

Address.

THE HISTORY OF THE BOSTON SOCIETY OF
PSYCHIATRY AND NEUROLOGY FOR
TWENTY-FIVE YEARS.*

BY WALTER CHANNING, M.D., BROOKLINE.

It is said that nations, like individuals, by some mysterious law of nature are born into the world, and pass through various stages of growth after a somewhat similar process of evolution. Such is the case also with social institutions like medical societies, if such a term as social can fitly be applied to them. First they come into the world, poor little weaklings, fed by hand, unable to stand alone, and liable to be carried off by any of a score of infantile complaints. Then they begin to take notice, lift up their heads and look about to see what is going on around them. Later they cut a tooth or two, stand on their own feet as well as they can, and feebly try to do something themselves. Thus puberty is reached and, if nothing happens, a more or less robust adolescence. Happy and rare the society that attains an active, happy and useful adult life,—so many die of premature old age, and never reach the period of physiological senility. Is any sight sadder than that of a once prosperous society, which has the dry rot and is slowly disintegrating and dropping to pieces like an old hulk tied to a wharf? We can imagine such a society holding occasional meetings to which a few members bound to the traditions of the past come with true hearts but doleful countenances. The atmosphere is gloomy, the papers heavy, the discussion drags. The only cheerful moment is like that at a funeral—the last, when all is over.

Such, I rejoice to say, is not the status of this society; after twenty-five years of active existence, it assembles here to-night, youthful in spirit, supple, full of vigor and at the very height of its career of usefulness.

Perhaps we may attribute a part of its success to the fortunate time in which it was born. During these twenty-five years, progress in all branches of medicine has been tremendous, and psychiatry has felt the impulse of the wave and been carried far along toward the attainment of work of a dignified and scientific character. This has been in part social in its broad sense, and in part medical, for we must not forget that both the alienist and neurologist have the problem of the *care of the insane* to study, as well as that of mental and nervous disease. Fortunately, the era of insane hospital construction, having reference especially to the first of these problems, was, in many respects, pretty well settled in the earlier years of our existence, and the new McLean Hospital stands to-day as a very practical and ideal solution.

All honor to its builder, our fellow member, Dr. Edward Cowles.

The time was also ripe, in the general progress of medical events, for the scientific study and investigation of mental diseases in this part of

the world, as well as in others, and so, subtly and unconsciously, strong under-currents of energy and activity were at work to lead us here, in our limited sphere, to take however humble a share in the forward movement.

Dr. C. L. Dana of New York has said, in reference to this subject, in a paper read last year before our society:¹ "There have come of late years much clearer ideas of the nature and relationships of the insanities. The analysis of symptoms has been keener, and clinical study has been pursued with scientific methods and with an especial enthusiasm. There has been, in fact, a kind of intellectual renaissance in psychiatry."

Dr. Hoch has also said in regard to the same subject:² "The new impulse which is everywhere felt in the study of psychiatry depends largely upon the fact that the necessity of careful clinical observation has become more thoroughly appreciated. We have passed through a period in which the chief salvation was sought in the study of anatomy and pathological anatomy of the nervous system, and in which clinical studies were more or less neglected. This tendency has now been overcome, while the anatomical studies are by no means lost sight of. In the clinical studies which were undertaken the necessity of a more accurate analysis soon made itself felt, and this led to the development of careful tests and of the adaptation of the psychological and physiological experimental methods to the special problems of psychiatry."

Coming now more directly to the subject of my paper, "The History of our Society," we must begin with the day of its birth, one cold, inclement day in January, 1880. The first meeting of the society was called by the writer and held at the house of that grand old man of our alienists, Dr. George F. Jelly. The charter members, nine of whom were present at the first meeting, were Drs. J. B. Ayer, Walter Channing, Edward Cowles, J. H. Denny, T. W. Fisher, C. F. Folsom, N. Folsom, George F. Jelly, G. H. M. Rowe, C. A. Walker, S. G. Webber and J. H. Whittemore. The writer was asked to state the objects for which the meeting had been convened, which he did by first alluding to the number of alienists practising in Boston, and the need that existed of their getting together and discussing subjects which were of special interest to them, but rarely touched on at general meetings. He also alluded to the few opportunities there were for getting access to mental and neurological journals. It seemed desirable that there should be some plan of mutual coöperation whereby those present might form a society for occasional meetings to discuss questions in which they were interested, and take journals to be sent around from house to house. It was the consensus of opinion that while the primary object of the society was to discuss medical subjects, its meetings should be informal and social, to as great a degree as pos-

¹ The Partial Passing of Neurasthenia.

² A Review of Some Psychological and Physiological Experiments done in Connection with the Study of Mental Diseases. Psychological Bulletin, June 15, 1904.

* Read at the twenty-fifth anniversary meeting, January 19, 1905.

sible. The writer was and now is an advocate of the social side of the meetings, and attributes much of the popularity and success of the society to the opportunities afforded for the beneficial relaxation of social intercourse. Occasionally discussion has arisen in which the doing away altogether of anything in the way of supper has been advocated, but the writer is sure the history of this society proves that the cockles of the heart must be warmed by food, as well as the cells of the brain stimulated by scientific pabulum. An empty stomach and full brain will not bind men together in friendship for any length of time, and he hopes the experience of the past twenty-five years will have a potent influence upon what may be done during the coming twenty-five years. The physician must not only know himself, but his brother as well if he is to get the finest and best there is in professional life, a truth I fear we only half realize in our staid Boston medical societies.

The name adopted at the first meeting was the "Boston Medico-Psychological Society."

At the May meeting in 1880 it is interesting to note that Drs. Edward Jarvis, J. P. Bancroft, and G. G. Tarbell, all no longer living, were elected honorary members. It was voted at this meeting to take a new journal called the *Journal of Mental and Nervous Diseases*, and it was also voted that the journals which the society took should be deposited at the Medical Library.

At the December meeting, 1880, an effort was made to amend the constitution so that there should be a permanent instead of temporary chairman, but the motion was lost; another one, that it was undesirable to provide elaborate suppers, but optional to furnish simple ones, was adopted.

At the meeting in November, 1881, six members only were present and the society showed symptoms of early and premature death from inanition. It was suggested that it should transfer its active functions, except so far as they related to its action as a book club, to the Psychological Section of the Suffolk District Medical Society, then just organized. Several regarded this proposition with favor, thinking there would be more members and greater interest, and it was a professional duty to join the proposed section. Accordingly, it was resolved that the Boston Medico-Psychological Society retain its organization as a book club only, transferring its active functions to the Psychological Section of the Suffolk District Medical Society, and that the succeeding meeting be assigned to the changing of the by-laws to conform to this vote. At the following meeting the matter of so doing came up, and after considerable discussion ended in amending Article IV of the by-laws so that meetings, instead of being held the first Thursdays of each month from October to June inclusive, should be held on the evenings of the first Thursdays in November, February and May, or should be called by the secretary and two members. From this action it is evident that though at the previous meeting the society seemed about to

give up its lease of life and pass on to the world where defunct medical societies go, it had more vitality than was supposed and started in with fresh vigor. The Psychological Section of the Suffolk District Medical Society, of which Dr. G. F. Jelly was secretary, held one meeting only; there was evidently not a large enough field for the two kindred societies.

At one of the meetings of this time, Dr. Denny, who was one of the most prolific speakers that ever belonged to the society, made a motion that the discussion of papers should occasionally be continued to the next meeting, but this suggestion was negatived, which was perhaps fortunate, as we might still be discussing the papers of years ago, or putting off the discussion of others to the future.

At this time the total membership was seventeen, a number of new members having been elected and others having withdrawn.

In September and November, 1883, the secretary said that while the society was on a sound financial basis, the meetings had fallen off in attendance, and he thought it expedient to take steps to either infuse new life into the society or merge it into the Psychological Section of the Suffolk Medical Society as formerly proposed, or give it up altogether. It was agreed that more frequent meetings would be desirable to try as a remedy, and accordingly in December it was voted to hold meetings monthly as previously, and this has been done from that time to this. What seemed like a further decline was only temporary. Since then puberty has passed and adolescence reached without any break in the society's steady progress.

At the February meeting, in 1891, it was thought the time had come to place the society on a firmer foundation than it had been in regard to its constitution and by-laws, and therefore a committee on reorganization was appointed. The suggested changes which included the annual election of a president were adopted at a later meeting, and the first president was elected in 1892.

The first neurologists elected into the society were Drs. Knapp and Putnam. In the nineties the number steadily increased and materially changed the character of the contributions presented at the meetings, also producing a considerable amount of clinical material. As a result of this close alliance of brothers-once-removed, it was voted in 1901 to change the name of the society, from which time it has maintained its present title.

There is no question that increased activity and interest have been aroused by the addition of such able, progressive and aggressive men as my brother neurologists, and between the two, one twin supplementing the other so to speak, much in time should be worked out of positive value. As will be seen in another place, both sections of the society have worked side by side in what has been accomplished in the solution of public questions. The fact that the society began with twelve members and now has sixty

with some on the waiting list, is an indication of how the society has grown.

THE NUMBER AND CHARACTER OF CONTRIBUTIONS.

The total number of contributions has been approximately 264, but it is impossible to give the exact total owing to the fact mentioned elsewhere that a number of cases reported are referred to only in general terms as so many cases presented or reported. We might classify the formal contributions presented as follows: Papers on psychiatry, 86; neurology, 79; medico-legal cases, 12; hospital construction, 3; general medicine, 5; laws pertaining to the insane, 8; cases reported, 65; miscellaneous minor contributions, 6.

A study of the contributions of the society give but a meagre idea of the amount and character of the work that has been done individually by its members. During the first dozen years of its existence the records were pretty fully written out and for those years present an epitome up to a certain point of the ideas entertained as to the care and treatment of the insane and of mental disease in general. The writer regrets that after this time, the records have been somewhat fragmentary, and that often the papers read are mentioned only by title and there is no record of discussions, yet from the latter much valuable information may be obtained. Many cases also are not even reported by name, so that as has been said it is impossible to give an accurate list of all the contributions. Cases have been reported in medical journals with accompanying discussions, but references are often not given in the records, so that for purposes of historical research, records as brief as those of recent years must be regarded as defective. There may be a difference of opinion as to whether or not it is desirable to write out records with a fair degree of completeness, but if they are to have a genuine historical value, it seems to the writer that this should be done.

Naturally, during the early years the papers were largely, though not wholly, of a psychiatric character. A considerable number of medico-legal cases were reported, which if they were published separately would make an interesting volume in themselves.

Among other cases presented was one of "Aphasia Complicated with Insanity," by Dr. C. P. Bancroft; "Cases Illustrating the Connection of Insanity, Hallucinations and So-called Nervous Exhaustion," by Dr. C. F. Folsom; "Recovery of a Case of Melancholia after Two and a Half Years' Duration," by Dr. J. B. Ayer; "Case of General Paralysis Associated with a Limited Meningo-Encephalitis," by Dr. G. T. Tuttle; "A Case of Acute Chorea with Profound Mental Disturbance," by Dr. H. R. Stedman; "Two Cases of Paraphasia with Autopsy," by Dr. S. G. Webber; "Case of Monomania," by Dr. W. A. Gorton; "Two Cases of Acute Mania," by Dr. C. F. Folsom; "Case of Lead Poisoning," by Dr. G. F. Jelly; "Case of Cerebral Injury from Incised Wound of the Scalp," also by Dr. Jelly; "Case of Profound Mental Stupor," by Dr. W. B.

Goldsmith; "Cases of Melancholia considered with Reference to Prognosis," by Dr. T. M. Turnbull; "Two Unique Cases of Insanity," by Dr. T. W. Fisher; "Case of Epilepsy of Forty-five Years' Duration," by the writer; "Cases of Alternating Insanity," etc., by Dr. E. B. Lane.

Views entertained as to mental diseases were indicated by papers on "Folie du Doute," by Dr. Edward Cowles; "Hebephrenia," on which Dr. Stedman wrote a paper in 1886; "Notes on the Classification of Insanity in 1887, being a careful study of the so-called 'Saratoga Classification,'" by Dr. Cowles; "The Insanity of Doubt," by Dr. Knapp; "Case of Neurasthenia with Insistent Ideas, Obscure for Some Years, Leading to Melancholia," by Dr. Cowles; "Evolution of Paranoia," by the writer in 1890; "Acute Mania, its Clinical History and Pathology," by Dr. William Noyes in 1891; "Case of Paranoia," by Dr. W. A. Gorton in 1891; "Hypochondriacal Insanity with Especial Reference to its Classification," by Dr. E. P. Elliot, in 1892.

The papers of neurologists and those of strictly neurological character became more frequent in the nineties; Dr. Putnam read one in 1891 on "The Consideration of the Pathology of Epilepsy with special reference to operation in traumatic cases." Dr. E. G. Brackett the same year gave a paper on "Neurasthenic Spine"; Dr. G. L. Walton, "Eye Strain as a Cause of Cephalalgia"; Dr. J. A. Jeffries, "Paralysis of the Ocular Muscles"; Dr. R. T. Edes, "Temporary Paralysis." In 1894 Dr. Morton Prince, "A Case of Hysteria presenting some Unusual Phenomena with remarks on the new Theory of Hysteria." In 1895, Dr. J. J. Thomas, "Innervation of the Pharynx"; Dr. G. L. Walton, "Multiple Neuritis"; Dr. E. W. Taylor, "The Significance to Pathology of the Neuron Theory"; Drs. Morton Prince and Russell Sturgis, "Phobopsychoses." In 1898 Dr. P. C. Knapp read a paper entitled "Are Acute Psychoses One Disease." In 1901 Drs. Walton and Paul, "Astereognosis in Cerebral Disease with illustrative cases." In 1902 Dr. G. L. Walton, "Localization of the Reflex Mechanism." In 1902 Dr. H. R. Stedman, "Pathology of Dementia Precox." In 1904 Dr. J. J. Putnam, "Notes on the Course and Prognosis of Certain Psychological Neuroses of Traumatic and Quasi-traumatic Origin."

During the last ten years many other valuable papers have been read by both alienists and neurologists. A complete list of all contributions is appended with date and place of publication in the form of a bibliography; but is naturally too long for detailed mention in this place.

Mention should also be made of papers written from a clinico-pathological point of view which in their ways are models of clearness and accuracy. In 1897 the first of these was one by Dr. August Hoch entitled, "An Acute Case of Insanity with Definite Pathological Changes in the Internal Structure of the Nerve Cells"; the second one was by the same author, "A Study of Psychiatry," read in 1900; the third was by Dr. Adolph Meyer entitled, "Parenchymatous Degen-

erations of Central Nerve Elements or Central Neuritis." The fourth was read in 1901 by Drs. Harrington and Worcester entitled, "Cerebro-hematrophy in Adults with Hemiplegia and Aphasia." The fifth by Dr. E. W. Taylor in 1903, "Some Unusual Inflammatory Affections of the Brain and Cord with Special Reference to Poliencephalomyelitis."

Special mention should be made of papers read by physicians from other cities who have come on invitation to present contributions to the society. These in themselves give some idea of the progress that is being made in nervous and mental diseases. The first of these papers was read in February, 1892, by Dr. C. K. Mills and was entitled "Disorders of Pantomime occurring among Aphasics studied particularly with reference to their medico-legal bearings." In March, 1893, Dr. C. L. Dana read a paper entitled "Modern Pathology and Nervous Diseases with Therapeutical Deductions." In March, 1895, Prof. Josiah Royce read a paper entitled, "Some Observations of the Anomalies of Self-Consciousness." In March, 1896, Dr. Richard Dewey read a paper entitled, "A Comparative Study of Caserio and Prendergast, the slayers respectively of President Carnot and Mayor Harrison, with some consideration of the proper disposal to be made of the dangerous crank." In January, 1903, Dr. Joseph Collins read a paper on "Syphilitic Pseudo-Tabes, with remarks on the differential diagnosis of Tabes." In March, 1903, Drs. L. P. Clark and T. P. Prout read a paper on the "Study of the Brain in 18 Cases of Epilepsy." In January, 1904, Dr. C. L. Dana read a paper on the "Partial Passing of Neurasthenia." In March, 1904, Dr. B. T. Burley read a paper on "Bilateral Facial Atrophy with report of a case and its treatment by subcutaneous injection of paraffine." In October, 1904, Dr. Pierre Janet read a paper entitled "Les Crises de Psycholep-sie." In December, 1904, Drs. L. P. Clark and A. S. Taylor read a paper on "Nerve Suture and Anastomosis in the Treatment of Peripheral Palsies; facial, obstetric palsy (Duchenne, Erb)."

At the December meeting in 1890 the society showed its desire to keep abreast of what was being done in neurology by arranging with Dr. H. H. Donaldson, Professor of Neurology in Clark University, for a course of six lectures on cerebral localization, to which the profession in general was invited.

PUBLIC WORK ACCOMPLISHED.

If a medical society has something to *do* as well as to *say*, the chances are that it will not only be more useful, but will stand a better chance of an interesting and active life. Our society has been fortunate in this respect. Composed as it has been largely of those who in some way have had the care and treatment of the insane in their hands, already spoken of above, a certain portion of their work has a distinctly public side which does not, to the same degree, characterize that of members of other societies. It has happened that during the twenty-five years of the existence

of our society, a number of important changes in regard to the care of the insane have come about partly through its instrumentality. These have first been discussed at our meetings, and later committees have advocated them before the legislature with a view to passing appropriate laws for putting the ideas evolved into practical operation.

At the April meeting in 1881 we have the first mention of the interest of the society in legislation for the benefit of the insane. On this occasion Dr. Rowe read a paper entitled "A Bill now Pending before the Legislature Relative to the Commitment of Insane Persons to Lunatic Hospitals." Dr. Rowe at that time believed in a greater degree of latitude in regard to sending patients to hospitals than he does at present. He said "The City Hospital had always endeavored to receive as great a variety of cases as possible. Some cases of mental disease had been received, there being at that time three cases in the hospital. Mild cases could be received and it was contemplated in the future to possess an isolated building for the temporary care of cases of insanity, so that the City Hospital may treat all diseases but smallpox and yellow fever."

At the April meeting in 1888 the writer presented a paper on "Massachusetts Lunacy Laws," and asked the questions, "Do our Massachusetts lunacy laws need revising? Has the time arrived for such revision? Shall a committee of this society be appointed to prepare a revision of the existing laws and draw up new laws establishing a commission in lunacy to serve as a basis for future legislation?" It was the opinion that these laws might be improved, and a committee was appointed to consider the advisability of revising them. At a later meeting the committee presented its report. It was stated in the discussion which followed, that the Board of Lunacy could not be separated from the Board of Charity, and for various reasons the report was laid on the table. At a later meeting it was again taken up, but in view of the appointment of a medical inspector no further action at that time was deemed necessary.

In 1895 the subject of the separation of the institutions for the insane from the penal institutions in the city of Boston was taken up, and a committee was appointed to confer with the mayor on the subject. To the credit of this committee as well as the society and partly as the result of their efforts the division was finally brought about, and two members of the society were chosen as members of the new board of trustees of the Boston Insane Hospital.

In January, 1896, a committee was appointed to consider the expediency of inquiring into the present method of supervising the interests of the insane in the commonwealth; to petition for a committee of inquiry to be appointed by the governor to make a study of the questions involved, and to report to the next legislature; to petition the legislature for a change in the present Board of Lunacy and Charity and the formation of a commission in lunacy. A com-

mission was appointed by the governor to investigate the questions here referred to, and at the May meeting of the society in 1896 a committee was appointed to appear before this commission.

In January, 1897, a committee was appointed to confer with a committee of the Bar Association in regard to the matter of medical expert testimony.

In May, 1897, a committee was appointed to advocate the views of the commission, above referred to, to investigate the charitable and reformatory interests of institutions in the commonwealth, and to promote the necessary legislation. At a later meeting the report of this committee was endorsed and the appointment of a state commission in lunacy recommended.

At the December meeting in 1897, a committee was appointed to draw up resolutions of protest concerning the methods under which the census of the insane was being made by the Director of the National Census having charge of these special statistics.

In January, 1900, a committee was appointed to take such action before the legislature as would promote state care of the insane. The committee appointed to carry out this proposition put in much work, appealing to the entire profession in the state and getting a unanimous opinion in favor of state care of the insane and a State Board of Insanity, and was instrumental in getting the necessary legislation to bring about these reforms. The society now has the satisfaction of knowing, that not only has the state had an admirable board of insanity with an able executive officer for several years, but also under its judicious and skillful management, the last insane pauper, in compliance with the law of state care, has been removed from the almshouses. When we consider what an immense gain it is for our insane to have hospital treatment substituted for almshouse care, our society may well congratulate itself on its share in promoting this change.

At the May meeting, 1902, a committee was appointed to confer with the governor in reference to a bill relating to the working hours of nurses.

In October, 1902, a committee was appointed to investigate the matter of the desirability of separate provision for the female criminal insane.

At the January meeting, 1903, a committee was appointed to appear at the State House for the purpose of opposing a bill then before the legislature which was inimical to the state care of the insane.

At the November meeting, 1903, a committee was appointed to report on the hospital observation of suspected cases of insanity under arrest. During the winter the efforts of this committee resulted in having the proposed amendment made into a law whereby persons under indictment for crime and suspected of insanity can be sent to a hospital for observation.

At the December meeting, 1904, a committee was appointed to investigate the matter of a reception observation hospital and report at a future meeting.

That we have work to do of a public nature still before us, which we should endeavor to accomplish ere we reach the sere and yellow leaf of society existence may well make us serious, even in the midst of our self-gratulations. We should never rest satisfied until we have a proper reception hospital for mental cases in the city of Boston. A long time may be needed to bring it about, but we have done other things almost as difficult. A still greater and more important duty, and one which we owe to ourselves quite as much as to the public, is the reform of medical expert testimony. This, too, is a very hard problem to deal with, but I believe that it can be done successfully, if a society like ours attacks it as a unit, and does not drop it until it is an accomplished fact. But we have got to be in dead earnest and fight the battle to a finish.

DEATHS.

While the society has such a long list of active, able and progressive members, it also mourns the loss of several of equal ability. Of the twelve mentioned as the charter members, three have died, — Dr. Norton Folsom, Dr. C. A. Walker and Dr. J. H. Whittemore. Dr. Folsom was at one time superintendent of the Massachusetts Hospital. Dr. C. A. Walker was for a long time superintendent of the Boston Insane Hospital and for many years identified with the interests of the insane in Boston and Massachusetts. Dr. Whittemore, for some time superintendent of the Massachusetts General Hospital, was one of the most active of the original members, with unusual energy and charm of manner. His unselfishness and patience and courage in suffering, during a long and fatal disease, made him a marked man in the society.

At the December meeting in 1885, resolutions were passed on the sudden and unexpected death of Dr. John W. Sawyer, superintendent of the Butler Hospital for the Insane, in which it was stated that "The medical profession has lost a most valuable member; the hospital over which he presided a careful, able and conscientious officer, and the insane, an untiring, faithful and trusted friend."

At the April meeting, 1888, a committee was appointed to prepare resolutions on the death of Dr. W. B. Goldsmith. Although this was seventeen years ago, those who were fortunate enough to know Dr. Goldsmith still regret his loss as a serious and untimely one. "Dying at the early age of thirty-four," as was stated in the resolutions, "when it seemed that a long life of usefulness had only begun, he had already accomplished by his great attainments and conscientious work that of which older men might well be proud."

In May, 1892, resolutions were recorded on the death of Dr. J. A. Jeffries, a brilliant young man of whom it was said, "Although neurology was only one of the studies in which he was interested, he had already done work worthy to be compared with his investigations in bacteriology and ornithology."

At the November meeting of the same year

resolutions were adopted by the society on the death of Dr. C. F. Carter.

At the meeting of January, 1897, resolutions on the death of Dr. E. P. Eliot were presented to the society. "His rare mental gifts, clear perception, retentive memory and scientific inclinations" were spoken of "as admirably fitting him for his profession."

At the May meeting, 1899, a committee was appointed to take early and fitting recognition of the death of Dr. W. A. Gorton which had occurred since the previous meeting, and similar action was taken in the case of Dr. Russell Sturgis, Jr., whose death was stated to have occurred the previous summer. In the letter sent to Mrs. Gorton by the society, Dr. Gorton's "ability, his manliness, his honesty and clearness" were spoken of; "also the influence his character had in courts where his opinion was sought; the clearness of his judgment and unbiased testimony had had much influence. The self-depreciation which was one of his marked characteristics did not permit him to realize his importance to the insane at large."

"The clear insight and genuine thoroughness of investigation," which characterized Dr. Sturgis, were spoken of as "guiding him in a field which involved some of the deepest and most subtle problems that were set a physician. Regretably short though his career was, it was still long enough to enable him to contribute by his labors to the general welfare of humanity."

At the January meeting, 1902, resolutions were presented on the death of Dr. W. L. Worcester. The society recorded that "in his death they regretted the loss of a physician and of a specialist in psychiatry and pathology, who gave his life devotedly and unselfishly to his work even to the point of sacrificing his life in the pursuit of his investigations."

PRESIDENTS.

1892, Walter Channing; 1893, T. W. Fisher; 1894, J. J. Putnam; 1895, C. F. Folsom; 1896, W. A. Gorton; 1897, Edward Cowles; 1898, G. F. Jelly; 1899, R. T. Edes; 1900, H. R. Stedman; 1901, P. C. Knapp; 1902, C. P. Bancroft; 1903, G. L. Walton; 1904, G. Alder Blumer; 1905, Morton Prince.

SECRETARIES.

1880-1885, Walter Channing; 1885-1886, G. T. Tuttle; 1886-1890, P. C. Knapp; 1890-1898, H. C. Baldwin; 1898-1904, J. W. Courtney; 1904-, W. E. Paul.

THE FUTURE.

What the progress of the society will be during the next twenty-five years is naturally of the deepest concern to us all. The path which neurology may follow has been well indicated by Dr. Putnam. He has said in a recent paper:³ "And yet, in spite of all that has been accomplished, there are abundant reasons for the opinion that the very successes of the anatomical prin-

ciple have thrown unduly into the shade the claims of another mode of approaching the problem of disease, without the aid of which anatomical research must prove inadequate to the task which has been imposed upon it. For this latter principle, which emphasizes the importance of recognizing, in disease, the signs of more or less widespread modifications of function of the organism as a whole, the designation of 'physiological principle' is appropriate.

"The argument is not that the anatomical principle is faulty because it has failed to accomplish all that had been hoped of it as regards the discovery of the essential nature of disease, but that, under it, certain local aspects of the disease process are made the exclusive subjects of research, and that the mind is thus turned aside from a recognition of the fact that an equally important object of study is the modification of functional activity, local or general, which marks the efforts of readjustment on the part of the organism to the effects of the primary disturbance. Such a study as this cannot be adequately made without a thorough use of physiological methods, or the clinical methods inspired and guided by physiological conceptions, the term 'physiological' being understood as including all means of research which throw light upon the mechanism of the processes of life. Psychological and chemical investigations belong pre-eminently in this category."

And Dr. Cowles, with his keen and brilliant scientific insight which penetrates so deep into the problems of psychiatry, throws light from another point of view on the trend of things when he says:⁴ "In the study of disease it is a fundamental proposition that, according to the principles of general pathology, when a disease-form is definitely recognized, we must assume as corresponding therewith a definite underlying disease-process. This distinctly implies, from the point of view of the pathological anatomist, structural changes. But it is impossible to explain mental disease-forms and mental symptoms in terms of structure because we have no knowledge of the relation between normal mental functions and the anatomical arrangements of the brain."

He goes on further to say:⁵ "It is the disorders of these processes of metabolism that have a large part in the derangements of nutrition and the dependent functions of the nervous system; and it is to such derangements that disorders of the mental functions may be due in many cases. The methods of study involve the application of the latest results in the remarkable progress that is being made in physiological and pathological chemistry."

The remarks of Drs. Putnam and Cowles indicate to my mind the trend of neurology and psychiatry in the coming years. The more thorough use of physiological methods will result in showing, far more clearly than hitherto, the course, etiology and outcome of the neuroses and

³ The Value of the Physiological Principle in the Study of Neurology. American Medicine, December 17, 1904.

⁴ Annual Report of the McLean Hospital, 1901.

⁵ Annual Report of the McLean Hospital, 1902.

psychoses, as well, as in many cases, their interdependence.

Ultimately I believe we shall become one united branch of medicine, not working always at the same problems, but using alike clinical and experimental methods of rigid and scientific accuracy. May your historian at our fiftieth anniversary fitly chronicle this consummation most devoutly to be wished for!

Original Articles.

SURGICAL TREATMENT OF NEPHRITIS.*

A Résumé.

BY PAUL THORNDIKE, M.D., BOSTON.

I TAKE it that my part in this evening's program should consist of an outline of the work which has been done in the surgery of nephritis, of a statement of the conditions existing in that work at the present writing, and possibly of a few remarks as to what those existing conditions indicate in the way of possible future progress. In the few moments allotted to my paper such an outline must be a very brief one, and we must trust that the many important details necessarily overlooked in it may receive proper expression in the discussion to follow. It is only in the last quarter of a century that diseases of the kidney have been combated consistently by surgical means, and up to the most recent date surgeons have required most definite and well localized symptoms [pain, hemorrhage, etc.], before venturing to attack the kidney. Within a few years, however, has come a development which is possibly changing all this, and many forms of nephritis which have depended in the past solely upon the physician for their palliation or cure are now being operated upon by the surgeon. This has come about something as follows. In the *Lancet* for Jan. 4, 1896, Mr. Reginald Harrison published three cases of albuminuria which he had cured by operation. His operation consisted in approaching the kidney through the loin and incising its parenchyma. He believed his success with these cases was due to the relief of renal blood tension afforded by his incisions. His operations were done for conditions other than a nephritis, but none the less resulted in apparent cures of undoubted nephritis by nephrotomy. Harrison incidentally noted that operations upon one kidney benefited the functioning power of the other. In the same year Newman published two cases illustrating the beneficial effect of the nephropexy upon albuminuria. Then in 1899 Tiffany of Baltimore reported a case of nephritis of the chronic type associated with marked nephralgia, and the condition was successfully combated by incision through the capsule and into the parenchyma. In the same year Israel reported fourteen similar cases in which hematuria and nephralgia were marked symptoms and were relieved

by operation; but these cases were operated upon, not because of the nephritis which was definitely present in twelve of them, but for one or the other or both of the two striking symptoms, pain and hematuria. Still in the same year Pousson collected and reported twenty-five similar cases including Harrison's and Israel's and added two more of his own. Other papers followed from Naunyn, Ferguson, Malherbe and Legueu, Pousson, Mongour, but although many of these articles contain significant sentences and hints showing the trend of thought which these cases were awakening in the minds of the writers and of other surgeons, it remained for Edebohls to publish series of cases in which operations were performed with the sole aim and object of improving or curing cases of chronic nephritis. Whatever the future shall develop it is to the publications of Edebohls, the first of which appeared April 22, 1899, that the profession owes its inspiration for the work now being done in this direction.

Technic. — Edebohls' technic consists either of a nephropexy by his own method, which amounts to a partial decapsulation with a fixation of the kidney to the inner surface of the abdominal wall, or to a complete decapsulation, the kidney being replaced in its bed of fat without fixation to the abdominal wall. The writer has heard him state emphatically that he performs fixation only in those cases where Bright's disease affects the kidney which is movable enough to present symptoms due to its mobility, deeming that in the lesser degrees of renal mobility enough fixation is furnished by the infiltration which takes place about a kidney which is decapsulated and then replaced in its bed of fat. Regarding operations upon only one kidney, we can, at present, say only that it seems to be the prevailing view that a true nephritis occurs on both sides if at all. Guiteras examined the autopsy records of five hundred persons who were said to have died of a chronic nephritis and in no case was the disease confined to one side. Making all due allowance for the fact that operation upon one kidney undoubtedly influences the functioning power of the other, it still seems as though the indication is to operate on both sides except in such cases as present a complication of renal symptoms pointing to one organ or the other; or, in other words, except in such cases as present something else than the mere existence of a nephritis as an operative indication.

Results. — A year and half ago the writer had the pleasure of hearing Dr. Edebohls speak of his work during the discussion of Guiteras' paper read before the American Association of Genito-Urinary Surgeons. At that time there were fifty-nine cases operated upon, and of these eleven could safely be considered as complete and permanent cures. The standard which he set himself in watching his cases was this: The patients must be free from albumin and casts for six months continuously, and a number of his cures had been watched for much longer periods of time. He spoke with a conservatism

*Read at the meeting of the Boston Medical Library in Conjunction with the Suffolk District Branch of The Massachusetts Medical Society, Medical Section, Dec. 21, 1904.