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RECENT TRENDS IN PSYCHIATRY.

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Members of the American Medico-Psychological Association, Ladies and Gentlemen: The Association is now assembled for its seventy-third annual convention; its members are gathered for a meeting under extraordinary circumstances: our country is at war with a great foreign power; our national government, after long and careful deliberation, has reluctantly entered the titanic world-wide conflict on behalf of civilization, national independence and the rights of humanity. In this critical hour, with the nation facing the greatest crisis in its history, with its very existence imperiled, a solemn obligation rests upon every loyal American citizen; an obligation to support the government of the United States with all the resources at his command, and to render faithful and efficient service wherever duty calls him.

Our country is confronted with grave problems: a vast military organization must be created; unlimited financial credit established; war munitions manufactured on an enormous scale and food supplies in huge quantities must be provided, not only for our own people, but for hungry millions beyond the seas. The food question is the most important of all these problems, and the members of this Association can aid materially in its solution by devoting their energies to the task of making every institution possessed of farm lands largely self-sustaining as regards the

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products of the soil and the food supplies derived therefrom. This subject will be discussed by Hon. Carl Vrooman, Assistant Secretary of Agriculture, and others whose expert knowledge qualifies them to speak of the urgent need of strenuous and intensive farm cultivation, at a special session set apart for it, and to which you are cordially invited.

Fifty-three years ago when our Civil War was at its height, at their meeting in Washington, our members tendered their services to the Surgeon-General of the United States to aid in the care of sick and wounded soldiers in the hospitals attached to the battlefields. The need of such aid, especially in the domain of psychiatry, may again become exceedingly urgent in the near future. At this meeting, therefore, at an opportune time I shall offer a resolution covering a tender of similar service, and I trust it may have your unanimous and enthusiastic approval.

For the sixth time in three-quarters of a century our meeting is held in the city of New York, where its importance is accentuated by the unprecedented demand for place on its program by members who seek opportunity to be heard in the greatest forum of the world; indeed their offerings have been so numerous that many papers which the Association would be glad to hear in full must be read by title only, as limited time will not admit of their full presentation.

To be your presiding officer at this meeting I esteem a very great privilege; to be the President of this Association, to occupy the chair so ably filled by many distinguished predecessors, is indeed the greatest honor that has ever come to me, and I should be unmindful of my nearest duty if I failed to express my obligation to you my fellow-members for the distinction you have conferred upon me, and my appreciation of your very kind consideration, but along with a profound sense of gratitude comes deep humiliation born of the feeling that any effort on my part to address you as becomes the great office I hold, must appear poor indeed when placed in deadly parallel with the scholarly productions of my predecessors whose names are a brilliant galaxy in the scientific firmament of psychiatry.

To that great array, the empire state has contributed a splendid share; the names of Nichols of Bloomingdale, Gray of Utica, Andrews of Buffalo, Chapin, Wise, Blumer, the MacDonalds,

Brush and Pilgrim, together with many of equal eminence from other states and from Canada, will always be an inspiration to those coming after them. But, notwithstanding that inspiration, it requires but a brief survey of the pages of the AMERICAN JOURNAL OF INSANITY in which our presidential addresses have been published, to disclose that misgiving, doubt, anxiety and despair have been in turn the controlling emotions of nearly every one who has essayed the task of preparing the president's address for an occasion like this, since that memorable day when Dr. John H. Callender of Tennessee, broke the ice at Newport, with the first attempt in 1883, and then, only, after solemn assurance from the Association that his utterance should be immune to all discussion.

Even the erudite sage of Butler, whose facile pen knows no peer, was moved to say at Washington, a decade or so ago, that "for a whole year such a thing as serenity of soul is unknown to the man who awakes to find greatness accidentally thrust upon him as president of an association like this. From that moment of initial apprehension to this one of extreme anxiety, the thought of delivering the annual address haunts him during every waking hour, and even racks his subconscious mind while he seems to sleep o' nights." Well-nigh every imaginable subject that might appear worthy of your consideration at this time has been traversed and re-traversed in days gone by until scarcely an undissected fragment remains for further discussion. I trust, therefore, I may be pardoned if I ask your kind indulgence while I offer a few brief, and I fear rather trite comments on what may be termed some of the recent trends in the domain of psychiatry.

The activities of this Association cover a period of 73 years; it is older than any other national medical organization on this continent; from the small gathering of 13 superintendents at the residence of Dr. Kirkbride in Philadelphia, in the month of October, 1844, it has grown until to-day nearly every public and private institution for the care of the insane in the United States and Canada is represented on its roster, and our membership has nearly reached the one thousand mark. Our organization to-day includes, as it has in the past, the ablest men in our profession, devoted to the study of mental and nervous diseases, and the good work that they and those who have preceded them have done to

alleviate the conditions surrounding the insane is an enduring monument to their industry, self-sacrifice and devotion to duty.

The history of insanity is voluminous. The scriptural references of the Old Testament; the early beliefs in demoniacal possession; the advent of Hippocrates and his gentle ministrations; the lapse of the world into the barbarism of the "Middle Ages" and the coincident reign of witchcraft and sorcery; the cruel tortures that terminated the lives of thousands of unfortunate sufferers, guilty of no greater crime than the loss of their reason; the coming of Pinel, Tuke, Connelly and other humanitarians and the revolution in the method of treatment that resulted from their enlightened teaching, have all been exploited before you by abler pens than mine on many occasions. The early history of the insane in this country; the great advances in psychiatry, in hospital administration and in constructive development, are all matters of record in our proceedings and transactions in such detail as to scarcely need mention at this time. This great field has been especially covered by the monumental work of the committee of which my distinguished colleague and former President of this Association, Dr. Henry M. Hurd, is chairman, in the splendid history "The Institutional Care of the Insane in the United States and Canada," which has been issued from the press within the past year.

Wide and favorable comment has been made on this great work, for which the Association may claim some credit in that it assumed sponsorship for the enterprise in 1908 at Cincinnati, by directing its President to appoint the committee charged with the duty of preparing it, and by assuming financial responsibility for its publication. The four volumes of this history, comprising more than 2500 printed pages, constitute a library for the student of psychiatry, and to Dr. Hurd and his immediate associates in this great undertaking, performed without other reward than the satisfaction derived from the consciousness of a noble task splendidly done, are due the thanks not only of our Association, but of the entire medical profession.

The cordial reception this publication has met with is an encouragement to the Association to undertake another important task, the successful accomplishment of which would be of great value to the medical profession, namely, the formulation and

adoption of a uniform classification of mental diseases, and the publication annually of a statistical report of the insane, showing the status of insanity in every state in the union. This is unquestionably a work our Association should undertake rather than some other organization having no direct connection with the care and treatment of the insane, and I bespeak, therefore, your hearty approval of the report of the committee on uniform statistical reports, advance copies of which have been placed in your hands.

The American Public Health Association through its committee on "Relation of the 1920 Census of Vital Statistics" will recommend "that a registration area for institutional medical statistics be maintained for the census year 1920 to include specific mention of mental diseases in the care of institutions." It has been suggested that the American Medico-Psychological Association appoint a committee on "Registration Area for Mental Diseases," and that this committee "recommend a system of classification, secure the support and cooperation of the hospitals, and offer to the Surgeon-General of the United States Public Health Service forms for a series of simple tables to show important data concerning patients with mental diseases admitted to and cared for by institutions during the census year 1920." It is urged that the service could then, and perhaps annually thereafter, publish comparative statistics of mental diseases in the several states and summary statistics for the entire area of registration record.

At the present moment perhaps no phase of psychological medicine is receiving more attention than mental hygiene; this term covers a wide field, including the practical care and treatment of mental diseases and mental deficiency, and the application of psychiatric and psychological knowledge to social, industrial and economic problems. As the new journal "Mental Hygiene"¹ aptly says: "To-day a general realization is coming into existence that mental factors underlie not only inability to make a living and the gross disorders of conduct, but all the social activities of man." Mental hygiene is by no means a new topic to this Associa-

¹ Mental Hygiene, quarterly magazine of the National Committee for Mental Hygiene, New York, January, 1917.

tion; it was ably discussed by Dr. Isaac Ray¹ at the meeting in Quebec more than half a century ago, and recently has received careful attention at our Baltimore and New Orleans meetings, and elsewhere at our annual gatherings. At Baltimore three years ago a resolution declaring it to be the duty of every community to properly care for its mental defectives, and of every state and country to enact adequate laws for the proper segregation of feeble-minded persons and the prevention of propagation of their kind, was presented by the President, Dr. Carlos F. MacDonald, and adopted by the Association. This action was unquestionably a step in the right direction, but it was only the beginning of activities on the part of this Association which should be extended and far-reaching in a field of the highest importance. The influence of this great body of specialists in mental and nervous diseases should be constantly exerted along the lines of Dr. MacDonald's resolution, and especially in the domain of childhood, where, as Dr. Meyer has clearly shown, unhygienic surroundings and faulty educational methods are responsible for a large proportion of feeble-mindedness and insanity, especially of the *præcox* type. From this class of unfortunates the ranks of crime, immorality, prostitution and insanity are constantly recruited. If these defectives are early recognized, as Dr. Pilgrim,² Chairman of the New York State Hospital Commission, has pointed out they can be, by the Binet-Simon and other tests, "and if their future training and education can be directed and regulated so as to bring out the best that is in them, and if they can be segregated when improvement cannot be expected, then one of the questions of greatest importance in the prevention of insanity will have been solved." "To point out 'the way that madness lies,' to show the path that leads to sanity and health, to recognize the backward child and to teach him how to make the most of his limited abilities, to discover latent criminal tendencies in the young and to suggest a method of treatment which will overcome them before they become fixed, to correct the habits of those who are 'burning life's candle

¹ Mental Hygiene, by Isaac Ray, M. D., Meeting of the Association of Medical Superintendents of American Institutions for the Insane, Quebec, 1858.

² The State's Efforts to Meet the Mentally Sick Halfway, by Chas. W. Pilgrim, M. D., State Hospital Quarterly, Albany, N. Y., February, 1917.

at both ends ' either by overwork or ' the pace that kills,' in fact to ' minister to the mind diseased ' in every possible way " should be the special mission of the worker in the mental hygiene field.

In the cultivation of this broad field of human interest perhaps no single agency is more active at the present moment than the National Committee for Mental Hygiene. This organization is making systematic surveys in many of our states for the purpose of ascertaining the conditions surrounding all classes of defectives, especially the insane and the feeble-minded, and recommending to the state authorities means for the amelioration of these conditions wherever the need for improvement is found to exist. The New York State Charities Aid Association, through its committee on mental hygiene, is actively at work making organized efforts throughout New York State to prevent mental diseases and to secure the establishment of facilities for the earlier discovery and treatment of mental disorders before they develop to serious or hopeless stages.*

In this important movement the state hospitals of New York State, Massachusetts, and some other progressive states, are taking an active part. Mental clinics as features of out-patient departments have been established in connection with many of these institutions and at others plans are well advanced and only await necessary funds for their maintenance to complete their organization. The State of New York has encouraged these clinics during the past two or three years by incorporating in the insanity law a clause, authorizing the state hospitals to organize in connection with each institution an out-patient department, of which such clinics are special features. In carrying out this behest of the statute nearly all of our hospitals employ trained nurses as special field agents whose work in the domain of prevention and after-care is of inestimable value. These agents are trained social service workers, who devote their whole time to the interests of patients who have been discharged from the hospital, or are away on parole; they visit them in their homes throughout the hospital district, confer with them and with their friends as regards their welfare, advise them as to their habits, modes of exercise,

* Annual Report of the Committee on Mental Hygiene of the State Charities Aid Association, 1916.

recreation and occupation and frequently aid them in securing employment, or assist them in the selection of more suitable living quarters if they are maintaining themselves away from home. In this way, aided by the hospital physicians, with whom they keep in constant touch, our social service workers are often able to ward off relapses in paroled or discharged patients, and not infrequently actually prevent mental break-down in other members of the patient's family. The home care service should go still further in the prevention field and include the detail of hospital nurses in homes where potential patients may be cared for, through a period of mental disturbance, by the family physician and restored to health without commitment to the hospital. I think this service should be provided without expense to the family and should be regarded as a profitable investment by the state, as it would undoubtedly lessen the number of commitments and correspondingly the burden the state must bear in caring for dependents of this class.

The new immigration law recently enacted by Congress and now in effect, although open to criticism from some economic viewpoints, will unquestionably be of great benefit to the country as a bar to the admission of mentally defective aliens. This law provides also for the deportation of such aliens if their infirmities are determined within five years after entry into the United States. Many of our institutions for the insane are now crowded with aliens of this class and the need of protection against this evil, never more urgent than at the present moment, will become more and more acute during the next few years on account of the increase in insanity that must result from the great war. The new law, therefore, with its provision for fines collectable from those who knowingly bring insane or mentally defective aliens into the United States, its provision for officers with special training in psychiatry at the large ports of entry, and the lengthening to five years of the period during which insane and other mentally defective aliens may be deported, cannot fail to be of immense practical value in keeping out of the country a class of persons wholly unfit for the duties of citizenship, unfit to become the parents of American children and who, if admitted, must necessarily become a burden upon the commonwealth and a menace to the race.

In reviewing the general field of psychiatry some of its critics—and they are not all outside the fold—have been prone to allege an absence of the progressive spirit in our institutions for the insane as compared with the general hospitals in the larger cities, and that “non-scientific” methods of studying insanity have prevailed. We are charged with being “too frequently satisfied if our patients are comfortably housed, our wards not too crowded, the routine of the day’s work not interrupted by untoward incidents, and our statistical tables up to the general average as to the percentage of recoveries and possibly a little below as to the percentage of deaths.”^{*} Undoubtedly there are many institutions to which such criticism is still applicable, but in our well ordered hospitals for the insane to-day, the routine and stereotyped procedures of a generation ago, long since gave place to a study of the individual case in which thorough analysis of the mental symptoms and exhaustive laboratory research applied to the physical aspects, are the foundations of diagnosis and treatment.

The history of the remarkable progress of the medical sciences in the past decade or two has been largely written in the pathological, physiological, chemical and biological laboratories and psychiatry has by no means been a laggard in this great movement. We now better understand the pathology and etiology of many of the psychoses as a result of laboratory study and are therefore better able to prevent insanity and to cure our patients in whom mental disorder has developed, than ever before. It can no longer be said that “there is no pathology of insanity.” To-day we have the large group of so-called organic psychoses, in which there are definite lesions of special organs or definite etiological factors to explain the mental symptoms, the recognition of which is the direct result of research in laboratories.

This large group includes traumatic psychoses, senile and pre-senile psychoses; psychoses with cerebral arteriosclerosis; dementia paralytica; psychoses with cerebral syphilis; psychoses with Huntington’s chorea, with brain tumor or abscess, with cerebral embolus, with tubercular meningitis, central neuritis, multiple sclerosis, tabes dorsalis, acute chorea, etc.; the alcoholic psychoses; drug and other toxic psychoses; lead intoxications, gas poisoning

^{*} Edward N. Brush, M. D., Presidential Address, New Orleans, 1916.

and pellagra. Then there are the infective and exhaustive deliriums; the auto-toxic psychoses, such as the thyreogenous, uremic and diabetic disorders, and many others which might be added to the list. The laboratory work on syphilis alone has been of inestimable benefit to psychiatry. The Wassermann reaction introduced in 1906, has established beyond cavil the etiological significance of syphilitic infection in the causation of dementia paralytica, and the finding of the syphilitic organism in the brain and the cerebrospinal fluid of paretics may be said to have completed the chain of evidence that "without syphilis there is no paresis." This study is still being carried on and our knowledge of the various manifestations of cerebral syphilis is steadily advancing.

These studies are of great importance from a therapeutic viewpoint. The comparatively recent introduction of salvarsan into our therapeutic armamentarium, by Ehrlich, has added a stimulus to the study of the reaction of the central nervous system to syphilis, and it can be safely said that to-day there is much more hope for successful treatment in the cerebral syphilis reactions than ever before. The Wassermann reaction has demonstrated its value as an aid to diagnosis to such an extent that it is now regarded as necessary in the complete examination of any case admitted to the hospital; without it we cannot exclude syphilis as an etiological factor in any case. In every instance where a positive Wassermann reaction is found in the blood serum lumbar paracentesis should be performed and the cerebrospinal fluid examined by the Wassermann method. The number and character of the cell content, the bacterial and the globulin content of the fluid should also be determined.

Progress is being made in our laboratories in the study of the toxic-infectious-exhaustive disorders. The various bodily functions: nutrition, digestion, nervous energy, etc., are all manifestations of chemical processes; disturbances of metabolism result from external and internal infections and toxic substances and often result in intoxications, the importance of which, in nervous and mental diseases, is commonly admitted. It is well known that bacteria or their toxins may act directly on the brain, or they may cause metabolic disorders elsewhere in the body, which produce auto-intoxications. These infections and intoxications are

now occupying many of our laboratory workers and through their activities we are every day controlling infections and toxins by vaccines and antitoxins, and the field of Ehrlich's side chain theory is constantly widening in its applications to the problems of psychiatry.

Besides these investigations in the purely scientific field, the entire scheme of hospital procedure, as it affects the patient, has undergone a radical change. Hydrotherapy and massage are recognized as exceedingly valuable therapeutic measures; industrial and diversional occupations; classes in physical culture and the systematic re-education of patients, especially of the dementia præcox type, together with greatly improved hygienic surroundings, are all factors in the general plan of treatment which to-day not only makes for the greater comfort of the patient, but largely increases his chances of recovery.

With these activities at the bedside, in the laboratory, in the class-room and elsewhere in the hospital and its environment, which make for the better understanding of the reactions that underlie mental disorders, I am in most hearty accord, but in these days "when much wild doctrine, especially as to mental therapeutics, is being offered the public,"^{*} I cannot avoid a growing scepticism as to the value of certain new procedures that have come into prominence during the past few years, commonly referred to as the psychoanalytic movement, introduced into this country by Freud and Jung in 1909. The exponents of this movement are active in the dissemination of its propaganda. A journal devoted exclusively to its exploitation is now published; its articles are usually entertaining, but frequently clouded by what Dr. Dana calls "an extraordinary clutter of terms" many of them newly coined for this special circulation and the cases reported are often of such picturesque and dubious character, so indefinite and nebulous in their portrayal as to warrant their classification in the realm of fancy rather than fact, and to remove them from the domain of science to that of imaginative literature.

To the psychoanalyst the key to every mental state, normal or morbid, is sexuality. However pure, innocent and free from

^{*} Jung, C. G., *Psychology of the Unconscious*, English translation, New York, 1916.

sexual coloring our ideas may appear to be this appearance is delusive, for they are in reality steeped and saturated with sexuality. This condition is not only traceable to early childhood, but the psychoanalyst is even able to invade the period of intra-uterine life and to find there the prototype of adult fears in the fright the unborn infant experienced while passing through the pelvis of its mother. Similarly the infant obeys an incestuous impulse when he kneads with his little hands his mother's breast and flings himself greedily on the nipple.

Much confusion in this new psychology seems to have resulted from dissensions "amongst the leaders themselves, so that there now exist two schools," "referred to in the literature as the Vienna school and the Zurich school";¹ of these the Vienna following seems to be the larger in this country. Freud is usually credited with the parentage of the psychoanalytic movement, notwithstanding the earlier activities of Janet and Breuer, neither of whom seems to have been sufficiently impressed by his achievements to assert a claim to priority. In dilating upon his power to "translate dreams," Freud is so confident of his ability to correctly interpret their meaning that he has only pity for the benumbed intellect that cannot follow his alert reasoning and discern with equal certainty the meaning of their symbolism.

In this connection it is interesting to note Freud's attitude toward the unbeliever; he says: "I have acquired the habit of measuring the grasp of a psychological worker by his attitude to the problem of dream interpretation, and I have noticed with satisfaction that most of the opponents of psychoanalysis avoided this field altogether, or, if they ventured into it, they behaved most awkwardly."² Nothing seems to be more conspicuous in the attitude of the master psychoanalyst than his self-satisfied complacency.

Abroad, psychoanalysis does not appear to have established a secure footing. Freud himself states that "France has so far shown herself the least receptive toward this movement," and "in England interest has developed very slowly." The standing of psychoanalysis in Germany, says Freud, "can be described in no

¹ Jung, C. G., *Psychology of the Unconscious*, New York, 1916.

² *History of the Psychoanalytic Movement*, by Prof. Sigmund Freud, Vienna. Translated by A. A. Brill, New York, 1917.

other way than to state that it is the cynosure of all scientific discussion and evokes from physicians as well as from the laity, opinions of decided rejection, which, so far, have not come to an end, but, on the contrary, are constantly renewed and strengthened." "No official seat of learning has, so far, admitted psychoanalysis." "Italy, after many promising starts, ceased to take further interest." "And Vienna," says Freud, "has done everything possible to deny her share in its origin. Nowhere else is the inimical indifference of the learned and cultured circles so clearly evident to the psychoanalyst." To Janet, "the assertion that the neuroses can be traced back to disturbances in the sexual life, could only have originated in a city like Vienna, in an atmosphere of sensuality and immorality not to be found in better cities, and it thus represents only a reflection, the theoretical projection, as it were, of these particular Viennese conditions."

Delage, of France, recently the recipient of a very high honor in England—the Darwin Medal—by the Royal Society, says of the psychoanalysts: "These men are the sincere and unhappy victims of a lamentable misapprehension; they have applied to the human individual the psychology of the inhabitants of the moon, such as some shrewd Cyrano on returning from a pretended voyage to our satellite might have imagined, in order to make it as different as possible from terrestrial realities."*

After somewhat extended reading of the psychoanalytic literature with a sincere desire to separate the wheat from the chaff, I am constrained to agree in considerable measure with Dr. Dercum, that it is a matter for profound regret "that at a time when psychiatry is beginning to unfold a practically limitless field for actual scientific research, men should be found willing to devote themselves to a cult, to an ism, which, like a salted mine, returns to the investigator only that which he himself puts in it." "How much more inspiring it would be to know that they were at work upon the biochemical problems confronting them to-day at every step, problems of auto-intoxication, of the toxicity of the sera and secretions, the doctrine of the leucomaines, the problems of metabolism in the heboid-paranoid group and in manic-depressive

* *Psychoanalysis, A New Problem*, by Dr. Yves Delage, *Journal of Mental Science*, London, January, 1917.

insanity and in epilepsy, the problems presented by the biochemistry of the blood, of the cerebrospinal fluid, the suggestive parallelism between auto-intoxication and recovery in the insane on the one hand, and Ehrlich's theory of infection and immunity on the other, and further, the whole world of serological problems now opening up, not to mention the ever widening rôle of the internal secretions."¹⁰

In conclusion, permit me to say that, notwithstanding the mild pessimism of some of our associates and a tendency on the part of others to stray from the beaten paths in search of "false gods,"

"Like one who has been led astray
In the heaven's wide, pathway,"

I regard the future of mental medicine as filled with golden promise. Serious, thoughtful students of psychiatry are busily at work on problems of vital importance, and I venture to predict that within the period of a decade or two their labors will result in a much better understanding of the etiology, pathology, diagnosis and treatment of mental diseases than we now possess. To that exalted end, even though we of the passing generation add no brilliant discoveries, yet may we each contribute our bit by faithfully doing the day's work in accordance with the light vouchsafed us. We shall then have "kept the faith"; we shall have "fought the good fight" on behalf of suffering humanity, and, perchance, when life's mellow autumn shall have arrived and we are ready to lay aside the burdens of professional life, we shall have earned the right to say, with the Grecian poet of old:

"Now I close my work, which not the ire
Of Jove, nor tooth of time, nor sword, nor fire
Shall bring to naught. Come when it will that day
Which o'er the body, not the mind, has sway,
And snatch the remnant of my life away,
My better part above the stars shall soar,
And my renown endure forevermore."

¹⁰ Dercum, F. X., M.D., Transactions American Medico-Psychological Association, Vol. 21, p. 319.