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AA107.INT019
Interview with M. Ralph Kaufman, MD by Albert S. Lyons and Ruth Hirsch
January 17, 1975

[Beginning of Tape 1]

LYONS: —M. Ralph Kaufman in his office at 19 East 98th Street on January 17, 1975.

KAUFMAN: And then after this, it not only that would give you a key or series of guidelines as to what it is you're going to talk about amongst the various themes. This is a—see, when I make a tape, which I did for videotape and so on, I say it, even with a video, "This is so and so and so" for this particular time. And then afterwards, you go on and just [unclear]. The whole question as to all of these tapes, you know, the original story, before we tape it, it goes back to the Harvard's Sociological Laboratory, where they taped everything. And they have for years. They gave it up because it got so damned boring to listen to, which is very interesting. The way people—you know, they had this set up with cigarettes on the table. And they'd watch and see whether a guy would come and look around and get a handful of cigarettes. [unclear] But I knew a whole group—

AL: Who was listening to it, Dr. Kaufman?

MK: Eventually, the lab people themselves were listening to it.

AL: Yes.

MK: It was available to whoever—it wasn't an oral history—

AL: Yes.

MK: —in the same—it was a combination of—what I'm talking about is that the—over a period of time, listening to a tape is a very boring experience.

AL: It depends on what you're looking for, you know. Would you think it'd be a boring experience now to listen to the breakfast conversation of a Roman and his wife at the time of the morning of the assassination of Julius Caesar or right after it? If you were a historian, would you consider it boring?

MK: If I were a historian, it might be of interest. But what I'm talking—

AL: You don't know that they—how they felt about it.

MK: No. I don't—

AL: It's only by the intimate details of the unimportant, minor details of a person's home, would you be able to—

MK: That's a highly specific situation.

AL: Well, I want to use it as an example.

HIRSH: How could these tapes be made more interesting?

MK: I don't know how the tapes—because I don't know what the tapes are. I think that they—you should have a certain series of guidelines and points, which every tape covers at some particular time, which should be different in relation to, for instance, a new department, like the Department of Psychiatry, something about its origin, how it came about in terms of the person you're interviewing.

AL: This is bound to be considered. The three things you spoke of at the beginning is what we hope to get—

MK: No. Well, what I'm getting at is you have to—

RH: A structure.

MK: The structure ought to be as a guideline, not as a—so that everybody knows that at some point in the interview, somebody who's interested in the history of the development of the clinical departments in The Mount Sinai Hospital—anything that relates to the beginning of the medical school, unofficially, that certain areas have been touched upon.

AL: Isn't that a function of the index?

MK: It may be—

AL: But of course, otherwise you would limit each tape—

MK: No, no. [unclear] they're flexible enough so to make sure—to make sure that amongst whatever else comes out, those areas have been touched—

AL: Well, that's why I have my note card in front of me.

MK: That's—

RH: Do you think if a questionnaire went out first with just the specific—

MK: No, no. A questionnaire would very definitely limit it and spoil it—

RH: Okay.

MK: —because—inhibit it. This is up to the interviewer to make sure that these six, eight or ten, whatever, areas have some universality involved, are in that tape somewhere. Not one, two, three and maybe the sixth thing may come out first—

AL: Are you aware of the Bettman Archive?

MK: The who?

AL: The Bettman Archive is used a great deal by newspapers, writers, publishers and many others, and they have to, unfortunately, pay—sometimes $25 or so for each picture that they take. Now, what does this archive consist of? It consists of a collection that Dr. Bettman made by photographing everything he saw without regard to whether it was interesting or not, every picture from every book he—

MK: This is a fellow who just wrote the book on how lousy things were—

AL: I don't know if he wrote it or whether somebody used his material because—

MK: I saw him being interviewed. I think that Bettman is the fellow.

AL: But the point is—the point is that at the time people thought he was crazy, because you don't know, unfortunately, in history what things will turn out to be—

MK: What you do know—what you do know is, as you're going through something, the kind of areas that you'd like to touch on.

AL: Well, we do. The interviewer must know that.

MK: Well, supposing you're not the interviewer.

AL: No. But it's all finished when I'm finished.

MK: Well, [unclear]—

AL: Oh, there's an index of the transcription.

MK: Yeah.

AL: You see, you can't [unclear] too well.

MK: No. An index of the transcription, it may be an index of what's in it.

AL: Yes.

MK: What I'm saying is that there are certain things that you know before you look at the tape that are going to be discussed. But not limited—I'm not talking about limiting it to—

AL: That is going to be in the index. Before you look at the tape, you have that transcription and the index as to what's in it.

MK: Yeah. But what's in it, to a certain extent, should be determined before you make it, not—

AL: It is determined. I know exactly what we're going to cover.

MK: All right. I'm glad you know. Because you see, if I were going to then take the tapes for some project, the development of a clinical department—there have been a couple clinical departments that have been developed—I would like to know that in your making the tapes, at least a half a dozen areas will be found in there. There may be seventy-five others. I'm not saying to keep the thing from being flexible. But I would know that if I wanted to know the time, the date, the circumstances under which, the need, as it appeared to arrive, was initiated by trustees or not initiated by trustees. Because you see, our department, as I gathered, actually was determined by a series of events that are not altogether unique and yet are particularly Mount Sinai. The Department of—there is no Department of Psychiatry at Mount Sinai. And yet, psychiatry at Mount Sinai is one of the earliest in a general hospital, so that—

AL: When was that that you had said the department began?

MK: The department officially began when I was appointed.

AL: I see.

MK: As a department. Until that time, it was part of neurology as a division. And—

AL: Kubie, for example. Can you [unclear]—

MK: That's right. Larry Kubie [Lawrence Schlesinger Kubie, 1896-1973] came here. Organized a section of psychiatry under the—as a division of Neurology. And eventually, the reason why there was an independent department was that it couldn't function as a division of Neurology.

AL: When was that?

MK: This was in the '40s. In the early [unclear]. [several words unclear]—

AL: When you came here.

MK: I came in '45. I came in December of—but actually, [Clarence] Oberndorf and Ira Weil, I think, there was psychiatry here at Sinai back in 1911, 1912, 1914 as a clinic, so that it wasn't that they didn't have psychiatry as psychiatry; they didn't have an independent department of psychiatry. So as I gather, the story—Larry [Kubie] — I can't go into all the details as to what happened. And it's really what turned out to be an extremely vicious battle between Kubie and the Division of Psychiatry and Israel Wechsler—

AL: I see.

MK: —who insisted that this was his—

AL: Israel Wechsler was the head of the Department of Neurology.

MK: He was head of the Department of Neurology. And the fact that Sachs—Bernie [Bernard] Sachs was the head of Neurology had a tremendous influence on whether or not we had psychiatry at Mount Sinai, because one of his claims to fame, including Tay-Sachs disease and so on, but a minor claim to fame was he [unclear].

AL: The [unclear].

MK: Yeah. So therefore, it sort of inhibited the development of what we would call a dynamic division or a dynamic part.

AL: You know what's interesting about that, Dr. Kaufman? He established the first independent neurology service in a general hospital, separate from medicine. So he saw the need for [unclear].

MK: [unclear].

AL: Yes. And yet—and yet, he could not see, apparently, that there must be a separation [unclear]. [talking over each other]

MK: [unclear]. You've also got to take into account the development of psychiatry and its relationship to neurology. It wasn't—you see, in the early days, most of the psychiatry, particularly the office psychiatry, was done by the neurologists, not by the psychiatrists. The psychiatrist was an alienist, who worked essentially in a hospital, so that a man was a neuro-psychiatrist. My own training, which goes back—I'm out of medical school this year 50 years now. My training was psychiatry and neurology as a resident of neurology at Montefiore. And in my day, we considered that if you were going to be a psychiatrist, you were really going to be a neuro-psychiatrist.

AL: What medical school did you go to?

MK: McGill.

AL: McGill. You're Canadian.

MK: Yeah. Well, I'm—I was born in Russia [unclear]—

AL: Where were you born in Russia?

MK: —and came to Canada when I was about four-and-a-half or five years old. So I was brought up in Montreal and went to McGill.

AL: I see. Where in Russia were you born?

MK: Beltz, Bessarabia.

AL: Bessarabia.

MK: Bessarabia, which was Turkish, Romanian, Russian. Whoever grabbed it kept it for a little while.

AL: Did your family keep their Russian language in such a way—

MK: No.

AL: —that you could learn it?

MK: No, no. This was another part of my personal history. It so happened my mother was a widow lady, and so when we came to Canada we moved in with a whole group of Russians. But since that, I think the fact that there was Bessarabia and not Lithuania—you know, the usual trend was—now trend is a—happened—the Russians Jews that came over, they maintained two things: Yiddish and Russian. And for some reason, my family, or the group of them, they moved into just apparently never did this. And I still am puzzled by the fact that I was four-and-a-half; I must have known Russian when I was a kid. Well, Beltz was a fairly large shtetl. It wasn't a little town where the Jews were all together. But—

AL: What was it? B-E-L—

MK: [unclear]—B-E-L-T-Z. It's a well-known—

AL: Well, at any rate, in this battle, what led to its resolution?

MK: What led to its resolution was that the Trustees—somewhere I've got the initial report—the Trustees then—Kubie and, by the way, he had a magnificent staff: Bettina Warburg, Sandor Lorand, some of the—Heinz Hartmann. The outstanding psychiatrists, particularly psychoanalysts in the city were members of this staff. We organized a—later on I organized a liaison service, and it really was top flight. But they got into this battle, which was, you know, like any inter-family battle, real vicious. And so the Trustees set up a committee and recommended eventually that there will be a separate department of psychiatry and looking forward to an institute and so on. And then they set up a search committee. And from what I heard subsequently, Ginsburg was the—you remember Ginsburg.

AL: Sol Ginsburg.

MK: Sol Ginsburg was the acting chief and, well, for the time being. And then they were hunting for somebody [unclear] and apparently my name came up in a number of, you know, recommendations. But I turned out to be in the Pacific at the time.

AL: During the war, during World War II.

MK: During World War II. And it was a pure accident that I even heard that they were considering me. I came home on leave before going into Japan. And one of my friends, a fellow resident, George English in Philadelphia, on my way back to Washington, I was stationed at the Surgeon General's office, I dropped in to say hello to him. And so he said, "They're looking for you." I said, "Who's looking for me?" Well, apparently, Weiss—not Selma Weiss but the other Weiss of Weiss and English—was advising somebody. Now, whether he was advising—Klingenstein played a very important role.

AL: Mr. Joseph Klingenstein.

MK: Yeah, Joseph Klingenstein [from the Board of Trustees]. Very nice. I don't know his I—when he heard I was here, just accidentally, he came over and talked to me and from then on, we kind of—

AL: Well, you were in the Pacific but you were associated with what institution before you went into the army just before that?

MK: I was with Harvard and—

AL: Harvard.

MK: That's a long personal history. I went up to Harvard at Boston Psychopathic Hospital back in 1927, I guess. And—which was the Harvard—one of the professors, C. Macfie Campbell, was also the superintendent, the director, and so—to continue my training. And incidentally, from a Sinai point of view, historically, it's interesting. I was one of the few people who received an Emanuel Libman Fellowship from Libman for the specific purpose of psychoanalytic training.

AL: When was that?

MK: Back in ’27, ’28.

AL: How did you happen to have come to come to that?

MK: I—well, I should imagine that Wechsler had something to do with it.

AL: Israel Wechsler.

MK: Israel Wechsler. You see, Wechsler had been one of my chiefs at Montefiore in neurology, where I had had neurological training. And so I am pretty sure that it was Wechsler who recommended me to Libman. But the interesting thing is that Libman certainly had very little to do with psychiatry or analysis, certainly—back in ’27 and giving somebody a fellowship, one of his, you know, [unclear]. It was specific for getting psychoanalytic training, which he did. And so eventually, I went overseas, went to Europe for that particular period.

AL: Weren’t you the first full-time chief of—

MK: Matter of fact, I was the first full full-time chief of a department.

AL: In Mount Sinai.

MK: -at Mount Sinai. Because theoretically—what’s his name, in addition to George Baehr—

AL: And [Isidor] Snapper? They were not full full-time.

MK: They weren’t full-time chiefs. They carried on their—

AL: Practice.

MK: —practice and consultation.

AL: Yes.

MK: When I came here as full-time, which would then be really the equivalent of geographic full-time in the sense that I was told by the Trustees or committee and the various people that—you see, I had just come out of the Army so I hadn’t realized a number of things. One was [chuckles] I hadn’t paid income tax in four years. You know, you don’t go in the Army, pay income taxes. So that was one thing. And the other was that the salary, which I forgot what it was, actually, for full-time at that time—

AL: Do you recall at all? It would be of interest.

MK: I think it was about $20,000 a year for the—I was told you’d earn as much—you know, as you need to live. I didn’t know what one needed to live [chuckles] in those days, and so that the way it turned out, it was very interesting, which I think is something that the current generation should know about, mainly that the pressure to see patients was so great, not because anybody knew me, but because I was head of the department at Mount Sinai. And I finally went over to Steinberg and told him that I didn’t come here to acquire a practice.

AL: That was who? Martin Steinberg, who was then the Director of the Hospital?

MK: Well, yes, he had by that time become Director. You remember—

AL: Yes.

MK: —that whole issue there. And if I was going to stay in private practice I'd better go back to Boston where, much to my wife's chagrin—which she hasn't gotten over yet after all these years—she didn't want me to leave Boston to come here.

AL: I see.

MK: We had a house and a beautiful office and so on. So I was really the first full-time man in the sense that I made an arrangement that I could, I could see whatever patients I wanted to. There's only one thing; I didn't keep the fee.

AL: I see.

MK: And what you did at that time was I would set up a departmental fund so I could use, I used it for everybody except myself, you know, that type of thing; I could go to a meeting and things of that sort, which by the way, is a very good way of doing it. This argument that was given, a full-time man must keep his hands in shape. Nobody keeps his hand in shape. It's his hand, but if the other hand goes into his pocket, you're in trouble. First of all, you're in competition with your own staff. And no matter which way you do it, you're still in competition with your own staff. Because, if you're a chief at Sinai or a senior attending, as you know, they don't have to know who you are. They find out who you are in order to move to you, because of your position, so that this is one of the areas that I think currently is of great importance and significance in relation to medical service plans, to a whole lot of things. I think a man should be full-time. He should get an adequate salary, which apparently he's getting right now. But he should not be in private practice, because especially, for instance, with a psychiatrist. And I know that at five o'clock in the afternoon, or four o'clock, "I've got somebody—a patient waiting for me." That means that anything else that I have to do in relation to my job as chief of the service has to quit at four or five o'clock, without any question. And if you're the psychiatrist who works on a very regular schedule, this becomes a—a surgeon might be able to work it out, you know, if he starts at eight o'clock or a certain amount of time. But even there, it's not—it's not a good—to my mind, all of this is a fraud.

AL: Tell me, were you in the private practice of psychiatry—

MK: Yes—

AL: —before you went into the Army?

MK: I was actually—actually, I was in half-time private practice. I was on the Harvard faculty. At that time, unless you were full-time, what I was trying to reach was Associate. And I got paid for that, $50 a year. This was a symbolic payment. But the actual fact was that this then permitted me to become a faculty member—you know, to do whatever a faculty member was entitled to do. But when my practice was such, I literally practiced only half a day most of the time. See, when I came out of the—when I—after I got a fellowship, a research fellowship at Harvard, went overseas for analytic and other training: neurology, physiology, various other things—and came back, I became clinical director of McLean

Hospital, where I stayed for a couple of years. That's the—was then the Massachusetts General Department of Psychiatry. And after I left that for a number of personal other reasons, what I did was I continued my appointment at Harvard, started the Department of Psychiatry, or restarted it, really, in the Beth Israel.

AL: In Boston.

MK: In Boston, and then continued to teach both there and at the Boston Psychopathic. So I—having an analytic practice essentially, I'd see my first patient at 20 minutes to 8. By 8:30, I was through and then went to the BI, to Boston Psycho or depending on what it is I had to do, and then came back, say, for 12:30 and saw patients until 6:30.

AL: When you came here, there were a lot of liaison psychiatrists on the various services. What was the status of that?

MK: I don't know whether there were—I don't know as to whether there were liaison—that's the first thing I did was to set it up. There had been. Kubie's group actually had functioned on the medical—particularly, the medical wards and surgical ward. When I came here, I think we essentially had seventeen psychiatrists on the staff, most of who worked in the Out Patient Department.

AL: Yeah.

MK: Actually. So we had very little psychiatry in the hospital as such, having-- on occasion, a psychiatrist would be asked to see a patient for consultation. But there's a tremendous difference between a liaison psychiatrist and a consulting psychiatrist. A consulting psychiatrist has to be called in by someone.

AL: So it was a sort of consultative service.

MK: Yeah, when I came here in '45—

AL: —before—

MK: —on occasion, patients would be seen, both in private and in the ward service. But they had to be called in. When we started a liaison service, since the liaison psychiatrist, you remember, was part of whatever service he happened to be on, he didn't have to be called in.

AL: Yes. I remember you had Buddy Meyer [Bernard C. Meyer].

MK: That's right.

AL: Bud Meyer on the surgical service.

MK: That's right.

AL: And he made regular rounds on it.

MK: He made regular rounds—

AL: [unclear] the patients as—as he thought they should be seen and as we actually [unclear].

MK: Yes.

AL: Yes.

MK: So in most instances, I remember, for the record we used to write our own green slip.

AL: That means a referral slip, a consultative slip.

MK: So that—see, now, this was just a—we did some studies on it. But that was a fundamental difference, because you see, my idea has always been in relation to psychiatry. Psychiatry is a specialty within medicine. It deals with its own caseload. But actually, its major relationship is what it can contribute to the practice of medicine.

AL: Incidentally, I better mention here, simply because I'll forget—because there'll be a voice coming in here that nobody'll understand, that Mrs. Ruth Hirsh is sitting here with me and is both listening and will participate in the interview.

MK: Yes. At any rate, well, when we arranged that I come down and start this department, I came down December 1945. And the two things I was able to do were simply to continue and reorganize the outpatient department and organize the liaison service, because we didn't have any ward space, and the only ward space we had eventually was Ward A, which is on the first floor of the Administration Building [later Metzger], if you remember, with the main corridor in the hospital running right through it. It's really the only open hospital Department of Psychiatry.

AL: Before that, there were really no psychiatric beds at all.

MK: No psychiatric beds at all. On occasion apparently the psychiatric patient came in on private or accidentally or developed overt psychiatric symptoms [while a patient] in medicine and surgery.

AL: Did you have any trouble convincing the Trustees to set up that special ward?

MK: No, no. No, trouble because, you see, one of the—not reasons, but one of the conditions of the Department of Psychiatry was that we, within five years, we would have a psychiatric institute consisting of 150 beds, so that whatever happened on Ward A was really a small prototype in the—I think we had twenty-two beds in the ward. Please stop.

[Tape off and on.]

AL: Let's see. What you're showing me is the sort of pictures that—

MK: Well, no. It's a little testimonial.

AL: "To Dr. Kaufman, in appreciation of work being done by the doctors and nurses for the first patients of Ward A of The Mount Sinai Hospital."

MK: This was a twenty-two-bed—

AL: Yes.

MK: You ought to have this for your archive.

AL: Yes, I would like to have it for the archives. I suppose you know, it's better than in the closet over there. But you want to show it to somebody from time to time. Okay.

MK: I haven't shown it to anybody in ten years. [chuckles] It needs to be on the wall. So this is—this is really the essence of the basic philosophy of a department of psychiatry in medicine as worked out in a general hospital. Eventually, at one point, I had something like 180 psychiatrists on staff.

AL: About 180 psychiatrists at one point. There were mostly—there were almost that amount or near that amount for most of the time that I can remember.

MK: Yeah. Well, gradually, you know, built up and—what I'm looking for is a [unclear].

AL: Tell me, when was plan for putting up the, what is now the Klingenstein Clinical Center?

MK: Well, that went over—really went over a period of years. It took—after that this was the actual—I think, seventeen years after I got here, in 1962 we opened the institute, because a number of other things came into the—you know, there was the other Klingenstein Department—we started the Department of Obstetrics—

AL: You mean the main Klingenstein Pavilion on Fifth Avenue.

MK: On Fifth Avenue was the—so, yeah. I never pushed it in the sense that this is the only thing I ever got left. Let's just to take a look at it [unclear-referring to something]. This is the table of organization as of—

AL: I see no date on here.

MK: Yeah—

AL: Yes, it is here. July 1962. That's as [unclear].

MK: As is.

AL: Yes.

MK: That's the past.

AL: Yes.

MK: And so this was our table organization.

AL: When you moved into this building, the Klingenstein Clinical Center. Right. Do you want this?

MK: That's the only one I got left.

AL: Then why don't we Xerox it?

MK: Let me find you a clean one, if I have one.

AL: Some other time.

MK: Some other time. [unclear]

AL: Okay.

MK: It's—well, what this demonstrates is that we're really part of the total situation as far as The Mount Sinai Hospital is concerned, that we are related to it tentatively to every aspect of function. Actually, we worked with a physiologist, which is what we had as basic scientists in some of our research. We worked with [unclear] in some of the allergy problems. But essentially, what we—what we tried to do was to become as much a part of, not only auxiliary—as a total function in relation to what we now euphemistically call patient care, diagnosis and every aspect of it and tried to make our contribution to both the diagnosis and the treatment, management, all the other things.

[End of Tape 1, beginning of Tape 2]

AL: But essentially a clinical service. Let me clarify something.

MK: Yes.

AL: The Klingenstein Pavilion on Fifth Avenue is named after the Klingenstein—

MK: Two different families.

AL: —family but it is a different—it's a Magdalene or some—

MK: Charles and Magdalene—

AL: Which is—

MK: There's no relationship, family-wise.

AL: To the—Mr. Joseph Klingenstein—

MK: That's right.

AL: —who is the moving spirit and force behind the Klingenstein Clinical Center, which is—

MK: Well, he was—he was really—he was behind what became the Klingenstein Center, because you know, neither Esther nor Joseph Klingenstein ever were behind anything for themselves. They never claimed that they were going to have a pavilion, which was going to—or be named after them. But one of his major interests—and he was really one of—he was one of those stalwart [unclear]—

AL: President of the—

MK: He was the president of the Board of Trustees, chairman of the board and so on, has always been, as far as I'm concerned, to be in some aspect of mental health and mental illness and psychiatry. So he was, in a sense, the major sponsor of the institute and the whole department, actually. And I think he served as chairman of one of the two committees in relation to the Department of Psychiatry. He served as chairman of one of them and has always been the person that I worked with most closely, although I worked relatively closely with most of the Trustees.

AL: Now, Mr. Klingenstein was a patient of yours, I understand.

MK: No, never a patient.

AL: Never was a patient of yours. Now, that's interesting to put down because it was assumed in this institution that—you may not realize it—that he was your patient. Now, let's take, well, a few things about Mr. Klingenstein in addition, because since he has had a stroke in relatively recent times—therefore, an interview was not feasible. I think some information about him, we ought to have; for example, the kind of person he was.

MK: Well, you know, it's—the kind of person that I knew him to be was really a dedicated trustee in the best sense of the word. And he was dedicated, not only as a philanthropist in the sense of somebody who gave money, and apparently has given millions of dollars [unclear]. He was dedicated as somebody who really was committed to help other people, and I take it because he was a wealthy—relatively wealthy man, and one of the ways he could do it was to contribute money. But I think this was a secondary part of his relationship to the community and particularly to Mount Sinai. He did—yes, he would contribute money. He would contribute money because he wanted something done, not because, you know, he contributed money and looked around for something to spend it on or to get his name on something. He was a rather quiet—I'm going to use the word meticulous—individual who—

AL: Tall and dignified.

MK: Always tall and dignified and he was very much beloved, as I knew him, and then again by people who didn't know he was giving any money. In other words—

AL: He often—wanted to—he seemed to have a passion for anonymity.

MK: That's the other thing and the story I heard was that when they decided to name the clinical center after him, it came as a complete surprise and he fought it. He fought it in the sense that he didn't want it as a quid pro quo. I think he was very glad that they named it—both he and Mrs. Klingenstein. But this was not something that, you know, the deal, "You name the building after me, I'll give you this and this." That never entered—

AL: He must have been a modest person that he actually felt somewhat ashamed when he was singled out for any kind of—

MK: Well, not necessarily ashamed—embarrassed. I think embarrassed is a better word. I don't think he was ashamed of this. But he certainly was embarrassed. I don't think he ever felt that what he was doing deserved, you know, all this—and this has been a very consistent pattern of his.

AL: I could say also, since I knew him pretty well that although he was dignified and very proper in his behavior, he was not stuffy. He was really very easy to talk to. Very gentle and very straightforward and had a sense of humor.

MK: Yes. He—this is, by the way, something that—you had to know him very well to know, except in some of his speeches, which by the way, he wrote himself. He didn't have any speechwriters. [chuckles] This is—if he said something with humor, it's because it came out of him. I could tell you the story that has nothing to do with the center. We were at dinner someplace within the past couple of weeks, and Joe Klingenstein was there. And there was some lady who was making a big deal out of the fact that she's—you'd have to guess what she was doing. What she was doing—I think she was a widow lady. She was at Columbia studying Sanskrit and she was going off to India to do some such. And everybody that came in—it became kind of the minor theme of the dinner party. "Guess what so and so's doing." Then you didn't guess; she told you and she was sitting with Joe. And she told him she was studying Sanskrit at Columbia. [sentence unclear] [laughter] You know? Now, this was three weeks ago. So when you—when you told me about the fact that he's had a stroke and interviewing him, I don't know as to whether he would want to be interviewed.

AL: [unclear] if I—if I—I should ask—

MK: As of three weeks ago, he was very sharp because, you know, I'm a bit of a punster, as you probably have heard. But this was very sharp and very quick.

AL: Do you think his personality has changed enough to make an interview unfair? To show his personality?

MK: It may—it may be. You see, I don't know him—or in the last couple of years. I've never been a social friend of his, you know, in that sense. I've seen him under many, many circumstances and we've talked a lot. It may very well be that he's generally slowed down. But to use the evidence of that dinner party—not only that, but generally—he was hesitant in his speech but you would have to guess that this is because something had happened. But you know, these things go in waves. [sentence unclear]

AL: I wonder if you could—you could tell us something about the development of the medical school.

MK: Well, that's a long, involved story, which is being lost in the—[chuckles] I was going to say in legend. It's mostly legerdemain.

AL: Well, let me just tell—let me just tell you that I—I've interviewed others on this—

MK: Yes.

AL: —and will continue to. So I think it would be important for you to put your information and ideas—

MK: Well, the development of the medical school was a very difficult situation or series of situations to pinpoint, because coming here as a non-Mount Sinai individual from the outside, working within the framework of the medical school at Harvard, for instance—it became clear very early that a good thing for Mount Sinai would be if it was a medical school. And so talk about a medical school, going back, oh, twenty years, at least, and the

committees that were set up. And there were interviews we had, and with CCNY—what was the name, Gallagher?

AL: Yes.

MK: So we—Horace Hodes [Chairman of Pediatrics, 1948-76], when he came, played a very important role and the government played a very important role. But the [unclear] of those times was, "We should have a medical school. How do we go about it?" rather than the—External circumstances played a certain role in how far we could go at any given time, what we could or couldn't do. So I can't really tell you who was significant. I can tell you that a small group, of which Hodes was one, [Alexander] Gutman was [Chairman of Medicine, 1952-68], I was—played a—This probably antedated Gus Levy's being president, because I remember [Joseph] Klingenstein was president at the time. There was a good deal of hassle. We talked a good deal with Montefiore. We had meetings with Montefiore about having a joint medical school. We met, the three [institutions], under the auspices of Federation—

AL: Federation of Jewish Charities.

MK: Jewish Charities. So it wasn't as if this thing suddenly, we woke one morning and found we had a—an individual who was going to argue and fight for the medical school like Popper [Hans Popper, MD, Ph.D.]. When Popper came [1957], naturally, he began to participate, as Popper does, very actively. And that was one of the things that happened was that those of us who wanted the medical school so badly, that we didn't argue with Popper in any way, you know.

AL: Hans Popper, who was head of the Pathology Department at the time [1957-1972].

MK: Was head of the Pathology, so that—and some of the things that happened that perhaps wouldn't have happened or shouldn't have happened were, in a certain sense, because nobody wanted to set out a debate about, "This isn't the way you should do it, or you should do it this way," because we wanted the medical school so badly.

AL: What shouldn't have happened?

MK: Well, in a number of specific situations, everything from who was to be chosen as dean, whether or not we were to join out with City College at the time. See, I was one of them against it. I've always been against it.

AL: Why?

MK: For the simple reason that it was the wrong university or the wrong college to join up in, because it was politically dominated. And so we were never in a position, although as I understand it, as we worked it out, the quid pro quo was we'd pay our own way, therefore, they didn't have much to say. The actual fact is they've had a hell of a lot to say. That was—they're now in trouble with the biomedical medical school. You know, this new [unclear]—

AL: Who's in trouble?

MK: We are. This new CCNY [editor's note: CUNY]. Well, we're in trouble too because they expect us to take a certain number of students. The new six-year thing [Sophie Davis School of Medicine]. You see, they're now being sued and all sorts—

AL: [unclear] is—

MK: Well, I mean [unclear]. I mean, not that [unclear] is—he came and took on, what I think is [unclear]—

AL: Yes.

MK: —job to—to do. So I'm not blaming anybody.

AL: No, no, no. We're just describing—

MK: Yeah. But what I'm saying is that the—and then of course, there was tremendous pressure, which may have been interpreted correctly or—my own feeling was that the pressure to be connected with a university; unless you're connected to a university, you won't get accredited. I don't think it was so. I mean, we could have been accredited without a university. And I think even to this day, without going into a lot of detail, we would have been better off without the university. I don't know. [unclear] university as such as CUNY—

AL: City University of New York, a complex—

MK: Well, whether that's contributing—but these are some of the factors that some of us were not enthusiastic about. And yet, there was very little discussion on it, or very little argument, you know, coming down the line and unless you would go do these or go to that—but that's a very complex situation. And the man who was getting the credit for the medical school deserves a certain amount of it, actually, because he was [unclear]—

AL: You're referring to—

MK: To Hans Popper. Yeah, he was the dynamo that kept going and as you know, once you start, you can't stop it in that particular sense.

AL: So tell me, you were head of the Department [of Psychiatry] here until what year?

MK: Well, I guess 1970.

AL: 1970. How—

MK: No, actually, you see, for a number of reasons, the Trustees gave me two extra years. Instead of retiring at 68, I retired at 70—age of 70. So this is—I'm now entering my 75th year, chronologically, actually. But—

AL: Now, when you retired from the active chairmanship of the department, you immediately became head of—?

MK: No, I [unclear]—I was functioning as dean of our the Post-Graduate School for a number of years before—

AL: Before you retired.

MK: Yeah, before I retired, as part and parcel of what I was doing in the Department of Psychiatry. It was a vest-pocket operation. You see, we—I functioned as Dean; Miki [Minerva] Brown functioned as registrar.

AL: This is—

MK: Minerva Brown who is now our registrar, has been our registrar. And whenever we'd get the time we could get from our secretary—

AL: [unclear] Fred Brown was—

MK: The chief psychologist—

AL: —the chief psychologist—

MK: —for the department.

AL: —for your department.

MK: Yes. But she was—we had grants that made her a demonstration officer for the Department of Psychiatry when we opened the institute. So she functioned in that capacity. As part of it, we took care of the—and so when I retired, I made the final arrangement with George James [Dean and President of Mount Sinai, 1965-1972] that I'm a Dean Emeritus and consultant. And the other thing—the only other thing I did that was wise was, since I never was in private practice like the other chiefs were, not the full-time people, I made arrangements very early with Martin Steinberg that the only—one of the things that—

[Gap in tape from 16:21 to 16:43.]

MK: —one of the things that I would get on return was an office and my secretary.

AL: But you weren't—that you didn't become very much emeritus, like the Post-Graduate medical school.

MK: What do you mean, I didn't become very—

AL: Well, seeing that you retired from the chairmanship, you're Dean Emeritus, but you aren't Dean Emeritus; you were running this actively.

MK: I'm still running it actively.

AL: That's what I mean.

MK: Yeah.

AL: But you have the title of Dean Emeritus.

MK: Well, being this is—you know, the—this has to do with how long can you—should you keep an individual on with his title?

AL: Mm-hmm.

MK: And what kind of a precedent do you set up? And who am I to be the only one that continues with an active title, [unclear] I'm not Hans Popper? So I'd say [chuckles]—

AL: You mean by that—

MK: Popper is a Professor, whatever it is—of Pathology Emeritus, but he's also—his other title, he's distinguished as the Distinguished Professor.

AL: Distinguished Professor.

MK: Well, you can be a Distinguished Professor after you retire, or even before you retire. But I think that one of the reasons in James' mind —

AL: George James, who was dean—

MK: George James, who was Dean of the medical school and President of the [Medical] Center and so on and so forth, whereas I'm Dean Emeritus, even though I'm functioning as the dean. In order to do that, nobody should then be able to come up and say, "What do you mean with Mo Kaufman?" Well, you know, this is not only a Mount Sinai way of doing things; it's a pretty universal way. In other words, never set a precedent that somebody can then use for—so that's about the only reason that I know that I was the Dean Emeritus.

AL: Now, I notice that your cigar is out and I know that you're very seldom without a cigar. So?

MK: And it's very seldom out. Yes, [unclear] [chuckles]

AL: I wondered whether you want to strike a match—

MK: No, [unclear]. So that's the—and that's where I've been— So what we did, actually was, this is my office, which is—I'm entitled to by arrangement that I made, because somebody like—any of the other chiefs before they were full-time chiefs, what they did when they became emeritus—they didn't become emeritus; they became consultant. The emeritus is an academic label. They just continued in their own offices and practiced. And I didn't want to be in a position where—because I don't do very much practice for a number of reasons. Nobody called me in. But [chuckles] that's another story. The—no, actually, when I finally retired, I sent around—you may have gotten the memo or not. I sent around about fifty little memos, not cards, saying, "I'm about to retire," you know, whatever the date is, and that, "I will be available on occasion for consultation," but would not take on—

AL: I don't recall [unclear]—

MK: Well, maybe [unclear]. Maybe you did or—but I didn't send it to everyone. Anyway, I didn't really try to go into practice.

AL: Right, to be active somewhat.

MK: You can be active but not necessarily in practice. First of all, I don't think, particularly in psychiatry, when you're in your 70s you ought to take on patients for treatment. I've seen

too many that—where colleagues have died and you know, our relationship to our patients is somewhat different. That's one aspect of it. And so this is really what my status in relation to the patients is concerned, but I [unclear] word about the—

AL: Let's [unclear] some personal notes.

MK: Yes.

AL: You're married how long?

MK: Fifty years. [unclear] December 22nd.

AL: Uh-huh. And kids?

MK: [unclear] a son who is a professor of psychiatry at BU—

AL: Boston University.

MK: Boston University, and my daughter who is—lives here, is married.

AL: Wasn't she in the theater?

MK: She was at one time. Yeah, I remember she was in the theater and [chuckles] finally decided to give it up.

AL: You had an illness some years ago. About how long were you ill during that time?

MK: How long was I ill at that time? I've been ill [chuckles] most of my life so there's no great—

AL: You have?

MK: I think this is my third or fourth belly opening that time.

AL: I see.

MK: And this one, I think, turned out be a CA of the—

AL: Was this enteritis you had?

MK: I—I really don't know. The first time—the first time I was operated on was when I was about to leave for Europe back in 1928.

AL: This is while you were at Harvard.

MK: While I was at Harvard.

AL: Yes.

MK: I—

AL: Who operated on you there?

MK: A fellow by the name of Warren.

AL: Richard Warren?

MK: Yeah.

AL: Sure, I know Richard Warren.

MK: And they opened me up and closed me up. And I suppose at that time he didn't know exactly—it was some form of colitis, maybe TB. I really don't know. He never really told me what it was. And Soma Weiss, whom I knew rather well, a year or two or three years later told me I should have been dead [unclear], which didn't happen.

AL: And the second time?

MK: Then I went to Indiana and got another attack, this time went in with a gangrenous appendix. And so I was operated on in Indiana.

AL: Indiana. Who did it?

MK: A fellow, name is [unclear].

AL: All right.

MK: I knew his name.

AL: It'll come to you.

MK: Waelzel.

AL: Spell it.

MK: W-A-E-L-Z-E-L.

AL: Right.

MK: He's a very well-known surgeon.

AL: Well-known surgeon.

MK: And—and then the third opening was by committee.

AL: Yes, I hear—

MK: [chuckles]

AL: Combination of Berg—

MK: Berg and—

AL: —Ivan Baronofsky?

MK: —Ivan Baronofsky, and the fellow who is now the godfather of sleep. What's his name? Dement, Bill Dement—came here to do an internship. Now, he's a fellow who really is responsible for all the sleep work in the world.

AL: Dement?

MK: Dement. Bill Dement. He came here as an intern. He'd never taken an internship. And he was [unclear]—

AL: [sentence unclear] man.

MK: That's right. He participated in holding the retractor.

AL: He's not a surgeon?

MK: He was an intern.

AL: I see. I see.

MK: And this is a perfect example of good judgment and experience is really what happened to me. Otherwise, I'd had a colostomy, if it hadn't been for Leon Ginzburg.

AL: He insisted that—

MK: Well, he insisted that I was so far gone anyway, you might as well take a chance—

AL: I see. [unclear] the ileostomy.

MK: Well, no. It would have been the ileostomy, yes.

AL: An ileostomy.

MK: Because—

AL: Now, the astomosis was made here.

MK: [sentence unclear].

AL: Had a rather unpleasant and stormy course, because I hobbled around [unclear].

MK: If it was uncomfortable for you, imagine what it was for me. It was a very nasty situation.

AL: Yes.

MK: [unclear] fistula for a year and a half.

AL: Yes.

MK: Then it cleared up.

AL: Yes. Now, I wonder if you could—did you happen to see the review recently—I think it was last week in the *New York Times* on Roazen's book [*Freud and His Followers*]?

MK: Yes. Yeah, I have. I have—this one, I haven't read yet. But I read his other one. I really don't know whether it's important as to whether Freud had an erection or didn't have an erection. This is in the review—

AL: Yeah. It mentioned—there were things about Freud which were, really, in a sense, a lot of human traits. I know you [unclear]—

MK: No. [several words unclear] had an erection— [talking over each other]

AL: [unclear] analyzing—

MK: [sentence unclear]. Some of the things that—I don't know as to what was inside his pants at the time of an erection, unless he told somebody. This is quite possible that, in discussing the—you know, in—since we really deal with the most intimate kind of relationships with our patients and since we try for objectivity and a certain nonjudgmental neutrality, then it may or not be—since I haven't read the book—may be revealed as part of an example of what can happen under certain circumstances. Freud probably told somebody [unclear]. Now, some of his other characteristics, including some of his neurotic difficulties, there's never been any secret about it because Freud in his "Interpretation of Dreams" has talked about it. Now, what the purpose of this is—

AL: The book—

MK: —I really don't know. Yeah, the book I am talking about. You know, barnacles live by hitching on to something.

AL: Dr. Kaufman, there's another question I want to ask. Do you see a trend in psychiatry today toward what seems to be, as far as people are concerned, a psychobiological approach or a chemical approach?

MK: It's always been there. It's always been there. I've got a paper somewhere, which I'll send you. It's called "Psychiatry—Why the Medical or Social Model?" which is really a kind of—

AL: You think there's a paradigm.

MK: A paradigm of the—we've always had a psychobiologic point of view. Actually I wrote a small editorial where the—one of our archives or something in which I point out the breadth of what psychiatry is. Unfortunately, what has happened is psychotherapy has become identified as psychiatry. Psychotherapy or psychotherapies is really one of the techniques or skills—within the field of psychiatry.

AL: So psychotherapy, you mean simply referring to—distinguished from psychoanalysis.

MK: No, no, no. I'm talking about psychoanalysis as a psychotherapy, too.

AL: I see.

MK: You see, psychoanalysis, psychotherapy, anything that has to do essentially with the talking cure. This is a minor—now, significant but very important part of psychiatry but it's not psychiatry. Psychiatry today, curiously enough, is really the only field that takes the total individual from the time of conception to the time of death and everything that happens to him—the total spectrum, whether it's genetics or heredity or constitutional factors. Matter of fact, Freud is an avid constitutionalist to a point where he stated over and over again that the constitution of a person who has developed some obsessive compulsive neurosis plays a really important and significant part. So Freud has always been a psychobiologist as Freud. Psychiatry has always been a psychobiological—matter of fact, a socio-psychobiological thing, so it isn't that— now, because there are certain fringes or that certain people go off into this area and specialize. Look, some of you fellows only cut out large guts and do it very well. That's not the role of surgery. That's not even the whole of gut surgery. So I—no, I see some things that are extraordinarily bad, and I use the word specifically in relation to psychiatry. One is that, God knows that they're trying to take it out of medicine.

AL: I know that you've always been interested in what has sometimes passed for the term "psychosomatic medicine."

MK: That's right.

AL: And you gave me great help when we set up the various clubs, societies for stoma—

MK: Yeah.

AL: —people with stomas right before you came here. Dr. Kaufman, you're a relatively relaxed man. What do you relax with?

MK: Cigars. [chuckles] Well, I don't know as to whether I'm relatively relaxed. I suppose [chuckles]. You say that—you can always set up your standards so that you [unclear]. I—I do most of my relaxation as—I've never—probably of all the chiefs of Mount Sinai, I've never taken a winter vacation. I think once I took my kids up to St. [unclear] in the wintertime. So I relax mostly by what I do, because I enjoy what I'm doing and I do a tremendous amount of reading between 11 o'clock and 3 o'clock in the morning every day [unclear].

AL: Dr. Kaufman, if you were to—if I were to ask you—

MK: Ask me.

AL: What was the most, or the one most, or the several most important contributions you made—what would you say they were?

MK: Well, you know, again, important is really as relative—[unclear] answer.

AL: [unclear] try to answer.

MK: I think one of the really important contributions I made is not one that you're interested in. It was my service during the war. You see, I—fortunately, I was one of those who had the chance to really get into combat. And so we got some films that I keep telling you I want to show you sometime. This is one of the things. I set up a school—

AL: That a movie film?

MK: Yeah, these are movie films. And actually, this is, when I consider the clinical practical basis this is one of the things that I did—not necessarily important but it gave me a tremendous amount of satisfaction.

The other thing that I enjoyed, perhaps before most anything else—you know, the usual things, working with patients, but that's—you know, you just take for granted when you're a diagnostician[?]. And after that, I feel that I have done a fair amount. And [unclear] in the recent years, but over a period of time that my interest in—in the dynamics of learning, not in the audio-visual or the instrumentation field. I mean, what goes into education. And so that's some of the things.

So on the whole—and then I—some minor but specific contributions in the field because I worked in everything from pharmacology with Spiegel and psychophysiology and all sorts of things so that we're depending upon the context of where I was at any given time. For instance, one of the earliest things that I did enjoy and I still would like to do is I was one of the earliest psychoanalysts back in the '30s to work with psychotic patients analytically. [unclear] So I got a whole series of things, to which I've made some major and a lot of minor contributions. But in the field of the relationship, of psychiatry as part of medicine, is really that area in which I would like to think that I had a good deal to do with it, in American medicine, in American psychiatry.

AL: Thank you. Ruth, do you have any questions you'd like to ask Dr. Kaufman?

RH: The good doctor's covered everything so completely.

MK: Right, everything [several words unclear].

RH: Everything possible in this time.

MK: Well, I would like to say one thing. It's like everything else; it's a little bit like keeping a diary, you know, when you talk about it. There are many things I could talk about and some of the things would be kind of introspective falsification or retrospective justification for, you know—should have done this, that, the other thing. I want to say something about Sinai and my relationship. I have never found, during all the time as a psychiatrist and my work—[unclear] work in laboratory—but even there—I've never found open and overt hostility to psychiatry. I've never found a whole lot of acceptance, obviously.

AL: [chuckles]

MK: This is not what I—I think that generally, at Sinai, the kind of things I wanted to do, I could get started and continue, not necessarily to my full satisfaction. I've always had a—and I'm not an easy man to get along with, actually, because if I think something is not the way it should be, I tell people, you know.

[End of interview.]