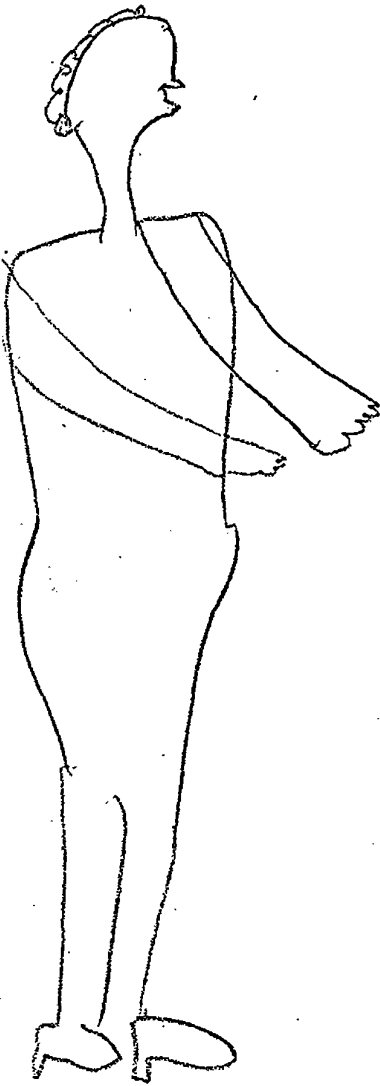
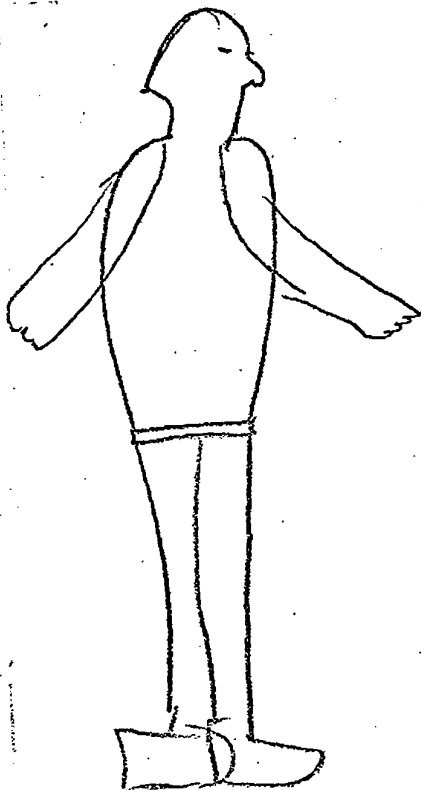




2nd Party - Just a person.

6/14/65

R.G.K.

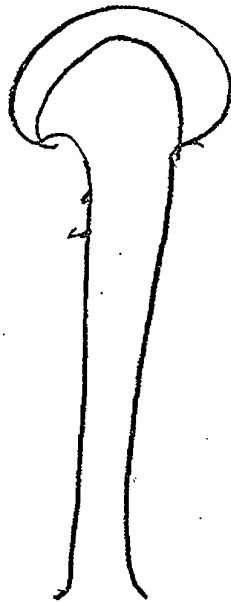


1st John - Just a person.

6/14/65

R.G.K.

June 1, 1965



Tree
6/14/65
R.F.R.

2-22-5, R. 00 0416



Howell
6/14/65
R.H.K.

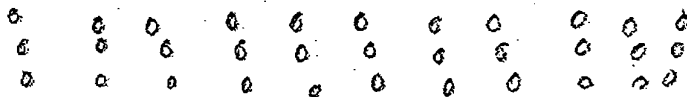
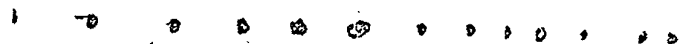
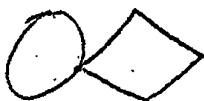
James E. Ray 00416

Age: 37

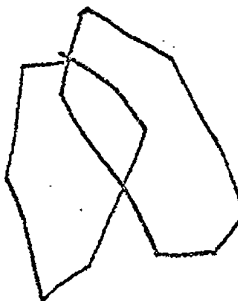
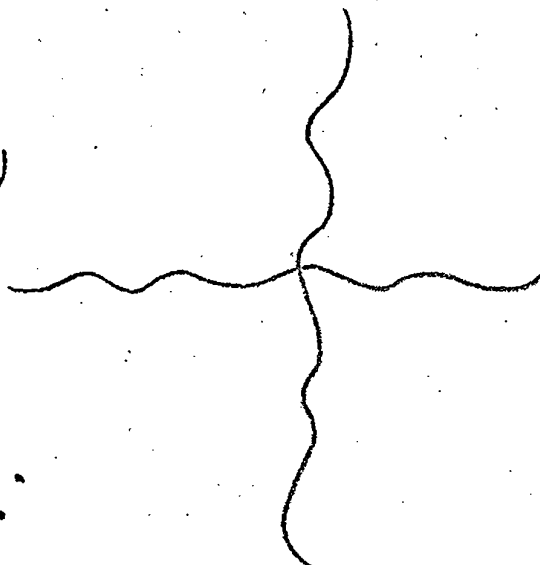
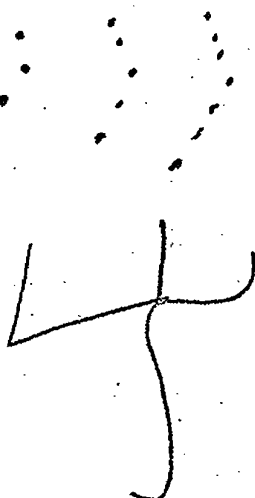
Time: 10 minutes

6/14/65

R.F.K.



Found in room w/ seg. ref.



HARRIS-LINGGOS SUBSCALES
(Harris-Linggos Subcales)

10-21/10/65
W/00416

	No. of Items	RAW SCORE	T SCORE
I DEPRESSION			
D1 Subjective Depression	(32)	<u>18</u>	<u>89</u>
D2 Psychomotor Retardation	(15)	<u>8</u>	<u>67</u>
D3 Complaints About Physical Malfunction	(11)	<u>7</u>	<u>78</u>
D4 Mental Dullness	(10)	<u>9</u>	<u>106</u>
D5 Brooding	(10)	<u>2</u>	<u>53</u>
II HYSTERIA			
Hy1 Denial Of Social Anxiety	(6)	<u>1</u>	<u>52</u>
Hy2 Need For Affection And Reinforcement	(12)	<u>5</u>	<u>45</u>
Hy3 Lassitude-Melancholia	(15)	<u>10</u>	<u>88</u>
Hy4 Somatic Complaints	(1)	<u>10</u>	<u>98</u>
Hy5 Inhibition Of Aggression	(7)	<u>4</u>	<u>56</u>
III PSYCHOPATHIC DEVIATE			
Pd1 Familial Discord	(11)	<u>1</u>	<u>36</u>
Pd2 Authority Conflict	(11)	<u>6</u>	<u>56</u>
Pd3 Social Imperturbability	(12)	<u>6</u>	<u>48</u>
Pd4A Social Alienation	(18)	<u>0</u>	<u>23</u>
Pd4B Self Alienation	(15)	<u>4</u>	<u>43</u>
IV MASCULINITY-FEMININITY			
Mf1 Personal And Emotional Sensitivity	(15)	<u>5</u>	<u>51</u>
Mf2 Sexual Identification	(6)	<u>0</u>	<u>42</u>
Mf3 Altruism	(9)	<u>3</u>	<u>39</u>
Mf4 Feminine Occupational Identification	(17)	<u>1</u>	<u>32</u>
Mf5 Denial Of Masculine Occupations	(10)	<u>2</u>	<u>81</u>
V PARANOID			
Pa1 Ideas Of External Influence	(17)	<u>0</u>	<u>37</u>
Pa2 Poignancy	(9)	<u>4</u>	<u>70</u>
Pa3 Affirmation Of Moral Virtue	(9)	<u>1</u>	<u>62</u>
VI SCHIZOPHRENIA			
Sc1A Social Alienation	(21)	<u>7</u>	<u>56</u>
Sc1B Emotional Alienation	(11)	<u>5</u>	<u>75</u>
Sc2A Lack Of Ego Mastery-Cognitive	(10)	<u>3</u>	<u>68</u>
Sc2B Lack Of Ego Mastery-Conative	(14)	<u>7</u>	<u>76</u>
Sc2C Lack Of Ego Mastery-Defect Of Inhibition And Control	(11)	<u>1</u>	<u>43</u>
Sc3 Sensorimotor Dissociation	(20)	<u>5</u>	<u>68</u>
VII HYPMANIA			
Ma1 Amorality	(6)	<u>5</u>	<u>57</u>
Ma2 Psychomotor Acceleration	(11)	<u>6</u>	<u>72</u>
Ma3 Imperturbability	(8)	<u>3</u>	<u>76</u>
Ma4 Ego Inflation	(9)	<u>1</u>	<u>71</u>

T11/rfk
7/6/65

Profile and Case Summary

The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Charnley McKinley

Name Ray, James W 00611

Address _____

Occupation _____ Date Tested 11/1/65

Education _____ Age 37

Marital Status _____ Referred by Self

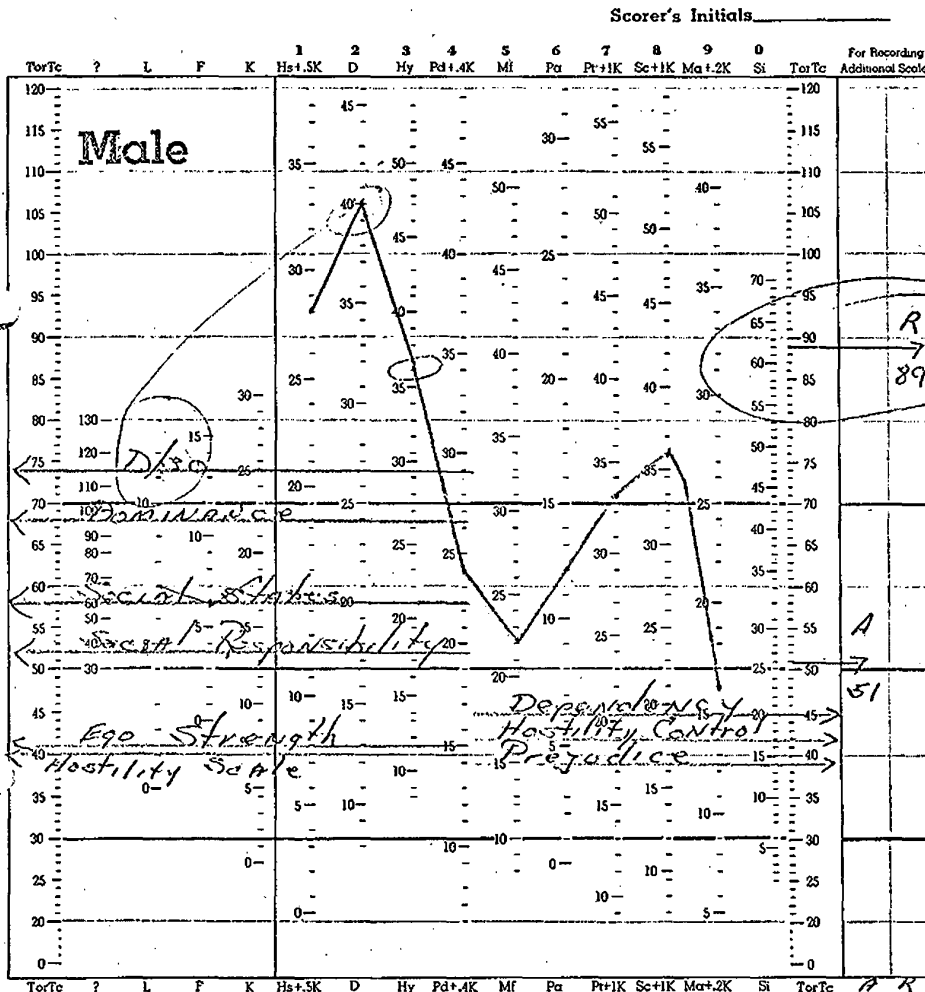
ST=20-58
Re=21-52
Do=21-68
D=20-16-74
CNS=2

H=11-10
H=7-12
D=7-37
S=7-30

NOTES

Mr. Bergin
Sick & all this
a.m.

See pg 177 of 2nd
Hand book for
reasonably on-target
characterization.



ST=39-11
D=15-75

Percentile of X			
X	1	2	3
30	15	12	8
29	15	12	6
28	14	11	6
27	14	11	5
26	13	10	5
25	13	10	5
24	12	10	5
23	12	9	5
22	11	9	4
21	11	8	4
20	10	8	4
19	10	8	4
18	9	7	4
17	9	7	3
16	8	6	3
15	8	6	3
14	7	6	3
13	7	5	3
12	6	5	2
11	6	4	2
10	5	4	2
9	5	4	2
8	4	3	2
7	4	3	1
6	3	2	1
5	3	2	1
4	2	2	1
3	2	2	1
2	1	1	0
1	1	1	0
0	0	0	0

Raw Score 5 7 6 18 12 10 36 17 22 12 15 18 12 11 25

K to be added 9 7 18 18 4 — — — — — — — — — —

Raw Score with K 14 14 24 34 30 22 54 35 30 16 33 36 16 24 89

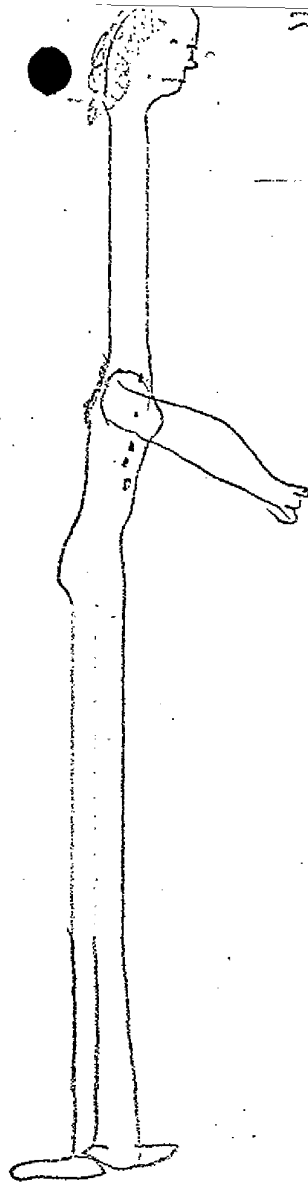


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THE PSYCHOLOGICAL CORPORATION
304 East 45th Street
New York 17, New York

60-142S

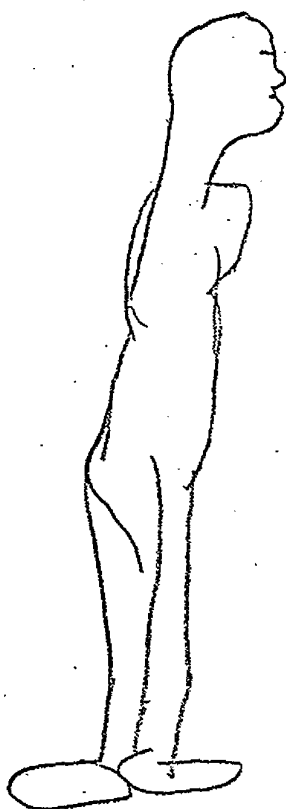
Signature _____ Date _____



2nd Ma - 5th grade
✓ women.

11/1/65

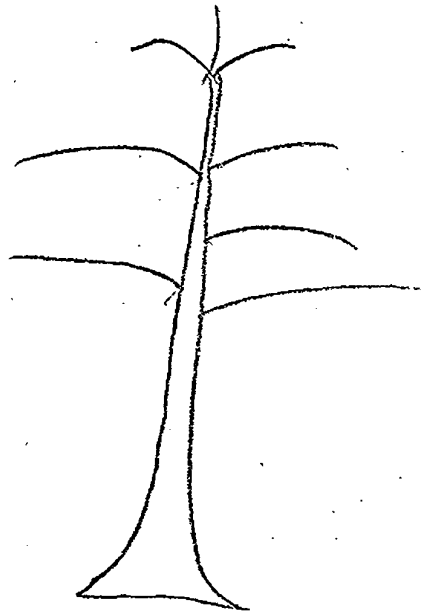
John. P. ...



1st John - He is a nice guy.

11/1/65

ff mla 1817



Tree
11/1/65
Kunkel

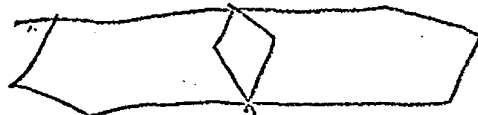
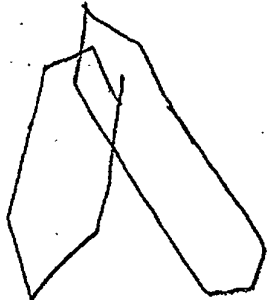
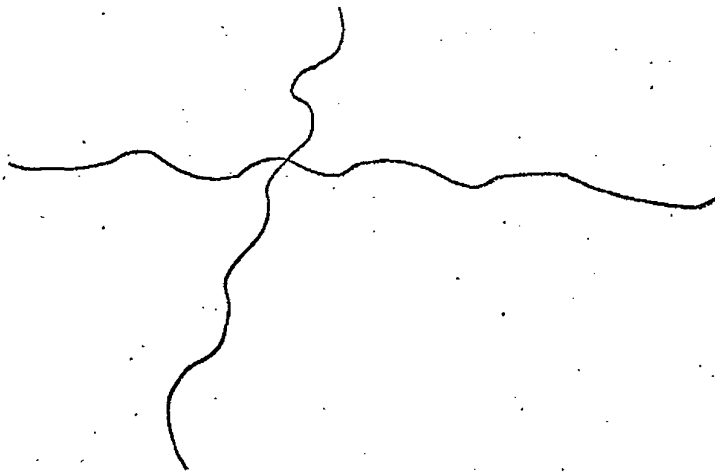
Home Pg 1011



House
11/1/65
Kunkel

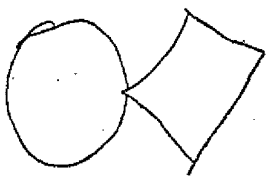
James R. G. 000000

11/1/65
Kurtz

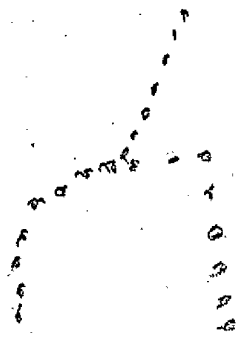
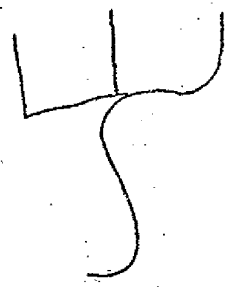


George S. Rogers

Age: 37
Time: 10 minutes
11/1/65
Kunkel



see next page for more
B-G



Librium
chlordiazepoxide

Composition; Librium is a unique and versatile new therapeutic agent which is virtually specific for the relief of anxiety and tension. While Librium has a prompt and profound action over a wide range of emotional disorders, it is safest of the effective psychopharmacologic compounds available to date. It is completely unrelated chemically or pharmacologically to any other tranquilizer or antidepressant agent. Librium is not an MAO inhibitor. Chemically, Librium Hydrochloride is 7-chloro 2-methylamino 5-phenyl 3H-1,4-benzodiazepine 4-oxide hydrochloride.

*0 verified how potent the drug is
office in 4 hrs - Scott C. Miller*

ACTION AND USES: Pharmacologically, Librium exhibits an unprecedented "taming" action in wild, vicious animals. While it has been shown to have tranquilizing properties comparable with those of chlorpromazine and reserpine, it lacks the autonomic blocking effects of these compounds and does not produce extrapyramidal side effects. Librium is indicated whenever fear, anxiety and tension are significant components of the clinical profile. In low oral doses, Librium is effective in mild to moderate anxiety and tension, tension headache, pre- and postoperative apprehension, pre-menstrual tension and menstrual stress, chronic alcoholism, behavior disorders in children, and when ever anxiety and tension are concomitants of gastrointestinal, cardiovascular, gynecologic or dermatologic disorders. Skeletal muscle spasticity (resulting from spinal cord injury, congenital or acquired brain damage) and other debilitating neuromuscular disorders such as dystonia and athetosis frequently respond to Librium. Painful muscle spasms, associated with myositis, fibrositis, bursitis, tenosynovitis, arthritis, fractures, intervertebral disc syndrome, whiplash injury, low back pain or postural strains, is often relieved.

Response is more likely when emotional factors are present than when symptoms are entirely secondary to the musculoskeletal disorder. In higher oral doses, Librium is of value in the more severe anxiety and tension states, agitated depression and ambulatory psychoneuroses (e.g. acute and chronic anxiety states, phobias, obsessive-compulsive reactions and schizoid behavior disorders). In addition, Librium may be useful in certain types of acute agitation due to chronic alcoholism or alcoholic withdrawal (including delirium tremens), hysterical or panic states, paranoid states and acute stages of schizophrenia. Librium injectable is indicated for the relief of acute agitation and hyperactivity (e.g. alcoholism, anxiety, hysterical and panic states, psychoses, drug withdrawal symptoms) when rapid action is required or oral administration is not feasible.

ADMINISTRATION AND DOSAGE: Because of the wide range of clinical indications for Librium, the optimum dose varies with the diagnosis and response of the individual patient. The dosage, therefore, should be individualized to achieve maximum benefits.

ORAL DOSAGE * ADULTS: MILD TO MODERATE ANXIETY AND TENSION:** Tension headache, pre- and postoperative apprehension, premenstrual tension, musculoskeletal spasms, neuromuscular spasticity, chronic alcoholism, and when ever anxiety and tension are concomitants of gastrointestinal, cardiovascular, gynecologic or dermatologic disorders. Usual daily dose; 5 mg or 10 mg, 3 or 4 times daily.

SEVERE ANXIETY AND TENSION: Agitated depression, and ambulatory psychoneuroses (e.g. acute and chronic anxiety states, phobias, obsessive-compulsive reactions and schizoid behavior disorders) Usual daily dose; 20 m.g. or 25 m.g., 3 or 4 times daily.

GERIATRIC PATIENTS: or in the presence of debilitating disease. Usual daily dose; 5 m.g. 2 to 4 times daily.

CHILDREN: Behavior disorders with associated anxiety and tension. Usual daily dose; 5 m.g. 2 to 4 times daily (may be increased in some children to 10 m.g. 2 or 3 times daily).

In acute agitation due to chronic alcoholism or alcoholic withdrawal (including delirium tremens), hysterical or panic states, paranoid states or acute stages of schizophrenia, the suggested initial dose is 50 to 100 m.g. per day. Dosage may then be decreased to maintenance levels. **PARENTERAL DOSAGE -- ADULTS: ALCOHOLISM:** rapid symptomatic relief of alcoholic agitation, tremor, impending or active delirium tremens and hallucinosis -- 50 to 100 m.g. I.M. or I.V. initially; repeat in 2 to 4 hours, if necessary. **ACUTE ANXIETY:** rapid relief of anxiety, agitation and restlessness -- 50 to 100 m.g. 3 or 4 times daily, if necessary.

ACUTE PHOBIA OR PANIC REACTION: rapid control of hysteria, hyperactivity, agitation, confusion and disorientation -- 50 to 100 m.g. I.M. or I.V. initially; repeat in 4 to 6 hours, if necessary. **ACUTE PSYCHOTIC AGITATION:** symptomatic relief of schizophrenic motor excitement, agitated depression, paranoid reactions, hallucinosis -- 50 to 100 m.g. I.M. or I.V. initially; repeat in 4 to 6 hours, if necessary. **ACUTE DRUG WITHDRAWAL:** rapid symptomatic relief of cramps, sweating, nausea, vomiting, and excitement -- 100 m.g. I.M. or I.V. initially, then 50 to 100 m.g. in 4 to 6 hours, if necessary.

Not more than 300 m.g. should be given during a 6 hour period. Lower parenteral doses (usually 25 to 50 m.g.) should be used for elderly or debilitated patients, and for children. In most cases, acute symptoms may be rapidly controlled by Librium Injectable so that subsequent treatment, if necessary, may be given orally by Librium capsules.

SIDE EFFECTS: The necessity of discontinuing therapy because of undesirable effects from Librium has been very rare. Drowsiness and ataxia have been reported in some patients—particularly the elderly and debilitated. While these effects can be avoided in almost all instances by proper dosage adjustment, they have occasionally been observed at the lower dosage range. In a few instances syncope has been reported when high dosage were used. Withdrawal symptoms following discontinuation of Librium have not been reported when recommended dosages have been employed; however abrupt cessation after prolonged over dosage (300 m.g. to 600 m.g. daily for more than five months), has produced withdrawal symptoms similar to those seen with barbiturates or meprobamate (including convulsion). Caution therefore be exercised in administering Librium to individuals known to be addiction prone, or whose history suggests they may increase the dosage on their own initiative.

Paradoxical reactions, i.e. excitement, stimulation, elevation of affect and acute rage, have been reported in psychiatric patients; these reactions may be secondary to relief of anxiety and should be watched for in the early stages of therapy. Other side effects occurring during Librium therapy include isolated instances of minor skin rashes, minor menstrual irregularities, nausea and constipation, as well as increased and decreased libido. Such side effects have been infrequent and are generally controlled with reduction of dosage. While agranulocytosis and hepatic dysfunction have been reported during Librium therapy, evidence is inconclusive that either was related to the administration of Librium. When Librium treatment is protracted, periodic blood counts and liver function tests may be advisable. Before using Librium Injectable the physician should familiarize himself with the side effects which have been noted with oral Librium therapy. In clinical use, Librium Injectable has occasionally produced mild, transitory fluctuation in blood pressure of short duration. These reactions have not presented a clinical problems and have not required supportive therapy. Following the injection of Librium, some patients may become drowsy or unsteady. For these reason ambulatory patients should be kept under observation, preferably in bed, after treatment.

PRECAUTION: In elderly, debilitated patients, it is important to limit the dosage to the smallest effective amount to preclude the development of ataxia or over sedation (Not more than 10 m.g. per day initially, to be increased gradually as tolerated). As is true of all CNS-acting drugs, until the correct maintenance dosage is established, patients receiving Librium should be advised against possibly hazardous procedures requiring complete mental alertness or physical coordination. In general the concomitant administration of Librium and other psychotropic agents is not recommended. If such combination therapy seems indicated, careful consideration should be given to the pharmacology of the agents to be employed with Librium—particularly when the known potentiating compound such as the MAO inhibitors and phenothiazines are to be used. Although Librium is a valuable aid in the treatment of acute and chronic alcoholism, patients should be cautioned as in the case of other CNS acting drugs, about possible combined effects of Librium and alcohol. The usual precautions in treating patients with impaired renal or hepatic function should be observed. Librium Injectable (intramuscular or intravenous) is indicated primarily in ~~acute~~ acute states, and patients receiving this form of therapy should be kept under observation, preferably in bed, for a period of up to three hours. Ambulatory patients should not be permitted to operate a vehicle following an injection of Librium.

The usual precaution of reduced dosage should be observed when treating patients with impaired renal or hepatic function. Injectable Librium should not be given to patients in shock or comatose states. Reduced dosage (usually 25 to 50 m.g.) should be used for elderly or debilitated patients, and for children. When the parenteral use of Librium is followed by oral therapy after acute symptoms are controlled, the usual precautions of Librium oral therapy must be observed.

See Next Section