the patient in a period of excitement, but while under care the irritability and opposition, and the call for stimulants were so much in evidence that self-disparagement, hopelessness and other symptoms of the psychosis were crowded into the background. After he went away from under care, Dr. Burr received a letter from him which indicated that he was undergoing a period of excitement and since coming to this meeting, he had heard he committed suicide.

THE PSYCHOSIS OF ADOLESCENCE

By J. Montgomery Mosher, M.D.

The mental characteristics of adolescence; relations of the mental and motor mechanism of the brain to thought and action; type of abnormal action due to cerebral exhaustion; illustrative cases; prognosis; prophylaxis; results; conclusions.

Dr. Diller recalled a patient who had been under his observation many years ago, before dementia praecox had been invented, which was in many ways similar to that related by Dr. Mosher. This patient was an adolescent youth who lay in a catatonic state for a period of 18 months during which time he was entirely mute. His arms and legs placed in any position remained so indefinitely and he was apparently oblivious to his surroundings. A fly on his conjunctiva failed to produce the ordinary reflex movement. For months he was fed with a nasal tube. One morning he talked and began to move about a little. By the end of the week he was apparently entirely well. He recalled many incidents which had occurred during his illness; happily for his caretakers, he had no adverse criticisms to make of the physicians and nurses. For three or four years following his recovery Dr. Diller occasionally met this man on the street going about his business like any one else and had a little chat with him.

Dr. Mosher's discussion of the psychology of such a case is interesting and it may be adequate; but as hindsight is better than our foresight, Dr. Diller doubted very much whether armed with such knowledge we could with any degree of certainty predict recovery of similar cases. However, since his experience in this case he had never been willing to give up hope utterly for catatonic patients.

ORGANIZATION OF NEUROPATHIC AND PSYCHOPATHIC HOSPITALS WITH REFERENCE TO MEDICAL TEACHING

By Richard Dewey, M.D.

I. It is recognized that schools of medicine should give the student-body instruction in Psychoneuroses and in Psychotherapeutics.

II. Clinical instruction requires hospitals with wards similar to "Pavilion F," at Albany, or separate institutions. A rough classification will show the immense range of cases belonging to the Psychopathic Hospital: First, the psychoses in all their infinite variety. Second, the neurasthenic and hysterical. Third, the additions to drugs and alcohol. Fourth, the organic brain lesions, paralytic, paretic, arterio-sclerotic; those psychoses resulting from cardiac and renal diseases. Two great subdivisions would be the surgical and the syphilitic groups (many patients

would belong to two or more of the above groups). Fifth, the fever deliria. Finally, two important groups that psychiatry must take cognizance of, but requiring separate provision, the epileptic and the criminal, psychopaths.

Dr. Mosher said Dr. Dewey had compressed a great deal of information into a very small compass and summarized the important facts of this matter in such a concise manner we hardly realize how much ground he has covered in his digest. His own experience is principally with the annexation of a ward for mental cases to a general hospital. He had found after several years of administration they were attaining an ideal and as a general thing leveling out, so that as years go by there is less and less distinction between mental cases and cases of general disease. Patients who may come into the mental wards by reason of mental states incidental upon other conditions do better in a day or two than in the general ward. So they receive a great many cases for a day or a week or two, following an operation, and incidental upon their so called physical diseases. Of course the gratification rests in the discovery of the intimate relation between so called physical diseases and mental diseases as they have been called in the past and the more widely that idea is appreciated and the conditions are adapted to meet it the more easy and more rational will become their method of dealing with these cases. That is the point in Dr. Dewey's paper on which he touched and which Dr. Mosher thought should have emphasis.

III. The Psychopathic Hospital requires laboratory facilities, chemical, bacteriological and psychological.

IV. The question of legal commitment is here vitally concerned. Is a modification of legal procedure practicable whereby official interrogation will determine whether any individual is deprived of personal liberty, without affixing the mark of so-called insanity upon one and all?

V. Insanity is a medical misnomer.

Dr. C. B. Burr said the question of commitment is an interesting one. From motives of expediency, it is oftentimes necessary to consider more than the apparent rights of the individual. It is very comforting to a patient to know, after recovery, that there has been no adjudication of insanity and as time goes on, commitments will become fewer and fewer no doubt. On the other hand, a great deal of trouble is often escaped by early commitment.

Dr. Burr mentioned a case where a woman patient was spirited away in an automobile between two days, by her daughter, and taken to her home. Since then she has commenced proceedings for divorce, and this notwithstanding there was adjudication of insanity in Michigan. There was none in her home state and she seems to have gained the first round in legal proceedings. She has been granted alimony *pendente lite*, and apparently has full standing in court. What the future may develop, whether she will still continue to have right in court, it is of course impossible to predict, but it is obvious that had there been adjudication of insanity in her own state much trouble would have been escaped by those certainly innocent of any wrong intention in the course they adopted for the care of the patient.