can be shown that the doctors will get more for services to injured people than was paid out for all kinds of claims, under the former Employers' Liability Act.

But the money in this matter is the least important consideration. Workmen's compensation is only the beginning of a chain of laws to insure workmen against accidents, disease, and ultimately, perhaps old age, and even unemployment.

It is easy to conceive with the progress of these laws, unless properly safeguarded, they may result in the practical enslavement of the medical profession to a bureaucracy created by legislative act. The recent history of certain European countries will bear this out. The Industrial Accident Board has foreseen the possibility in such laws, and this is the reason why such extreme care has been taken that the initial steps in planning procedure shall be along lines approved by the profession generally.

In criticizing the inevitable mistakes of the Board, or of the Medical Advisory Committee of seven, chosen by the medical men themselves, doctors should not forget that the Board and this Committee have always kept in view the ideal of the future of the medical profession who, when things work out as planned, will be left free from the bureaucratic trammels and retain all the rights of which, in the progress of social laws in European countries, in large measure they have already been deprived.

Fees. It seems to the Industrial Accident Board, and to the medical men who have been assisting them in trying to solve the medical problems of this work, that it will be absolutely necessary shortly to agree that the medical fee table shall be put on an industrial basis, and once the principle that industrial accidents shall be classed on an industrial basis, different from the fees in private practice, is established, the whole question of fees will gradually be settled.

Hospitals. In regard to patients who are treated in hospitals, the present law is full of contradictions, and there are many questions to be decided. The injured workman taken to his home is entitled, by virtue of the agreement which the Board has worked out with the insurance companies, to send for his own doctor, but is not entitled to any reimbursement for his board or care. If he goes to a hospital, in ordinary cases the doctor is not entitled to any payment for his services, but board and care are paid for by the insurance company. Many of the hospitals in Massachusetts are charging the insurance companies for the board and care of injured workmen, an amount less than it actually costs them for food.

The Industrial Accident Board is now arranging a conference with hospital superintendents, at which conference charges for hospital services to injured workmen shall be determined, and also the rights of the staff physicians to charge fees to injured employees.

In addition to this, an attempt will be made to define the proper procedure in regard to making employees who are injured, private patients. And it is to be hoped that this conference will result in some kind of an agreement as to the principles of justice which are governing these matters.

THE PASSING OF PARANOIA.*

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IN the Kraepelin sense paranoia may be regarded not as a disease process but a variety of psychical mal-development showing itself in a morbidly perverted reaction to the problems and affairs of life. Or, to use the words of Meyer, "it is the fulfilment of a fate of peculiar make-up." The disease-picture, if we may apply the term to a condition which is but the expression of an anomaly dependent upon evolutionary forces, limits the application of the name true paranoia to a type of individuals perhaps more commonly met outside than inside the walls of institutions. Adhering strictly to Kraepelin's conception we would expect them, for the most part, to be able to adjust themselves after a fashion to their environment, without serious conflict, though often perilously near it.

Briefly stated, as I understand them, the characteristics of true paranoia are delusions representing an unfolding and elaboration of thought processes normal to the make-up of the individual, distinguished by a perverted but clear logic, contact with reality, and originating from actual occurrences; a chronic, incurable course, unyielding faith in, though not necessarily fixity of, the delusions; absence of intellectual impairment and perfect retention of the integrity of the personality.

Upon this hypothesis the task of classifying the true paranoiacs among the insane in institutions is beset with extreme difficulties and perplexities. To determine with any assurance of correctness a diagnosis of this kind in the early stages of a psychosis, one needs not only a clear insight into the nature of this abnormality of mental make-up, a knowledge of the changed opinions on the problem, the variety and number of which indicate they are but stages on the road to a more complete understanding of the subject, but also hindsight and foresight beyond the ordinary endowment of mortals. In determining the existence and value of a peculiar trend arising from make-up as a factor, and in prejudging and fortelling the absence of intellectual impairment and the retention of the integrity of the personality in advance of the prolonged and chronic paranoiac career, the prac-

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tice of psychiatry becomes a decidedly more intricate and delicate business than the toughest sort of theorizing.

The wealth of material available for study in the case records of the Danvers State Hospital, and the method of case-indexing carried on there for years, offer a fine opportunity for checking up end-results in just such cases as these in the diagnosis of which terminal conditions play so important a part. For the purposes of this meeting we have made a somewhat hurried study of cases diagnosed paranoia and entered as such upon our index-cards. The series undergoing this review comprises all cases so classified since the year 1884, a period sufficiently long in most cases for the detection of deterioration, or developmental symptoms not in accord with Kraepelin's definition. The result of this review by present-day standards of classification is anything but encouraging to one ambitious of attaining to that degree of skill in psychiatric diagnostics involving the power of prophecy. From another point of view it is interesting when considered in relation to the different conceptions of paranoia prevailing at different periods, the incidence of cases for a certain series of years varying according to the trend of psychiatric thought of the time, and marking off quite distinctly the stages of development of our present-day notion of paranoia.

In the twenty-nine years under review the number of admissions primarily classified as cases of paranoia was 51. In the first 15 years of the period we find only three cases, admitted one, each, in the years 1884, 1888, and 1899. The following four years, 1900 to 1903 inclusive, are remarkable by reason of the great increase of cases under this classification, the number comprising 37 or 72.5% of the total for the twenty-nine years. This increased incidence corresponds fairly exactly with the period when the Kraft-Ebbing conception of paranoia was orthodox doctrine. Hallucinations formed an important part in the disease-picture of this time, and mental deterioration, while not considered an integral part of the pathological process was not at all uncommon, the prognosis in this respect being uncertain, depending upon what was considered the accidental development of intercurrent diseases, mania, melancholia, etc., to which it would seem this class of cases was regarded as particularly susceptible.

The influence of the Kraepelin school is seen in the markedly diminished incidence since 1904, —a total of 11 cases for the years 1904 to 1909 inclusive, and the latter year marks the last appearance on our records of a case under this classification.

Of the total 51 cases originally placed in this group, the later histories of 35 show the development of symptoms, or a termination, inconsistent with the primary diagnosis. Of the remaining 16 cases five were under observation for periods not exceeding one year, and four not exceeding two years. In these cases the lack of

an adequate after-history following their removal from the hospital renders it expedient to consider them apart as cases where clinical judgment must be suspended for lack of evidence as to their final condition.

We have thus a clear margin of error of 68.6% in the original classification, and ruling out cases not sufficiently long under observation the number of "possibles" determined is reduced to 7 or 13.7% of the total originally classified as cases of paranoia.

In the re-classification of the 35 cases showing the development of symptoms or a termination inconsistent with the paranoia concept, evidence of deterioration was found in 30 cases, or 85% of the number. Of these, probable dementia praecoxes and paranoid conditions comprised the majority. Five cases of the group recovered, one being an acute paranoic condition, two manic-depressive and two alcoholics.

Hallucinations formed a part of the disease-picture in all but three cases of this group. Two of these three presented conditions of beginning apathy and deterioration at admission and the previous history as respecting hallucinosis was inconclusive. In only one of the whole group could it be said with any degree of certainty that hallucinations were non-existent at any stage of the psychosis.

On the other hand in the total of seven "possible" cases hallucinations were definitely determined in only one case. Even here the question of the existence of hallucinations, and the diagnosis, may be open to doubt, the patient being a person of criminalistic tendencies who excused his acts in this connection on the ground that he was driven to them by the promptings of a devil which resided within him and urged him on by audible commands when the opportunity of gain by breaking, entering and stealing was favorable. Strong ideas of reference and illusional misinterpretations gave a pseudo-hallucinatory coloring to the picture in another of these cases.

Summing up our findings by this review of case histories, attention is directed to the relationship between the incidence of cases and the stages of development of our present-day conception of paranoia; the large margin of errors in the classification of early years when the question of prognosis and the study of life histories formed an insignificant or unimportant factor in diagnosis, the rapid decrease in number of cases on record coincident with the acceptance of Kraepelin's idea of absence of intellectual impairment as an essential condition of the picture down to the more recent years when the psychiatric trend seems to have caused "the passing of true paranoia" from the list of the common psychoses. Of equal interest are the findings in relation to hallucinosis, the prevalence of this symptom at some stage of the psychoses in those cases with a mistaken classification of paranoia, and its practical absence in those where the original diagnosis was sustained.