is removed, and a situation is prepared where the only learned responses available are negative ones. The results are either new adaptations to old learned behavior or neurotic behavior. Neurotic behavior begins with a violent outburst but is followed by passive behavior, even when the rat is returned to his cage with other rats.

Experimental Neurosis in a Dog [motion picture]. [place unknown]: Henry Phipps Psychiatric Clinic, Pavlovian Laboratory; 1939. 1 reel: 214 ft., silent, black & white, 16 mm., answer print. Also available in duplicate negative. Call number: BF 319 MP16 no.3 1939; Accession number: HF1235. Copyright: unknown.

A 2 year old male dog, Nick, was required to discriminate between a tone of 1012 frequency and one of 1024 for 6 months. He failed and has not formed a new conditioned food reflex in the laboratory. A normal dog, Billy, in the experimental room eats food tossed from the experimenter's hand and directly from the hand, even when on a leash. He is at ease under these conditions. Billy is conditioned with a metronome to nose a box open and take food from it. Nick, the neurotic dog, is restless and ill at ease. He is shown eating from the hand. On a leash, he paces and shakes himself. He is shown going in and out of a box-like structure, jumping onto and off a table or shelf over and over again. He is given food while on the shelf but will not eat it, lets it fall out of his mouth. A leash is attached and Nick will not even put food in his mouth. He turns his head away from the hand holding food out to him. With conditioned stimulus, he ignores the food box and retreats. He pants and has an erection. The conditioned stimulus is repeated. Nick ignores the stimulus and the food box, allows himself to be petted. The stimulus is repeated, but Nick still ignores the food box. Nick is taken outside the experimental room on a leash and fed. He eats but stops and becomes restless as soon as the stimulus is sounded.
Neurosis and Alcohol [motion picture]. University of Chicago, Department of Medicine, Division of Psychiatry, Psychobiological Laboratories; University of Chicago, Otho S.A. Sprague Memorial Institute; Masserman, Jules H., producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1944. 1 reel: 267 ft., silent, black & white, 16 mm., answer print. Call number: WM 170 MP16 no.3 1944; Accession number: HF0035. Copyright: in public domain.

This film shows experiments which demonstrate the effects of alcohol on normal and neurotic cats in an attempt to show analogous effects in humans. Cats are trained to lift the lid of a box for food, then to feed only at a bell-light signal, and finally to press a switch to activate feeding signals. Alcohol is administered, and the patterns disappear in the order of recency and decreasing complexity of integration, until only primitive feeding reactions remain. In another experiment, animals are made neurotic by severe motivational conflict. When cats are fed milk containing alcohol, complex neurotic patterns are temporarily alleviated. Some animals then prefer alcoholic milk to non-alcoholic milk until cured by relief of an underlying neurosis.


This film shows several types of psychoneurotic patients at Montefiore Hospital, New York and exhibits the patients' symptoms before, during, and after chemical and hypnotic therapy. Symptoms include: weakness and stiffness of extremities, facial changes, excessive salivation, forced closure of eyes, astasia abasia gait, pseudocyesis—full term size, unconsciousness, convulsive movements, bizarre responses to finger to nose test, tremors, forced buddha position, convulsions, etc. In one case, the film shows a brain slice that proves the patient had an organic cause to his symptoms.
PARANOID DISORDERS

Paranoid state and deterioration following head injury [motion picture]. Henry Phipps Psychiatric Clinic; Spring Grove State Hospital, producers. [place unknown, publisher unknown]; 1939. 1 reel: 373 ft., sound, black & white, 16 mm., answer print. Call number: WM 205 MP16; Accession number: HF1121. Copyright: unknown.

In this film, the psychiatrist interviews the patient, an electric railroad motorman, aged 59, who has been hospitalized for 10 years. Two years before admission, he was in a railroad accident, suffered a fractured skull and was unconscious for two weeks. Following this, he was confused and irritable. He recalled the accident, but had no memory of the injury, could not recognized his incapacity for work, and believed that doctors and employees plotted against him. The film interview indicates his rambling, circumstantial flow of talk which conveys disjointed, inconsistent, but dominant ideas of persecution.

PERSONALITY DISORDERS

Paranoid state and deterioration following head injury [motion picture]. Henry Phipps Psychiatric Clinic; Spring Grove State Hospital; producers. [place unknown, publisher unknown]; 1939. 1 reel: 373 ft., sound, black & white, 16 mm., answer print. Call number: WM 205 MP16; Accession number: HF1121. Copyright: unknown. In public domain.

In this film, the psychiatrist interviews the patient, an electric railroad motorman, aged 59, who has been hospitalized for 10 years. Two years before admission, he was in a railroad accident, suffered a fractured skull and was unconscious for two weeks. Following this, he was confused and irritable. He recalled the accident, but had no memory of the injury, could not recognized his incapacity for work, and believed that doctors and employees plotted against him. The film interview indicates his rambling, circumstantial flow of talk which conveys disjointed, inconsistent, but dominant ideas of persecution.

Quiet one [motion picture]. Film Documents, Inc., producer. [place unknown]: Mayer-Burstyn; 1948. 2 reels: 2,417, sound, black and white, 16 mm answer print. Also available in 2, 67 min., 3/4 in. videocassettes. Call number: WS 350.6 VC no.15 1948; Accession number: HF1248. Copyright: in public domain.
Donald Peters is a mentally disturbed black boy, the victim of a disrupted home in Harlem, who at the age of 10 is sent to the Wiltwyck School for Delinquent Boys. With the aid of the psychiatrist and counselors, he receives training and emotional support which help him grow emotionally stronger. His behavior includes running away, stealing, destruction, skipping school, and self-flagellation. The film shows the school as a camp-like atmosphere which includes fishing, hiking, butterfly catching, crafts, cooking, basketball, and checkers. Shots include New York City slums (exteriors and interiors), market places, and barber; child hitting self with telephone cord and later imitating counselor shaving; and boys fishing.

**PSYCHIATRIC EXAMINATION**

*Case of aphasia* [motion picture]. Henry Phipps Psychiatric Clinic; Spring Grove State Hospital of Maryland, producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1939. 1 reel: 514 ft., sound, black & white, 16 mm., answer print. Call number: WL 340.5 MP15 no.1 1939; Accession number: HF0031. Copyright: unknown.

This film shows a psychiatric examination of a 53-year-old male nurse, who, seven months before the film was made, suffered a slight hemiplegia and demonstrates general narrowing of mental activity, specific difficulties in finding words, and moderate disturbances in comprehension. Case shows amnestic or nominal aphasia, most apparent defect lying in evocation of nouns.

**PSYCHIATRIC NURSING**

*Nurse's Day with the Mentally Ill* [motion picture]. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1943. 1 reel: 341 ft., silent, black & white, 16 mm., answer print. Call number: WY 160 MP no.1 1943; Accession number: HF0055. Copyright: in public domain.

This film shows the typical activities of a nurse in a psychiatric hospital, demonstrating reassuring and supporting roles, and illustrating nursing care in shock therapies. Scenes include catatonic patients, administration of shock therapy, patients eating in communal dining room, patients sewing, weaving, painting, woodworking with large electric saws, boxing, picnicking, playing chess, checkers, listening to the radio, and dancing.
PSYCHOTHERAPY


A youth consults a general practitioner for heart trouble and is told that he is in normal physical condition but that his cardiac symptoms may be due to functional disturbances arising from emotional stresses. Excerpts from several of the patient's subsequent interviews with the psychiatrist are then recorded ad the patient's anxieties are traced to conflictual familial, sexual, and social attitudes.

PSYCHOTIC DISORDERS

Nurse's Day with the Mentally Ill [motion picture]. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1943. 1 reel: 341 ft., silent, black & white, 16 mm., answer print. Call number: WY 160 MP no.1 1943; Accession number: HF0055. Copyright: in public domain.

This film shows the typical activities of a nurse in a psychiatric hospital, demonstrating reassuring and supporting roles, and illustrating nursing care in shock therapies. Scenes include catatonic patients, administration of shock therapy, patients eating in communal dining room, patients sewing, weaving, painting, woodworking with large electric saws, boxing, picnicking, playing chess, checkers, listening to the radio, and dancing.


This film shows interviewing, physical examination on admission, forced feedings, wet-pack, continuous tub, hydrotherapy, heat therapy, use of sedatives, narcotics, insulin, metrazol, fever therapy, occupational therapy, and recreational management.
SCHIZOPHRENIA

Athetoid gestures in a deteriorating paregasic [motion picture].
Henry Phipps Psychiatric Clinic; Spring Grove State Hospital of Maryland, producers. Pittsburgh: Pennsylvania State College, Psychiatric Cinema Register; 1938. 1 reel: 176 ft., silent, black & white, 16 mm., answer print. Call number: WM 203 MP16 no.5 1938; Accession number: HF0049. Copyright: unknown.

This film demonstrates the ritualistic, stereotypic hand gestures of a 22-year-old schizophrenic patient. The gestures have a pattern suggesting symbolic meaning, and the same patterns are repeated in various combinations. While superficially the gestures suggest athetosis, the patterns make it evident that the condition really is quite different.

Catatonia cases after IV sodium amytal injection [motion picture]. Bleckwenn, William J., producer. [place unknown, publisher unknown]; 1936. 1 reel: 277 ft., silent, black & white, 16 mm., answer print. Also available in 8 min., 3/4 in. videocassette. Call number: WM 197 VC no.3 1936; Accession number: HF0653. Copyright: Unknown.

This film shows the first use of an intravenous barbiturate in the treatment of psychiatric disorders. It shows three catatonic patients before and after treatment of sodium amytal—truth serum. Prior to treatment, one patient is a rigid catatonic, another is catatonic with muscular movements, and the last is catatonic with negativism. Three to four hours after injection, each patient is eating, walking, smiling, etc. In addition, the film shows the third case being injected and the immediate response in her muscles.

Catatonic behavior in a deteriorated paregasic [motion picture]. Henry Phipps Psychiatric Clinic; Spring Grove State Hospital of Maryland; producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1938. 1 reel: 163 ft., silent, black & white, 16 mm., answer print. Call number: WM 203 MP16 no.7 1938; Accession no. HF0050. Copyright: unknown.

This film shows the posture, hypertrophied neck muscles, and ritualistic and stereotypic method of eating of a 45-year-old patient who had lain in bed for 1 and 1/2 years with his head held unsupported several inches above the pillows during all waking hours.
Electroencephalogram [motion picture]. Omaha, Nebraska: Bishop Clark Memorial Hospital, Department of Neuropsychiatry; University of Nebraska, College of Medicine; 1941. 1 reel: 363 ft., silent, black & white, 16 mm., answer print. Also available in 10 min., 3/4 in. videocassette. Call number: WL 150 VC no.3 1941; Accession number: HF1430. Copyright: in public domain.

This film shows the electroencephalogram in use and a variety of electroencephalograms. The tracings demonstrate alpha and beta rhythms, and patterns in epilepsy, brain tumors, schizophrenia, behavior problems, paresis, and paresis after fever therapy.

Parergic reaction (schizophrenia) in a person of low intelligence [motion picture]. Henry Phipps Psychiatric Clinic; Spring Grove State Hospital of Maryland, producers. Pittsburgh: Pennsylvania State College, Psychological Cinema Register; 1939. 1 reel: 543 ft., sound, black & white, 16 mm., answer print. Call number: WM 203 MP16 no.6 1939; Accession number: HF0020. Copyright: unknown.

This film shows a mentally retarded, schizophrenic adult male in an interview with his doctor, the patient's history, and the doctor's summary of the interview. The patient exhibits extreme stereotyped grimaces and speech, vagueness, concrete use of abstract expressions, and the use of neologisms. The patient says his behavior prevents assault from others.

Prefrontal lobotomy in chronic schizophrenia [motion picture]. Bishop Clark Memorial Hospital, Psychiatric Department, producer. Pittsburgh: Pennsylvania State College, Psychological Cinema Register. 1 reel: 488 ft., silent, black & white, 16 mm., answer print. Call number: WM 203 MP16 no.4 1944; Accession number: HF0041. Copyright: in public domain.

This film shows the recovery that can be made by prefrontal lobotomy in chronic psychotics. Four patients are shown before and after operation. Patients include one 25-year-old aggressive female, one 22-year-old aggressive male, one female who had been catatonic for five years, and one 26-year-old Ph.D. who had catatonic lapses in the last three years. All patients appeared calmer and more sociable after operation. Only the five-year catatonic female had to continue hospitalization after the lobotomy, although she had improved greatly. Filmed at the Hospital, Omaha, Nebraska.
**Symptoms in schizophrenia** [motion picture]. Pennsylvania State College, Psychological Cinema Register, producer. [place unknown, publisher unknown]; 1938. 1 reel: 414 ft., silent, black & white, 16 mm., safety print. Call number: WM 203 MP16 no.8 1938; Accession number: HF0036. Copyright: in public domain.

This film describes and demonstrates four types of schizophrenia. Filmed at various New York institutions, it shows patients singly and grouped in large outside recreational areas. Some patients are blindfolded. Symptoms shown include: social apathy, delusions, hallucinations, hebephrenic reactions, cerea flexibilitas, rigidity, motor stereotypes, posturing, and echopraxia.

**STRESS DISORDERS**


A youth consults a general practitioner for heart trouble and is told that he is in normal physical condition but that his cardiac symptoms may be due to functional disturbances arising from emotional stresses. Excerpts from several of the patient's subsequent interviews with the psychiatrist are then recorded and the patient's anxieties are traced to conflictual familial, sexual, and social attitudes.

**N.P. Patient** [motion picture]. Bureau of Aeronautics, producer. [place unknown, publisher unknown]; 1944. 1 reel: 1008 ft., sound, black & white, 16 mm., answer print. (Care of the sick and injured by hospital corpsmen, United States Navy training film). Also available in 28 min., 3/4 in. videocassette. Call number: WM 400VC no.4 1944; Accession number: HF1243. Copyright: unknown.

This film illustrates how to care for and handle neuropsychiatric patients. Typical cases include combat fatigue, catatonia, suicide, and psychopaths; and their treatment including hydrotherapy, blanket-wrap treatment, electroshock, occupational therapy, etc. Film stresses corpsmen's importance in patients' recovery. Isolation strong room is shown.
# TITLE INDEX

<table>
<thead>
<tr>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortive Behavior as an Alternative for the Neurotic Attack in the Rat</td>
<td>12</td>
</tr>
<tr>
<td>Alcohol as a Preventive of Experimental Neuroses</td>
<td>12</td>
</tr>
<tr>
<td>Athetoid Gestures in a Deteriorating Paregasic</td>
<td>20</td>
</tr>
<tr>
<td>Case of Aphasia</td>
<td>18</td>
</tr>
<tr>
<td>Case Study of Multiple Personality</td>
<td>10</td>
</tr>
<tr>
<td>Catatonia Cases after IV Sodium Amytal Injection</td>
<td>1, 20</td>
</tr>
<tr>
<td>Catatonic Behavior in a Deteriorated Paregasic</td>
<td>1, 20</td>
</tr>
<tr>
<td>Convulsive and Allied Conditions</td>
<td>11</td>
</tr>
<tr>
<td>Convulsive Shock Therapy in Affective Psychoses</td>
<td>6</td>
</tr>
<tr>
<td>Cryptic Automatic Writing by a Multiple Personality</td>
<td>10</td>
</tr>
<tr>
<td>Dominance, Neurosis, and Aggression in Cats</td>
<td>13</td>
</tr>
<tr>
<td>Dynamics of an Experimental Neurosis</td>
<td>13</td>
</tr>
<tr>
<td>Effects of Electroshock Therapy on Experimental Neuroses</td>
<td>7, 14</td>
</tr>
<tr>
<td>Effects of Morphine on Learned Adaptive Behavior and Experimental Neuroses in Cats</td>
<td>2, 14</td>
</tr>
<tr>
<td>Electroencephalogram</td>
<td>21</td>
</tr>
<tr>
<td>Emotional Health</td>
<td>19, 22</td>
</tr>
<tr>
<td>Epidemic Encephalitis</td>
<td>12</td>
</tr>
<tr>
<td>Experimental Neurosis in a Dog</td>
<td>3, 15</td>
</tr>
<tr>
<td>Experimentally Produced Neurotic Behavior in the Rat</td>
<td>15</td>
</tr>
</tbody>
</table>
Feelings of Depression  
Feelings of Rejection: it's Development and Growth  
Metrazol, Electric, and Insulin Treatment of the Functional Psychoses  
N.P. Patient  
Narcosynthesis  
Neurosis and Alcohol: an Experimental Study  
Nurses Day with the Mentally Ill  
Paranoid State and Deterioration Following Head Injury  
Paregasic Reaction (Schizophrenia) in a Person of Low Intelligence  
Prefrontal Lobotomy in Chronic Schizophrenia  
Prefrontal Lobotomy in the Treatment of Mental Disorders  
Psychoneuroses  
Quiet One  
Recent Modifications of Convulsive Shock Therapy  
Symptoms in Schizophrenia  
Treatment in Mental Disorders
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1923</td>
<td>Case Study of Multiple Personality</td>
<td>10</td>
</tr>
<tr>
<td>1934</td>
<td>Metrazol, Electric, and Insulin Treatment of the Functional Psychoses</td>
<td>1, 4, 7</td>
</tr>
<tr>
<td>1936</td>
<td>Catatonia Cases after IV Sodium Amytal Injection</td>
<td>1, 20</td>
</tr>
<tr>
<td>1938</td>
<td>Athetoid Gestures in a Deteriorating Paregasic</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Catatonic Behavior in a Deteriorated Paregasic</td>
<td>1, 20</td>
</tr>
<tr>
<td></td>
<td>Experimentally Produced Neurotic Behavior in the Rat</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Symptoms in Schizophrenia</td>
<td>22</td>
</tr>
<tr>
<td>1939</td>
<td>Abortive Behavior as an Alternative for the Neurotic Attack in the Rat</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Case of Aphasia</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Experimental Neurosis in a Dog</td>
<td>3, 15</td>
</tr>
<tr>
<td></td>
<td>Paranoid State and Deterioration Following Head Injury</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Paregasic Reaction (Schizophrenia) in a Person of Low Intelligence</td>
<td>21</td>
</tr>
<tr>
<td>1941</td>
<td>Cryptic Automatic Writing by a Multiple Personality</td>
<td>10</td>
</tr>
<tr>
<td>Year</td>
<td>Title</td>
<td>Page(s)</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>1942</td>
<td>Effects of Morphine on Learned Adaptive Behavior and Experimental Neuroses in Cats</td>
<td>2, 14</td>
</tr>
<tr>
<td>1943</td>
<td>Convulsive Shock Therapy in Affective Psychoses</td>
<td>6</td>
</tr>
<tr>
<td>1944</td>
<td>Nurses Day with the Mentally Ill</td>
<td>2, 5, 18, 19</td>
</tr>
<tr>
<td>1944</td>
<td>Convulsive and Allied Conditions</td>
<td>11</td>
</tr>
<tr>
<td>1944</td>
<td>Dominance, Neurosis, and Aggression in Cats</td>
<td>13</td>
</tr>
<tr>
<td>1944</td>
<td>Dynamics of an Experimental Neurosis</td>
<td>13</td>
</tr>
<tr>
<td>1944</td>
<td>Epidemic Encephalitis</td>
<td>12</td>
</tr>
<tr>
<td>1945</td>
<td>N.P. Patient</td>
<td>2, 8, 22</td>
</tr>
<tr>
<td>1945</td>
<td>Narcosynthesis</td>
<td>8, 11</td>
</tr>
<tr>
<td>1945</td>
<td>Neurosis and Alcohol</td>
<td>4, 16</td>
</tr>
<tr>
<td>1945</td>
<td>Prefrontal Lobotomy in Chronic Schizophrenia</td>
<td>9, 21</td>
</tr>
<tr>
<td>1947</td>
<td>Psychoneuroses</td>
<td>16</td>
</tr>
<tr>
<td>1945</td>
<td>Alcohol as a Preventive of Experimental Neuroses</td>
<td>12</td>
</tr>
<tr>
<td>1947</td>
<td>Effects of Electroshock Therapy on Experimental Neuroses</td>
<td>7, 14</td>
</tr>
<tr>
<td>1947</td>
<td>Emotional Health</td>
<td>19, 22</td>
</tr>
</tbody>
</table>
Feelings of Rejection: It's Development and Growth

1948
Quiet One

1949
Treatment in Mental Disorders

1950
Feelings of Depression

Page
6
17
8, 19
6
### APPENDIX A

**LIST OF MEDICAL SUBJECT HEADING WORDS SEARCHED**

#### Behavioral and Mental Disorders

**Behavioral Symptoms (Non MESH)**
- Aerophagy
- Affective Symptoms
  - Anxiety
  - Depersonalization Disorder
  - Depression
- Autism

**Cognition Disorders**
- Confusion
- Consciousness Disorders
- Delirium

**Delusions**
- Learning Disorders
- Memory Disorders
  - Amnesia
  - Amnesia, Retrograde
- Déjà Vu

**Overinclusion**

**Perceptual Disorders**
- Agnosia
- Gerstmann's Syndrome

**Auditory Perceptual Disorders**
- Hallucinations

**Illuminations**
- Phantom Limb

**Response Interference**

**Communicative Disorders**
- Language Disorders
  - Aphasia
  - Agraphia
  - Anomia
  - Aphasia, Acquired
  - Aphasia, Broca
  - Aphasia, Childhood
  - Aphasia, Wernicke

**Dyslexia**
- Dyslexia, Acquired

**Language Development Disorders**

**Speech Disorders**
- Aphasia
  - Anomia
  - Aphasia, Acquired
  - Aphasia, Broca
  - Aphasia, Childhood
  - Aphasia, Wernicke

**Articulation Disorders**

**Behavioral and Mental Disorders**

**Behavioral Symptoms (Non MESH)**
- Communicative Disorders
  - Speech Disorders
    - Dysarthria
    - Dysarthria
    - Echolalia
    - Mutism
    - Stuttering
    - Voice Disorders
    - Aphonia

- Coprophagia
- Dyspareunia

- Eating Disorders
  - Anorexia Nervosa
  - Hyperphagia
  - Bulimia
  - Pica

- Enopresis
- Enuresis

- Fatigue, Mental
- Frigidity

- Hearing Loss, Functional
- Helplessness, Learned

- Hypochondriasis
- Hysteria
- Impotence

- Impulsive Behavior
- Compulsive Behavior
- Obsessive Behavior

- Malingering
- Paranoid Behavior

- Psychomotor Disorders
  - Apraxia
  - Automatism
  - Cataplexy
  - Cataplexy

- Catatonia
- Hyperkinesis
- Mannosidosis

- Psychomotor Agitation

- Tic
  - Tourette Syndrome

- Schizophrenic Language

- Self Mutilation

- Sleep Disorders
  - Hypersomnia
  - Insomnia
  - Narcolepsy
  - Somnambulism

- Social Behavior Disorders
  - Aggression
    - Child Abuse
    - Child Abuse, Sexual
    - Elder Abuse
    - Spouse Abuse
    - Torture
    - Violence
    - Dangerous Behavior

- Juvenile Delinquency

- Lying
- Runaway Reaction

- Social Alienation

- Social Breakdown Syndrome

- Stereotyped Behavior

---

*General medical areas are listed in alphabetical order. Specialties are listed under the general area in alphabetical order, followed by an alphabetical order under the specialty.*
BEHAVIORAL AND MENTAL DISORDERS
MENTAL DISORDERS
PERSONALITY DISORDERS
IMPULSE CONTROL DISORDERS
GAMBLING

GAMBLING
MASTURBATION
PARANOID PERSONALITY DISORDER
PASSIVE-AGGRESSIVE PERSONALITY DISORDER
PSYCHOSEXUAL DISORDERS
HOMOSEXUALITY, EGO-DYSTONIC
PARAPHILIAS
EXHIBITIONISM
FETISIM (PSYCHIATRIC)
MASOCHISM
PEDOPHILIA
SADISM
TRANSVESTISM
VOYEURISM
PSYCHOSEXUAL DYSFUNCTIONS
DYSPAREUNIA
FRIGIDITY
IMPOTENCE
TRANSSEXUALISM
SCHIZOID PERSONALITY DISORDER
SCHIZOTYPAL PERSONALITY DISORDER
SUBSTANCE USE DISORDERS
SUBSTANCE ABUSE
MARIJUANA ABUSE
PHENCYCLIDINE ABUSE
SUBSTANCE ABUSE, INTRAVENOUS
SUBSTANCE DEPENDENCE
ALCOHOLISM
NARCOTIC DEPENDENCE
HEROIN DEPENDENCE
MORPHINE DEPENDENCE
TOBACCO USE DISORDER
PSYCHOPHYSIOLOGIC DISORDERS
PSYCHOTIC DISORDERS
AFFECTIVE DISORDERS, PSYCHOTIC
BIPOLAR DISORDER
DEPRESSIVE DISORDER
DEPRESSION, INVOLUTIONAL
MANIC DISORDER
CAPGRAS SYNDROME
CHILD DEVELOPMENT DISORDERS,
PERVERSIVE
AUTISM, INFANTILE
SCHIZOPHRENIA, CHILDHOOD
ORGANIC MENTAL DISORDERS,
PSYCHOTIC
ALCOHOL AMNestic DISORDER
DELIRIUM
DEPRESSION
Dementia
AIDS DEMENTIA COMPLEX
DEMENTIA, PRESENILE
ALZHEIMER’S DISEASE
CREUTZFELDT-JAKOB SYNDROME
DEMENTIA, SENILE
ALZHEIMER’S DISEASE
<table>
<thead>
<tr>
<th>Behavioral and Mental Disorders</th>
<th>Behavioral and Mental Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress, Psychological Burnout, Professional Suicide</td>
<td>Kinky Hair Syndrome</td>
</tr>
<tr>
<td>Stress, Psychological Burnout, Professional Suicide</td>
<td>Laurence-Moon-Biedl Syndrome</td>
</tr>
<tr>
<td>Child Behavior Disorders</td>
<td>Lesch-Nyhan Syndrome</td>
</tr>
<tr>
<td>Anxiety, Separation</td>
<td>Lipochondrodystrophy</td>
</tr>
<tr>
<td>Attention Deficit Disorder with Hyperactivity</td>
<td>Maple Syrup Urine Disease</td>
</tr>
<tr>
<td>Child Reactive Disorders Habits</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Fingersucking</td>
<td>Mental Retardation Urine Syndrome</td>
</tr>
<tr>
<td>Nail Biting</td>
<td>Mental Retardation Urine Disease</td>
</tr>
<tr>
<td>Tongue Habits</td>
<td>Mental Retardation, Psychosocial Mucolipidosis</td>
</tr>
<tr>
<td>Runaway Reaction</td>
<td>Neurofibromatosis</td>
</tr>
<tr>
<td>Juvenile Delinquency</td>
<td>Neuronal Ceroid-Lipofuscinosis</td>
</tr>
<tr>
<td>Child Development Disorders</td>
<td>Niemann-Pick Disease</td>
</tr>
<tr>
<td>Articulation Disorders</td>
<td>Oculocerebrorenal Syndrome</td>
</tr>
<tr>
<td>Language Development Disorders</td>
<td>Phenylketonuria</td>
</tr>
<tr>
<td>Defense Mechanisms</td>
<td>Prader-Willi Syndrome</td>
</tr>
<tr>
<td>Acting Out</td>
<td>Rett Syndrome</td>
</tr>
<tr>
<td>Conversion Disorder</td>
<td>Rubinstein-Taybi Syndrome</td>
</tr>
<tr>
<td>Denial (Psychology)</td>
<td>Spasms, Infantile</td>
</tr>
<tr>
<td>Displacement (Psychology)</td>
<td>Sturge-Weber Syndrome</td>
</tr>
<tr>
<td>Cathechism</td>
<td>Tuberous Sclerosis</td>
</tr>
<tr>
<td>Scapegoating</td>
<td>Neurotic Disorders</td>
</tr>
<tr>
<td>Dissociative Disorders</td>
<td>Affective Disorders</td>
</tr>
<tr>
<td>Identification (Psychology)</td>
<td>Cyclothymic Disorder</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Depressive Disorder</td>
</tr>
<tr>
<td>Negativism</td>
<td>Neurasthenia</td>
</tr>
<tr>
<td>Perceptual Defense</td>
<td>Anxiety Disorders</td>
</tr>
<tr>
<td>Projection</td>
<td>Anxiety, Castration</td>
</tr>
<tr>
<td>Scapegoating</td>
<td>Anxiety, Separation</td>
</tr>
<tr>
<td>Rationalization</td>
<td>Neurocirculatory Asthenia</td>
</tr>
<tr>
<td>Regression (Psychology)</td>
<td>Obsessive-Compulsive Disorder</td>
</tr>
<tr>
<td>Repression</td>
<td>Trichotillomania</td>
</tr>
<tr>
<td>Repression-Sensitization</td>
<td>Phobic Disorders</td>
</tr>
<tr>
<td>Repression-Sensitization Scales</td>
<td>Agoraphobia</td>
</tr>
<tr>
<td>Sublimation</td>
<td>Stress Disorders, Post-Traumatic</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>Combat Disorders</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>Dissociative Disorders</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>Depersonalization Disorder</td>
</tr>
<tr>
<td>Cockayne Syndrome</td>
<td>Multiple-Personality Disorder</td>
</tr>
<tr>
<td>Cri-du-Chat Syndrome</td>
<td>Factitious Disorders</td>
</tr>
<tr>
<td>De Lange's Syndrome</td>
<td>Munchausen Syndrome</td>
</tr>
<tr>
<td>Down's Syndrome</td>
<td>Somatoform Disorders</td>
</tr>
<tr>
<td>Fragile X Syndrome</td>
<td>Conversion Disorder</td>
</tr>
<tr>
<td>Gangliosidosis</td>
<td>Hypochondriasis</td>
</tr>
<tr>
<td>Sandhoff Disease</td>
<td>Organic Mental Disorders</td>
</tr>
<tr>
<td>Tay-Sachs Disease</td>
<td>Organic Mental Disorders, Substance-Induced</td>
</tr>
<tr>
<td>Gaucher's Disease</td>
<td>Alcoholic Intoxication</td>
</tr>
<tr>
<td>Hallervorden-Spatz Syndrome</td>
<td>Substance Withdrawal Syndrome</td>
</tr>
<tr>
<td>Hartnup Disease</td>
<td>Neonatal Abstinence Syndrome</td>
</tr>
<tr>
<td>Homocystinuria</td>
<td>Personality Disorders</td>
</tr>
<tr>
<td>Kernicterus</td>
<td>Antisocial Personality Disorder</td>
</tr>
<tr>
<td></td>
<td>Borderline Personality Disorder</td>
</tr>
<tr>
<td></td>
<td>Compulsive Personality Disorder</td>
</tr>
<tr>
<td></td>
<td>Dependent Personality Disorder</td>
</tr>
<tr>
<td></td>
<td>Histrionic Personality Disorder</td>
</tr>
<tr>
<td></td>
<td>Impulse Control Disorders</td>
</tr>
<tr>
<td></td>
<td>Firesetting Behavior</td>
</tr>
</tbody>
</table>