Society Proceedings

BOSTON SOCIETY OF PSYCHIATRY AND NEUROLOGY

REGULAR MONTHLY MEETING, OCTOBER 21, 1920

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THE INFLUENCE OF THE CEREBRUM ON GROWTH

DR. A. MYERSON's paper dealt with the infantile hemiplegias, the spastic hemiplegias occurring in infancy and in fetal life. It has long been known, though not to any great extent has it appeared in the text books, that when the cerebrum is injured in fetal life by hemiplegia or inflammation a limitation of the growth of the side of the body governed by that portion of the cerebrum takes place, the limbs tend to be shortened, the bones thinner and the face is asymmetrical. The ear and the breast are not included, although in certain cases the ear and the breast on the affected side are smaller. It includes the diameter of the chest on the affected side which is always less. The scapula and the clavicle are always shorter. X ray pictures show no particular pathological phenomena, although some of the x rays taken show that the ossification process seems to lag behind on the affected side.

The classical work on this subject was done by Freud, who collected all the literature on this subject. It is a rather interesting commentary that Freud's first researches were in the field of physical injuries in fetal life. His later contributions were on the psychical injuries in fetal life. Perhaps there is a connection here beneath the surface. The phenomena to which this paper calls attention are, first the contrasting conditions of the hand in adult and infantile hemiplegia. In adult hemiplegia there usually develops a spasticity very marked in the fingers, the typical hemiplegic hand. On the contrary, in the infantile hemiplegias there is *hypotonia most marked and constant*. This seems worthy of notice: first, because the rule in infantile hemiplegias is contrary to the rule in adult, and second, because it is a constant phenomenon and practically never absent in some degree or other. It is therefore one of the ways of differentiating between infantile and adult hemiplegia.

Another phenomenon concerns the scapula. William Graves, of St. Louis, has made his life work the study of the condition known as the scaphoid scapula, a condition in which the ordinary convex vertebral

border of the scapula is concave in construction, the angle of the spine of the scapula is changed and the bone itself is smaller and thinner. In his early papers he laid some stress on syphilis as a cause, but now he looks upon the condition as a phenomenon of general pathology. Critics of his work have stated that the shape of the scapula is dependent on use and that the concavity is brought about largely through use. The series of cases which were studied at Dr. Fernald's institution, Massachusetts School for the Feeble-minded, showed that the arm and leg may be completely paralyzed and there may be no function on that side, and the scapulae will be shorter and thinner. They will, however, be the same in shape on the affected and the unaffected sides. If the scapula is scaphoid on the sound side, it is the same on the paralyzed side. If the scapula is normal, so-called, on the sound side, it will be the same on the affected side. In other words, the shape of the scapula does not depend on use, which is exactly Graves' contention.

OPPORTUNITIES FOR CREATIVE EFFORT BY THE MASSACHUSETTS SOCIETY FOR MENTAL HYGIENE

DR. A. W. STEARNS noted that the Society for Mental Hygiene in this state was one of the first to be organized. It has been an important factor in the development of the National Committee for Mental Hygiene through its membership and its opportunity to help because of the fact that Massachusetts is so far advanced in these matters. In fact the question has been raised as to whether there is a place in a state so highly organized as Massachusetts for a private society for mental hygiene. This question can be answered in the writer's opinion in the affirmative.

There are many fields of activity which a private society can enter quite apart from those covered by a state organization. However, the excellent development of our state organization makes the function of the Massachusetts Society for Mental Hygiene quite different from that of those in some other states.

Some of the directions in which future effort should take are: (1) To create and maintain an enlightened public opinion concerning the relations of mental normality and abnormality to a useful life in the community. Mental disease and psychology are still surrounded with mystery in the minds of the general public. One of the greatest handicaps of mental disease is the attitude which even the most enlightened people take toward it. Efforts at propaganda by state departments often arouse suspicion on the part of the public. There have been occasions in this State during the last few years when resentment has been created by proper attempts of state organizations to stir up public opinion. A private society organized primarily for educational purposes does not meet this opposition. There is little occasion in this state to conduct a cam-

paign concerned primarily with institutional care of the insane, but public opinion is still archaic in its attitude toward the insane or the defective person in the community. It is surprising to find the number of intelligent people who think that many of the insane are kept in institutions by their relatives in order to get their money. The attitude of the public toward an insanity plea in court is hardly intelligent. Again, a failure to recognize the need of adjustment in society for the aged and psychoneurotic leads to broken home ties, divorces and endless litigation. There is evidence to show that the suicide rate can be influenced by propaganda.

(2) To maintain the highest standard in our state institutions. This Society should be in an independent position enabling it to commend or criticize when such action is for the best.

(3) To foster research and investigation tending to increase the knowledge of this subject and in that way ultimately to reduce burdens. Every man in this state who develops a new or promising idea if practical, should feel that the Society stands ready to lend its assistance. The routine duties of the state service and the tremendous problem of feeding and housing so many dependents occupies the major part of the time of those officially dealing with the insane, thus a society of this sort may well conduct or patronize research.

(4) To extend the investigations now being made in a few centers on the relation between mental disease, personality and crime. There is a tremendous field for mental hygiene in the administration of justice and the practice of law. The good beginnings in this field should be supported and new ones developed.

(5) To take an advanced stand concerning the prevention of feeble mindedness. The general question as to segregation, sterilization and control of reproduction of the feeble minded can perhaps best be answered and leadership assumed by a private society.

(6) To extend special classes now so successful in a few places. Laws have been passed and state bureaus are now engaged in work with the defective and backward in our schools. The public must be prepared for this innovation by being informed and encouraged to use special classes properly.

(7) To formulate and to carry out organized effort for the care of the handicapped in the community through social service. The last fifty years have been characterized by a tremendous institutional development. The public is now willing to trust the handicapped one to the care of an institution, but further extension is almost prohibited by the question of expense. There are signs everywhere that the contribution for the next generation may be for economical reasons the perfection of community care of the handicapped. Experience has shown that private agencies dealing with a few cases in a personal way can often develop a method more readily and carry on experiments with

less risk than can the more cumbersome machinery of a governmental department.

(8) To promote the establishment of courses on mental hygiene in the professional and normal schools. There are many colleges in Massachusetts where courses in hygiene are given. These courses have largely to do with the body and should include the mind. Physicians, lawyers and school teachers are continually going forth to their work with too little equipment along these lines. The urge to greater effort may well come from our Society.

(9) To emphasize the need of mental hygiene in the industries. Individuals succeed or fail according to their mental capacity and ability to adapt themselves to their work. Business houses and industries are employing almost any sort of a person who thinks he can help. This field should be gone over, studied and the fundamentals made matters of routine.

Lastly, there are in this state a great many individuals who are professionally or otherwise engaged in work related to mental hygiene. These individuals should be organized, kept informed and asked to advise and so become a greater factor in the progress of our State. Among these are included clergymen, lawyers, doctors, philanthropists, teachers, employment managers, social workers and innumerable others who may be given an opportunity for self expression which can be offered through membership in a society for mental hygiene.

IMMIGRATION FROM A MENTAL HYGIENIC STANDPOINT

DR. A. J. NUTE said that the earliest migratory movements were due to a class of people who are known as colonists as well as immigrants who sought a haven in order to benefit themselves from an economic point of view and largely to have freedom of religious privilege. This migratory movement of a late day has changed so that instead of seeking political rights or religious freedom many are quite ignorant of the simplest facts regarding the government under which they formerly lived and are very apt to confuse the American flag with the dollar bill. The colonist may be classed as an immigrant who is willing to go out and endure the hardships of climate, famine, disease and hostile Indians in order to gain a home and his freedom. The immigrant may do that but he is more likely to profit by what the colonist has started. Therefore the present day tendency is to settle in the cities where it is usually easier to live under conditions more or less satisfactory. In the early settlements selection was the rule by kindred spirits flocking together. Later, as the country grew, the selective element changed and a restrictive policy had to be enforced. The earliest laws passed by the United States were largely to protect the immigrant. This was from 1819 to 1882. From then on laws have been passed largely to protect the United

States. In the early days each state had to protect itself as best it could. This was very unsatisfactory without national action because only Congress could regulate commerce with foreign countries. New York took the lead and finally Congress was induced to take such steps as would start an organized, uniform immigration policy. At first this was carried out by the states by agreement with the Government. In 1890 the Federal Government assumed control itself and from that time on the laws have been gradually tightened in order to exclude the more undesirable types and at the same time to protect the desirable.

Traveling in the early days of the sailing ship was a hardship but little appreciated today. The immigrant furnished his own food and a death rate of ten per cent. during the voyage was considered normal. From time to time the various countries improved these conditions so that before the days of steamships it was required that immigrants should be provided with certain space, certain food, and some protection in regard to sanitary matters and the competency of ships officers. From the days of steamships the general sanitary and living conditions have improved until at the present day the so-called steerage travels better than the cabin passengers of one hundred years ago. Upon arrival at the immigration station means are taken to protect his rights and interests.

In regard to the laws relating to mental inspection it has only been a comparatively short time that mental defectives were mandatorily excluded. The feeble minded might enter legally up to 1907. Under the laws of 1882 idiots and the insane were the principal mental defectives excluded. In 1893 the law was tightened relative to information in regard to arriving aliens. In 1903 epileptics and persons who had been insane within five years and persons who had had two or more attacks of insanity were barred in addition. In 1907, in addition to the foregoing, a person having a mental defect that might affect his ability to earn a living was excluded and for the first time a penalty was placed on the steamship company bringing such mental defectives as idiots, imbeciles and epileptics. Provision was made also to deport any alien that entered the United States in violation of the law or who became a public charge from causes existing prior to landing at any time within three years after date of entry. The last act of 1917 added constitutional psychopathic invalidity, chronic alcoholism, those having had a previous attack of insanity at any time and persons not coming under the above departments that can be classed as mental defectives. The alien was given the right to appeal when certified for a mental defect and allowed to present one medical expert in his behalf before a medical board. The penalty or fine to the transportation company was increased and in addition the deported alien was entitled to have a refund from the transportation company of a sum of money equal to that paid by him for transportation from the port of departure to the port of arrival.

The provision made to deport any alien was extended from three to five years and the wording changed from "causes existing prior to landing" to "cause existing not affirmatively shown by himself or friends to have arisen subsequently to landing."

The inspection may be likened to a sieve rather than a dam. The immigrant has had at least one and maybe several examinations prior to embarkation. A well trained examiner can tell at a glance the nationality or race of the individuals that appear before him. This is a necessary step in order that he may know or recognize the normal from the abnormal. Those detailed are examined in a quiet room after twenty-four hours rest. Physical examinations are made to make allowances for physical defects. A brief mental examination to ascertain the amount of acquired knowledge the alien has and to test his mental activities is given and if successfully passed the next suspect's case is taken up. By this method the normal are released with as little delay as possible. Examinations that follow are made by at least two doctors on different days and a certificate is issued when all agree as to the findings. As long as doubt exists reexaminations are made.

DR. DONALD GREGG remarked in discussing this paper that on ship-board it was extremely interesting to watch immigration inspectors quickly go over two or three hundred people and by simple observation pick out physical and mental defects. He asked Dr. Nute to mention more specifically the general signs that an inspector would look for in examining several hundred men.

DR. A. W. STEARNS objected to the inference that we were all immigrants. The publicity that has been given during the last year to the early history of this country would tend to show that this is not so. Several have attempted (Dr. James J. Putnam in particular) to define or describe the New England character. The population of New England was not an immigrant population but grew through reproduction. For a period of twenty years about 20,000 people came to this country and then, with the exception of the Scotch Irish, immigration stopped. As many returned to Europe as came so that for nearly two hundred years the increase of population was by reproduction. This was also accompanied by extreme isolation. There were no large cities and the settlements of colonists were widely separated so that a type grew up which has become quite distinct from the immigrant type. Dr. Stearns also suggested that great differences of mentality in children and illiterates could be detected by skilled observation of the facial expression and manner. He has found this to be true in his experience with the lowest type of Southern negro.

DR. A. J. NUTE in answer to Dr. Stearns said that it was very true that facial expression was a guide to intelligence. For instance, if an intelligent immigrant child of about two years is brought into a room

hung with bright flags his passive expression at once will change to an animated one. A simple toy will give the same result. In reply to Dr. Gregg's question, an experienced inspector must be familiar with the types of people he examines. He must be able to tell at a glance the nationality of the man passing before him. If he cannot do this he is not a competent examiner. The stolidity which is to be expected in a Pole, for example, might be indicative of a dementia in an Italian. If an Italian woman had the flush of a Scandinavian she would be taken aside to see if she had a temperature. Again, the immigrant dresses in his best when he comes into port. He wants to make the best showing he can. If one comes along carelessly dressed and appearing indifferent it immediately attracts attention and it is well to investigate the mental attitude of that person. In the old days all that could be detected were the gross defects. Now the gross defects are fairly well eliminated on the ship and there is time to devote to the finer defects. This fact is responsible for the large increase in the detection of the mental defective.