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16 March 1964

MEMORANDUM FOR: Chief, Medical Staff

SUBJECT : Thirty-Three Cases designated by [redacted] as Having Joint Security and Psychiatric Staff Interest

REFERENCE : Memorandum for Chief, Medical Staff from Chief, Psychiatric Staff, Subj: Cases with Joint Security and Psychiatric Staff Interest, dtd, 3 October 1963

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1. In October 1963, Chief, Medical Staff presented the referenced list to Deputy Chief, Medical Staff with the request that each case be studied "to determine whether anything might be learned from them". The chief lesson to be learned is that Medical Staff Psychiatric files are excessively wordy, rambling abstractions, laminated with layers of ruminations by succeeding psychiatrists.

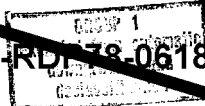
2. [redacted] original list consisted of forty (40) cases, but in order to approach a coherent analysis, seven (7) were eliminated for the reasons that (a) the files had vanished (b) the cases were defectors or dependents, neither of which types lend themselves to orthodox Medical Staff handling, or <sup>(c)</sup> see one case who was so extremely senior that Chief, Medical Staff alone maintains his record. [redacted]

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criteria for selecting these cases is obscure, although I have sought to elicit his mode of choice. It is apparent, however, that few of the cases appear to have any more medical-security relationship than is common to almost all psychiatric problems.

3. In any event, the remaining thirty-three (33) files were laboriously dissected, with certain statistical derivations noted below. It must be emphasized that the small sampling represented and the seemingly irrational mode of collection used by [redacted] or his secretary do not assure a high degree of validity so far as the implied conclusions are concerned.

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4. The following information, for whatever it is worth, was distilled from the thirty-three (33) files analyzed:

- a. Those entering on duty prior to the psychiatric program . . . . . 14
- b. Those having a negative or "no interest" P.I. prior to symptomatology. . . . . 16
- c. Those interviewed and qualified EOD or overseas assignment by a psychiatrist prior to symptomatology . . . . . 11
- d. Those having an alcoholic factor . . . . . 6
- e. Those having a homosexual factor . . . . . 4
- f. Resigned, medically retired, or otherwise separated . . . . . 27
- g. Suicides . . . . . 2

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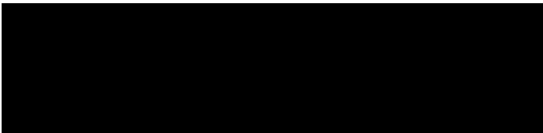
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- h. Still on duty as of October 1963 . . . . . 4
- i. Those in which there was a possible psychiatric staff error in prognostication. 15
- j. Those in which there was a possible Office of Security error . . . . . 3
- k. Those in which there was primarily supervisory error (a DD/P Division Chief). . . . . 1

5. For reference purposes extremely brief condensations of each case are attached to refresh Chief, Medical Staff's memory. It is entirely possible that newer members of the Psychiatric Staff might gain some insight by reviewing the basic voluminous files, and thereby dedicate themselves to streamlining future records.



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Deputy Chief, / Medical Staff

Attachments:  
As stated above

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