

2705 S. W. English Court,
Portland 1, Oregon,
November 25, 1954.

Hon. Wm. C. Strand, Director,
Office of Territories,
U. S. Interior Department,
Washington 25, D. C.

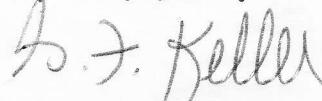
RE: John Emenoff, #1474 (deceased)

Dear Mr. Strand:

I know that you will be interested to learn about this patient's death. He was another insulin coma therapy fatality. He went bad during the treatment and while they were working on him another patient started going bad also. While they left Emenoff to work on the other patient Emenoff died. The other one was taken to Providence Hospital and according to the last reports he is coming out of it. I signed for a post-mortem examination on Emenoff. The autopsy findings on him were interesting. No written report has been received from the pathologist yet, but over the telephone it sounded like there were cerebral findings indicating recent trauma rather than anything which could be attributed to insulin as the possible cause of death. Nobody seems to know what might have happened to him to have produced these findings in the brain. I would like to suggest that after you receive their report of his death and it does not mention the autopsy findings you inquire if there had been one and that if so a copy of the autopsy report be sent to you and in either event that you ask for an explanation of the findings in the brain. This again emphasizes the need for more and better trained and experienced professional help. Of course, as I said before, this may be a valuable form of therapy and I would not recommend that it be discontinued, since it is being carried on at other places as one of the standard types of therapy for certain kinds of conditions. Without that and electro-shock there would not be much else offered here. Theoretically, at least, a doctor is supposed to be in the room with patients undergoing this therapy along with nurses and attendants at all times while a patient is in coma. Practically, it is not always done that way, at least not here. I forgot to mention previously that Emenoff died last Tuesday noon. If Dr. Thompson were not so busy with extra-curricular activities he might have more time for what he is supposed to do. Another patient sustained a broken arm within the past few days as a result of rough handling by an attendant. I am reluctant to report all of these things, because you see what kind of a position it puts me into--"Government spy", but if you want me to, I will report everything I see, hear about, or am able to find out about. Is there any wonder why they should want to be rid of my position and perhaps more particularly of me personally? You probably have not heard about the epileptic whose job it had been to hose off a concrete floor and who during my first few days here apparently had a convulsion while doing his "industrial occupational therapy" job. He may have had a "heart attack". At any rate, he was found, apparently scalded to death. I was so new on the job at that time that they almost managed to hide it from me. Or the patient who during my early time here walked off and was found in a neighboring raspberry patch several days later lying on the ground with part of his intestines dragging after he had tried to emasculate and eviscerate himself with a tin can cover. He was taken to Providence Hospital, but died on the operating table. Or the little boy who several years ago was scalded when turned over to another patient by an attendant to be bathed. He managed to survive. Or the patient who had his nose cut off by a pushed out metal window frame while standing in a truck as it was being driven close to a neighboring factory building. And so I could go on and on. Injuries, including lacerations, contusions, amputation of parts of fingers, fractured small bones in hands and feet, and the like, are not at all unusual in

connection with "industrial occupational therapy". Restraint was the rule rather than the exception when I came here, as was also rough handling, negligence, mistreatment, abuse, more and harder forced labor, worse "food and clothing", little or no treatment, less good and more bad of everything than since and now. At least, they became less brazen and more stealthy, and about now when we have things going pretty good, they think is their ideal chance to get rid of me. I am going to assume the privilege to write you an epistle every time I have thought of enough material to make one worth while until I have most of it off my chest and the undertaking more or less completed for the time being. Please do not feel obliged to reply to each one. It is for your information and my protection.

Sincerely yours,



George F. Keller, M. D.