Great Works

100 Years of Philanthropy in Service of Hopkins Psychiatry
From the time The Johns Hopkins Hospital opened in 1889, mentally ill patients have been drawn to its care. Henry Hurd, the hospital’s first superintendent, trained in psychiatry and had headed a large asylum in Michigan. In those earliest days, psychiatric patients were seen solely as outpatients by either a part-time neurologist or psychiatrist. And teaching that specialty began then as well. By arrangement, Hopkins medical students learned current psychiatric care at Baltimore’s city-run Bay View Asylum, some three miles away.

Yet even though psychiatry wasn’t exactly “an unknown plant in that medical Eden,” as one historian described Hopkins’ practice, it seemed to many “exotic, delicate and unattractive.” And by the century’s end, officials of both hospital and medical school were convinced that for too long they’d had too little help for some of their sickest patients.

They realized that good care and meaningful study of psychiatric illness in an academic setting—that in itself a rare idea in an age of freestanding mental asylums—demanded two things: a proper, full-time psychiatry department and a clinical haven for inpatients. But who would bear the expense? Inspire change? The time was right for Henry Phipps.
Henry Phipps’ belief in his own potential came early, when he was still in short pants.

A messenger boy in the 1840s in a grim suburb of Pittsburgh, the story goes, young Phipps Jr. borrowed 25 cents for a newspaper ad: *willing boy wants work*. And along with his boyhood neighbor, the young Andrew Carnegie, he went from strength to strength in the gilded age at the turn of that century.

Ultimately, Phipps' quiet certainty allowed Hopkins psychiatry to come into its own. His efforts not only created a place for American psychiatry to start defining itself but also helped set this country on a path to more enlightened treatment of the seriously mentally ill.

A shy, gentle man who avoided publicity, Phipps was Carnegie’s opposite. Perhaps that’s what cemented their friendship. Working his way up from bookkeeper at a small iron forge, Phipps became its co-owner. In 1865, Carnegie’s iron company absorbed Kloman-Phipps. That and other mergers propelled Carnegie into the virgin field of steel production—this when America’s railroads had a near-insatiable need for the metal. As a magnate with U.S. Steel, Carnegie was likely the country’s richest person and Phipps, whom Carnegie called “my money-getter,” his right-hand man.

Both became philanthropists, but Phipps’ giving was perhaps more targeted. He raised model tenement houses in New York and built public baths and conservatories in Philadelphia. In 1903, he also paid for a TB clinic at Hopkins Hospital—a kindness that began a fortunate friendship with William Welch, dean of the medical faculty. Welch talked often about Hopkins’ need to improve psychiatric care and research. But he was still surprised, in May of 1908, to open the almost tentative note from Phipps proposing what would become the Henry Phipps Psychiatric Clinic.

Five years later, with Phipps’ $825,000 gift and his promise of $60,000 yearly support for a decade, the handsome building was dedicated. Its attendant psychiatry department bloomed.

“I understand that the building will be used both for treating and studying insanity, and this study of dethroned minds by our finest physicians may result in great works.”

Henry Phipps Jr., June 1908, in a letter to William Welch
“It will not be in any sense an asylum and vastly more than a sanatorium. For the first time in American medical and hospital history, there will be, related to a medical plant, a branch of investigation, analysis and service which ... will afford relief to ailments more prevalent in nerve-wracking life in America than anywhere else in the world.”

_Baltimore Sun_ writer Edgar Goodman
February 7, 1908
Henry Phipps’ legacy at Hopkins transcended bricks and railings. His original gift, nearly $1.5 million, built and maintained the clinic. But it also funded teaching and genuine academic research while enabling the wind of progressive thought that blew in with the hiring of Adolf Meyer. At 42, Meyer became the clinic’s head and first director of the Department of Psychiatry.

Idealistic and trained in neurology, the Swiss-born Meyer came to this country as a pathologist—a rarity at any U.S. psychiatric facility, let alone a large and unfortunately custodial mental hospital in Illinois.

With each upward move—the last overseeing pathology for New York’s psychiatric hospitals—he became more astute and convinced that, for the good of psychiatry, the field belonged with academic medicine. The Meyer who came to Hopkins in October of 1908 united the two.

Like his benefactor Henry Phipps, Meyer was a progressive. He believed the mentally ill could be changed by adjusting their social environment. That became obvious in his humane design of the Phipps clinic.

But by far, Meyer’s most lasting effort was his drive to consider the whole patient. He was convinced that patients’ life experiences point the way into illness and suggest the way out. Studying the physical self—down to the cell level—is useful, but only in the light of behavior, beliefs and family history. This was, he said, a patient’s psychobiology.

Exploring psychobiology raised each patient’s case study to an art form. Meyer and his wife, Mary, a psychiatric social worker, even went to patients’ homes and interviewed their families. The result was a distinctly American thoroughness that Hopkins students still learn.

“**The physician must be able to understand the entity of man—as an individual, as a part of a social group, as a personality.**”

Adolf Meyer
The Phipps gift let psychiatry chair Adolf Meyer and architect Grosvenor Atterbury study the best of what was offered abroad. Many clinics in Europe had held on to the kindly, more personalized care in small hospitals that characterized good treatment worldwide in the first half of the 19th century, but that had faded in this country when waves of immigration overwhelmed such places.

“I am going to be a doctor to the whole man.”

Adolf Meyer, diary entry, 1885

Meyer believed strongly in nature’s therapeutic effect. Small ponds, sun porches and gardens graced the Phipps courtyard.

Phipps nurses were among the earliest trained in occupational and recreational therapy. The textile room included a loom, and patients could also knit, make baskets, sew, paint, do calesthenics or dance. Also there: a theatre, library, and a pipe organ.

Interiors were light and airy.

Archival photos courtesy of the Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions
Laboratories were models for their time.

The Legacy—Beyond Patients

“The Phipps” differed radically from most of what existed in America at the time. It was one of few facilities in this country tied to a medical school and hospital, and with Meyer as its head—and an additional $1 million endowment from Henry Phipps in 1923—it wove psychiatry and psychology into U.S. medicine as none before.

Meyer saw that all Hopkins medical students had some grounding in his field. And he raised the making of psychiatrists to a university standard by limiting applicants and later having them serve as psychiatric residents. He also brought in psychiatric research, with well-fitted laboratories, stressing the need to understand the biology of the healthy and ill alike.

A Singular Book For Change

Just before Adolf Meyer was hired at Hopkins, he was handed a manuscript by Yale graduate Clifford Beers, who sought his opinion. A Mind that Found Itself detailed Beers’ often degrading and sometimes sadistic treatment in New England mental asylums. Meyer readily saw the book’s potential to change the status quo.

Beers hoped a public outcry would improve hospitals, but Meyer held a broader view: prevent mental illness. Psychiatrists, he felt, should work with teachers, clergy and community leaders in this goal. Meyer put the considerable weight of his name behind Beers; he also dubbed the approach “mental hygiene.” The uproar when A Mind came out did what Beers wanted. But it also sparked the move to bind mental hygiene and public health. And, with Meyer’s help, that marked the start of community psychiatry.

At Hopkins, the book had magic. In 1908, less than a month after medical school Dean William Welch offered his copy to Henry Phipps, the philanthropist pledged to build a clinic.
A Century Sampler

Psychiatric research has been part of Hopkins since the start of the Phipps Clinic.

But because early techniques in biochemistry and molecular biology fell just short of primitive by today’s standards, most of the century’s studies focused on fine-tuning existing therapy or sharpening definitions of psychiatric illnesses. Still, today’s surge in genetics, brain physiology and imaging, developmental biology, animal models and accuracy in measuring thought and emotion—all build on the Phipps foundation.

Curt Richter (1894-1988)
Father of Chronobiology

Curt Richter showed early on how some behaviors come automatically in response to internal biology. His work resulted in the first solid findings on biological clocks, animals’ ability to regulate their dietary nutrients, sleep and the cyclic nature of some mental illness.

W. Horsley Gantt (1893-1980)
Conditioning and Psychiatry

A student of Russian psychologist Ivan Pavlov, Horsley Gantt refined Pavlov’s work for 45 years in his Hopkins laboratory. Gantt’s studies suggested that conditioning underlies anxiety and other psychiatric illness. His work on human and animal responses led to seminal views on how amphetamines change behavior.

Solomon Snyder
Passkey to the Brain

When Sol Snyder began his research, fundamentals of brain chemistry were a black box. Because of his methods to pinpoint where brain neurotransmitters act—and to find new ones—the workings of the brain in health and disease are understood as never before. Snyder discovered the brain’s opiate receptors and sites where Valium and caffeine work. His studies led the way to Prozac and treatments for Parkinson’s disease. New work is unveiling major pathways that go awry in degenerative diseases like Parkinson’s or Alzheimer’s.

Marshal and Susan Folstein
A Three-Disease Advance

In 1977, Susan Folstein’s studies with infant twins first showed autism’s causes to be both environmental and genetic. Later work has prompted earlier diagnosis of autism in babies. In addition, her investigations of the genetics and psychiatry of Huntington’s disease have improved diagnosis and quality of life.

Marshall Folstein, early on, tied the cognitive aspects of Alzheimer’s disease to its brain pathology. His years of work describing dementia and its physiology have guided generations of scientists.

Christopher Ross
Beyond the Huntington’s Hunt

Chris Ross mapped early brain changes due to Huntington’s disease (HD) as well as help define huntingtin, the mutant protein that causes them. Cell cultures and animal models shed light on HD’s key steps. Now he’s using the HD approach as a useful template to study schizophrenia.
Great Works: Endowed Professorships

Little of what’s reported in this booklet would have come about as quickly, completely or gracefully without outside help. That’s as true now as a century ago—even more so, perhaps, in an age of scarce government grants.

In 1923, Henry Phipps and his wife gave Hopkins Psychiatry $1 million and pushed the university to find a matching sum to support teaching and research. Today, endowing a professorship reaches those same goals. Without the constant tug of having to seek grants, endowed faculty can conduct timely and often daring science that opens new research paths; they can mentor students creatively.

“In person Mr. Phipps is small … in manner and in voice he is gentle, but under this suave exterior is a firm and compelling will, usually productive of ready assent to any situation (he feels) worth pressing.”

Baltimore Sun, January 12, 1908
J. Raymond DePaulo Jr.
The Henry Phipps Professor of Psychiatry

Adolf Meyer became Psychiatry’s first Henry Phipps Professor. Now, J. Raymond DePaulo Jr., the sixth department chairman, holds that honorable position. Ray DePaulo’s skill in assessing psychiatric patients is well known in his department. Over the decades, his skills and empathy have helped at least several thousand patients recover. As for teaching, the number of American psychiatrists DePaulo has mentored must run in the hundreds. Yet it’s his research—and his support of others’—that will most affect those with major depression or bipolar disorder worldwide.

DePaulo’s work at Hopkins began in 1977 in defining the limits of lithium’s use for those illnesses. He readily saw, however, that finding the predisposing genes would bring the only progress. So he began studies to tie bipolar disease to specific chromosomal areas—an early step in a gene search. The work required pedigrees of hundreds of patients and family members, teams of psychiatric interviewers and costly DNA sequencing. But that wasn’t enough.

Now DePaulo advocates new tactics based on “big science”—techniques that generate huge, productive amounts of data and the computer techniques to make sense of them. And he fosters “boutique studies” that identify subtypes of psychiatric illness where key genes are easier to flush out. That includes, for example, patients whose bipolar illness is marked by psychosis. The work—in the George Browne Genetics Laboratory (page 15)—has found genes tied to psychosis, suicide and bipolar disorder.

“Today’s molecular and imaging tools to interrogate the brain are a present-day equivalent of those which, 35 years ago, led to a war on cancer. With them we can illuminate brain processes and translate that into rational therapeutics for psychiatric illness.”
**The Althouses**

In 2007, Ernest Emanuel Althouse’s posthumous wish to honor his wife Elizabeth was carried out in a charming ceremony on a fine May afternoon. On that day, an endowed professorship at Johns Hopkins was dedicated in her name, both in gratitude for the medical help she had received while suffering Alzheimer’s disease and as a way to advance its research.

The Althouses were longtime residents of Poughkeepsie, New York, where both were employed by Central Hudson Gas & Electric Corporation. Trained as an electrical engineer, Ernest rose through the company’s ranks. He became its president in 1968 and stayed vice-chairman of the board until 1986. Elizabeth, a graduate of Skidmore College, became the firm’s home service director.

Both were dedicated volunteers. They saved their philanthropy, however, for one large, selfless gift, assuring steady, creative research into therapy for Alzheimer’s disease and, even better, into preventing it.

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**Constantine Lyketsos**

The Elizabeth Plank Althouse Professor for Alzheimer’s Research

Constantine “Kostas” Lyketsos stands out in his field for his expertise in treating and caring for patients with dementia. For almost two decades, he’s worked to fill the surprising void in our knowledge of the specifics of that condition, especially dementia from Alzheimer’s disease.

His studies have broadened the description of AD, making concern for its psychiatric symptoms every bit as important as the cognitive aspects. Recently, he’s charged his scientific team to identify Alzheimer’s biomarkers—biological signatures that could hasten therapies as they improve diagnosis.

But beyond that, Lyketsos has made enlightened day-to-day care a goal. He was a key figure in setting up Copper Ridge, a nationally recognized haven for memory-impaired patients. And the Copper Ridge Institute is a focused research program within that long-term care facility—one that exists to refine this country’s best care.

Lyketsos began at Hopkins in 1988 as an intern, then as a psychiatry resident. Later fellowships in psychiatric epidemiology and neuropsychiatry complemented an additional degree in epidemiology. With colleagues Peter Rabins and Cynthia Steele, he wrote *Practical Dementia Care.* The oft-cited book outlines a model of help for dementia patients. Beloved by patients and colleagues, Lyketsos now heads Psychiatry at Hopkins Bayview Medical Center.
Eugene Meyer III

The fact that Eugene Meyer III was a faculty member for some 40 years in both Psychiatry and Medicine mirrored his fascination with ways mind and body interact in illness. A Hopkins medical school graduate in 1941 and then a resident, Meyer specialized in internal medicine. But a wartime posting at a military convalescent hospital fanned Meyer’s sometime interest in psychiatry; he returned to “The Phipps” for more formal study and research on the edge of mind-body issues.

Meyer’s studies, for example, overthrew a common idea that patients seeking cosmetic plastic surgery for psychological reasons would afterward transfer their unhappiness to something else. Quite the opposite was the rule, he found; surgery brought significant psychological gains.

Meyer’s insistence that physical disorders could cause mental ones subtly shifted medical practice. And, in 1951, under his guidance, the Psychiatric Liaison Service sensitized psychiatrists at Hopkins and, ultimately, nationwide, to mental complications and suffering tied to medical or surgical problems.

“Diagnostic triumphs like that make an academic reputation,” says former colleague, Leon Eisenberg, “but there was far more to his physicianship. He was superb at managing psychological concomitants that are part of all serious medical disease … He wanted to be thought of as a good doctor. That he was, and a good father, a good friend and a good man.”

“I remember patients … referred to [Meyer] as psychiatric problems but in whom he unmasked an underlying and neglected medical problem. I remember as well medical patients whose disorders he was first to identify as psychiatric. The difference for the patient was literally a matter of life and death …”

Child psychiatrist Leon Eisenberg

In the free walk-in clinics he set up in Baltimore, Meyer showed that short-term psychotherapy could be far more healing than suspected. Soon, other cities used his program as a model.
Eugene Meyer III was born into the publishing family of The Washington Post; he was on the newspaper’s board of directors. Because of his relative wealth, Meyer’s wish to help the human condition more easily extended beyond his lifetime: he bequeathed a professorship, which in 1982, first honored Marshal Folstein. Since 1993, Phillip Slavney has held the distinction.

Like Eugene Meyer, Phillip Slavney trained in both psychiatry and neurology. Also like Meyer, he extends psychiatry’s reach, fashioning clear, useful ties with medicine, neurology and the surgical specialties. As head of General Hospital Psychiatry, Slavney oversees psychiatric consultations and care for the adults who occupy Hopkins medical or surgical beds. His ability to tease out problems of the psyche is well known: Is Mrs. Jones’ refusal to eat a sign that she’s demoralized from a long hospital stay or is the problem depression? The answer, he says, both determines treatment and who should offer it.

As a mentor, he has shepherded several hundred medical students and residents, helping them define their interests, teaching them psychiatry’s clinical skills—how, for example, to keep a patient history from being superficial.

Slavney’s impact on American psychiatry, however, will likely come from his writing. He’s produced graceful, much-needed texts that introduce psychotherapy to students, that explore the topic of hysteria or explain how primary care doctors can best help patients with psychiatric problems.

The Perspectives of Psychiatry, written with Paul McHugh, is one of the most valued books in its field. The colleagues didn’t intend to write a textbook of psychiatry but to identify and discuss various viewpoints—perspectives—on the nature and treatment of psychiatric illness. With this as with his other efforts, Phillip Slavney has helped bring clarity to a field that, even to insiders, is sometimes clouded by conflicting philosophies.
When William Scandling was a junior at Hobart College, he and two chums—all there on the GI Bill—were dismayed at the news of their cafeteria closing. Thinking they could do a better job, they petitioned the college treasurer to let them try. After their enterprise worked, one thing led to another. In just over two decades, their Saga Corporation served meals to hospitals and retirement communities as well as some 400 universities. It was named one of the 100 best companies in America. Scandling didn’t sit on his wealth, however; he was a thoughtful and generous philanthropist. In 1998, largely because of his close friendship with department head, Paul McHugh, Scandling contributed the lion’s share in endowing the Paul R. McHugh Chair in Motivated Behaviors. The impact on research has been significant.

The Paul R. McHugh Chair

When Paul McHugh, who directed Hopkins Psychiatry for 26 years, first came, he took in hand a department whose marvelous foundation in patient care and the study of mental illness had developed hairline cracks. It’s no coincidence that he trained at London’s Institute of Psychiatry, where students of Adolf Meyer had settled and held fast to their mentor’s belief in common sense—an attitude that let them resist, for example, the false idol called Freud.

A patron of common sense himself, McHugh brought it full circle back to Baltimore, where he applied it to psychiatry with utmost clarity. His book *The Perspectives of Psychiatry*, for example, with co-author Phillip Slavney, has given the field a logical framework. Through several printings, it has guided the therapy offered by his hundreds of medical residents, many who now lead the profession.

His additional books and scores of articles have drawn lines in the sand, dividing good psychiatry from suspect. McHugh’s directorship nurtured research into bipolar disorder, schizophrenia, Huntington’s and Alzheimer’s diseases and their treatment, not to mention his own research interests in the biological basis of eating disorders and addiction.

The care he shows for his patients and the students he continues to mentor has made McHugh fast friends and allies. In 1998, some 250 donors swelled William Scandling’s endowment of the McHugh Chair, the finest sort of testament to a man who imbued psychiatry with courage.
They call them motivated behaviors: things we do—like eating, drinking or sex—that are so critical to survival that they’re tied to elaborate molecular cascades in the brain and body, an internal chemistry that trips urges or drives, or that turns them off.

And it makes perfect sense that errors in the cascades due to flawed genes or environment could cause some of humankind’s greatest problems: Obesity. Eating disorders. Drug addiction. Such miseries would be easier to treat if their biology were well understood. But that, in turn, rests on knowing how things work normally.

Welcome to Timothy Moran’s domain. A neuroscientist, Moran has created a large body of elegant work on what controls normal eating behavior and how controls can go awry. It’s painstaking work where measuring the entry and exit of key hormones or other molecules in trace amounts resembles nothing so much, at times, as catching starlight.

Moran aims to explain how signals from the brain, stored fat and digestive system intersect to control food intake. He’s clarified the biology underlying hunger, fullness (satiety) and eating habits—all key considerations in eating disorders. His work with the intestinal hormone, CCK, for example, showed clearly how it signals nerve tracts to the brain, causing lab animals to whittle what they eat. Knowing that specific CCK receptors exist resulted in a leap in understanding, as scientists could now block parts of the system with existing drugs.

“The McHugh chair supports our new faculty’s pilot studies—work to see what part certain small molecules play in how much we eat and what we weigh. It’s critical to our recent discoveries.”

Of course, that understanding moves therapy closer, so much so that Moran’s research recently turned to the clinical. He and colleagues have begun testing patients with anorexia, for example, to see if their internal chemistry during meals changes as treatment progresses. Other studies examine types of foods or eating schedules for their effects.
Constance and Alan Buerger

“In 2002, our younger son, Grant, then 22, was admitted to Hopkins and diagnosed with bipolar disorder,” writes his mother, Connie Buerger. “Until then, we were only vaguely aware of that illness; we hadn’t seen it first hand. We had no idea how debilitating it could be. Three out of four of our children’s great grandfathers died by suicide. So we obviously have this in our family.

“Alan and I consider ourselves positive people, that we can accomplish what we set our minds to. We encouraged our sons to discover their full potential and we’ve built a successful family business. But this was unlike any challenge we’ve faced. There’s so little control!

“I became single-minded to help Grant get better. OK. He has this; let’s get him cured. But that’s clearly not the way it goes. He’d ask, ‘Am I ever going to get through this?’

“We came to Hopkins through friends of friends who had a son with bipolar illness. They couldn’t say enough about the place. The support Grant has gotten from his doctors has helped almost as much as the therapy. He’s made tremendous progress these last few years. With him, this sometimes feels like the bunny hop: two steps forward and one back. But my husband says that life is a marathon and not a sprint. A bump in the road is just that—a bump.”

Alan and Connie Buerger created Coventry First, beginning this country’s secondary life insurance market. With the couple’s initial major contribution and continuing support, the Buerger Family Fund for Bipolar Research is already helping to narrow the search for bipolar risk genes. The Buergers’ new donation of a second-generation DNA sequencing machine raises the likelihood that genomes of those with psychiatric disease will yield what has, so far, been hidden. And by giving a top faculty member protected time for research, the new Myra S. Meyer Professorship in Mood Disorders—honoring Connie’s mother—takes a serious step to hasten understanding of bipolar disorder and better treatment. “Working in partnership with Johns Hopkins,” Connie says, “has given us great satisfaction.”
Leo Kanner – Father of Child Psychiatry

A Mississippi child who failed to pay the slightest attention to Santa Claus in full regalia became the first of 11 case studies Leo Kanner wrote about in his 1943 monograph that established autism as a childhood psychiatric disorder. Kanner created the word “autism.” His descriptions are still standard for the illness. Chosen by Adolf Meyer and pediatrics director Edwards Park to develop this country’s first child psychiatry service in a hospital, Kanner excelled. His textbook, *Child Psychiatry*, became the first in English on the topic.

*Today, in the entire United States, only 7,000 psychiatrists specialize in children. But, by the latest government report, almost 21 percent of those age 9 to 17 have enough of a psychiatric problem to warrant help. One agency projects that number to double by 2020.*

That’s why gifts from June Kanner, Leo Kanner’s widow have been meaningful. Her donations let medical students do research projects in child psychiatry, with an eye to their joining that specialty. They also funded a lecture series that features this country’s experts in autism, bringing clinicians in practice up to speed.

A Fine Memorial

George Browne, says a family friend, was a wonderful man with an unsuccessfully treated mood disorder. Married with three children, active in his community, Browne worked in Baltimore with the investment firm Alex. Brown and Sons. “George made you laugh; people adored him, but he had a horrific form of bipolar disorder and died of it.” The shock of Browne’s suicide led family and friends—notably those with the charitable arm of Alex. Brown—to try to hasten gene research in mood disorders. In 1989, they established the George Browne Genetics Laboratory at Johns Hopkins with an initial sum of $400,000. With that seed money, plus the promise of early studies, the NIH saw fit to award some $17 million in grants over the lab’s first 10 years. It established Hopkins as a center for studies in psychiatric genetics.
In the Phipps Tradition

That Stuart Symington Janney III, has helped support Hopkins Psychiatry seems natural: it’s in his genes. His maternal grandfather was Henry Phipps, the department’s first benefactor; his great, great aunt was Johns Hopkins’ sister. Today, Janney chairs the Board of Bessemer Trust, a leading wealth management and advisory firm that Phipps established in 1921. A trustee of Johns Hopkins since 1988, Janney has financially helped the university on his own and through his company. And again, in this centennial year, he and Bessemer have joined to provide a central place in Hopkins’ new children’s tower for training residents, medical students and visiting scholars in child and adolescent psychiatry. “That area will become mission control for our educational efforts,” says Mark Riddle, who heads the division. “That space will be in constant use.”

Purposeful Friends

Alec Schweizer was a “totally charming senior in high school, full of promise and headed for Syracuse,” says family friend “Louie” Hoblitzell. So when he was gone so quickly in 1998—a result of a mood disorder—the shock was almost unbearable,” she says. “And our need to do something forced us to change the status quo.”

Hoblitzell and friends “Dede” Brooks and “Buzzy” Krongard had long been close to the Schweizer family. Their sudden recognition of a huge void in what teenagers knew about mood disorders coincided with that same realization by Hopkins clinicians. Before long, a fund was set up.

The Alexander Wilson Schweizer Fellowship at Johns Hopkins supports an effective mood disorders teaching program for adolescents. The permanently endowed Fellowship helps train psychiatrists and other professionals in mood disorders research and clinical care. A number have gone on to lead mood disorder work in this country. “It’s very satisfying,” says Hoblitzell, “to feel you had a part in that.”

Now a new effort aims to support the Schweizer Master Clinician. New funds will buy time for psychiatrists with superb patient and teaching skills to mentor the Schweizer fellow and others who specialize in mood disorders.
What’s most meaningful in 100 years of psychiatry at Johns Hopkins isn’t always in the public record: It’s the day-to-day work with patients and their families, the healing, the restoring of self that comes from the expertise and willingness, since 1908, of hundreds of physicians, nurses, psychologists, social workers and others. Clinical care here is a strength.

Excellence in teaching, of course, plays its part. Many of psychiatry’s master educators have taught or are teaching here. And many more were former Hopkins students taught under high standards begun by Adolf Meyer.

But the vitality that fuels everything comes from clinical and laboratory research—its successes and even the frustrations—as the biology of psychiatric disorders becomes clear and therapies follow.

Because of the great works of others, all this is even truer today than a century ago.

Hopkins’ new children’s tower will, by its very design, benefit psychiatry for children and adolescents.
“What we need is more common sense—and courage to study whatever needs to be studied ... then we can form a science which has its roots in life at large.”

Adolf Meyer

To learn how you can make a gift to the Johns Hopkins Department of Psychiatry and Behavioral Sciences, contact

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