

otherwise. The involved limb can always be told by the fact that the foot and toes will be held in the Babinski position, whereas the toes on the unaffected side will be markedly flexed.

Dr. D. J. McCarthy asked whether Dr. Weisenburg had ever seen in Blockley that peculiar group of cases which were called "uremic hemiplegia." Whether he did not find in these cases a Babinski reflex lasting twenty-four to seventy-two hours.

Dr. T. H. Weisenburg said that the remarks of Dr. McCarthy only proved what he had said: The presence of the Babinski reflex in uremic hemiplegia indicated that during the hemiplegic attack the motor fibers were implicated, but the important point is that the reflex disappeared after the hemiplegia had disappeared. The point Dr. Weisenburg wanted to emphasize was different. It would perhaps best be exemplified by a very well known patient who has been on the service of a number of the members present. This was a patient who had general epileptic convulsions which had a tendency to become unilateral. After each attack the Babinski reflex could be obtained on one side from twenty-four to thirty-six hours. At postmortem there was found a tumor in the middle cranial fossa which pressed upon the foot of the cerebral peduncle, thereby irritating the corresponding motor column. This symptom was present for years. Dr. Weisenburg had seen this in a number of cases and he has come to the conclusion that a persistent Babinski reflex lasting more than a few hours following an epileptic attack was the indication of a lesion in the motor column somewhere within the cerebrum and that the irritation in such instances is probably a tumor.

NEW YORK NEUROLOGICAL SOCIETY

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The President, DR. SMITH ELY JELLIFFE, in the Chair

CASES TREATED BY THE MALONEY REST-EXERCISE METHOD

By I. Abrahamson, M.D., and Albert Polon, M.D.

These patients, who were shown by Dr. Polon, had been treated in the Out-Patient Department of the Mt. Sinai Hospital, in the service of Dr. Abrahamson. They were all ambulant cases, suffering from functional neuroses, and were presented to illustrate the value of the rest-exercise method of treatment, the technique of which had been given in detail in a paper by Dr. W. J. M. A. Maloney and Dr. V. E. Sorapure, read at the meeting of this Society on March 3, 1914.¹

The first patient was a girl, nine years old, who for seven months had suffered from a facial tic. The movements, which were persistent and annoying, consisted of extreme deviation of the eye-balls to one or the other side, followed by twitching of the nose and upper lip, by wrinkling of the forehead, and finally, by raising the index finger of the right hand to the nose, as though smelling it. She had been treated by various methods without relief. After two lessons by the Maloney rest-exercise

¹ Relief of States of High Mental, Vascular and Muscular Tension.

method the movements had entirely disappeared, and the girl now showed no sign of the original affection.

The second case was a boy of twelve who had suffered from a facial tic which he had acquired by imitating some one in his class, and which became more pronounced under excitement. After a single lesson of 25 minutes' duration he was entirely relieved by the rest-exercise method.

The third case was that of a girl of 19, a stenographer and typist, who about five months ago, after an exciting occurrence, noticed that her left hand became weak and tremulous. These symptoms gradually extended to the corresponding lower limb and the girl was compelled to give up her work. For thirteen weeks she was under treatment by various methods without any benefit. After two treatments by the rest-exercise method her symptoms entirely disappeared and she was well enough to return to work.

The next patient was a boy of nine years who had suffered from blepharospasm, with more or less constant snuffing and hawking. This boy was still under treatment. Although he was much improved, there was still an occasional slight blinking of the right eye.

The next case was one of hysterical paraplegia in a boy of nine, which dated back three months and followed an attack of otitis media and facial erysipelas. According to the boy's history, the paraplegia came on suddenly: he was unable to stand or walk and was taken to the Beth Israel Hospital, where he remained for five weeks. He was then taken to his home, unimproved, and six weeks later he was carried to the Mt. Sinai Hospital, still completely paraplegic. The case was recognized as one of hysterical paraplegia, and after a single treatment by the rest-exercise method, the boy was able to walk home and had remained well ever since.

In connection with this series of cases, Dr. Polon said he wished to emphasize the fact that by this method of treatment the patients were given self-reliance and confidence, which gave them a feeling that they could control themselves, and they were given to understand that it was through their own will power that they had accomplished these results.

Dr. A. A. Brill said the cases shown by Dr. Polon were very interesting. He wished to call attention to the fact, however, that adult patients with tics usually gave a history of recurrent attacks dating back to childhood. The attacks came and went with more or less periodicity, and could be temporarily checked or mitigated by various methods of treatment, but they invariably recurred and he knew of no permanent cure. He recalled some cases that had been helped by psychoanalysis, but not permanently. Still, any method of treatment that would benefit these patients even temporarily should be encouraged.

Dr. Benjamin Rosenbluth said he had been giving attention to these tics for a number of years and he had come to the conclusion that most of them were referable to some occurrence in the conscious state which was repeated in the dream state. Acting on this theory, he had obtained very good results in the treatment of these patients by giving them drugs directed towards cutting out dreams, without paying any special attention to the patient's physical condition.

Dr. F. K. Hallock, of Cromwell, Conn., asked Dr. Polon if he was familiar with the relaxation method of Anna Payson Call, of Boston. Nearly twenty years ago this young woman began to treat neurasthenia and conditions of nervous hyper-tension by alternate exercise and relaxation movements. With the patient lying prone, she first relaxed the head, then the extremities, and finally rolled the body half way over and let it

sag back in a state of complete relaxation. Dr. Hallock said he had employed this method for the relief of general neurasthenic conditions, and in many cases he had found it very satisfactory. His experience with it in tics has been very limited except as a general procedure for all persons of this type.

The President, Dr. Jelliffe, said that even more remote than the relaxation method of treatment referred to by Dr. Hallock were those in vogue centuries ago in the time of Hippocrates and in the Æsculapian Temple, as well as among the Indian cults. An interesting historical perspective might be thrown upon the present cases in the light of the older methods. In what sense had the newer methods become more definite and precise?

Dr. Polon, in closing, said the most marked difference between this method and the types of relaxation treatment employed in former times and still used in some clinics to-day in Berlin and elsewhere lay in the fact that they depended largely on suggestion and hypnosis, the idea being to dominate the patient without giving him any explanation as to cause and effect. By this newer method which had been employed in the series of cases shown here tonight the treatment rested upon a physiological basis which it was attempted to explain to the patient. The importance of these relaxation movements were impressed upon him, and they were intended to call upon the resourcefulness of the patient to meet the needs of the case.

A CASE FOR DIAGNOSIS

By Louis Casamajor, M. D.

The patient was a man 32 years old, a driver, who was admitted to the N. Y. Neurological Institute on March 26, 1914, complaining of weakness and cramps in his left arm and cramps in his abdominal muscles, the trouble dating back for eighteen months. With the exception of an attack of pneumonia five years ago, his previous history was negative. He denied syphilis.

Present illness: About a year and a half ago he had a sudden attack of pain in the left arm. He visited a clinic, where he was told that he had wrenched the arm and was advised to get an easier job. From this time on, attacks of cramp-like pain occurred at shorter intervals, and ten months ago he noticed that his arm was becoming weak. Whenever he raised his hand to the back of his neck, there was a severe, cramp-like pain in the biceps. Six months ago he began to suffer from similar cramp-like pains in the upper abdominal muscles whenever he bent over. These were extremely painful, causing him to cry out and sometimes to fall.

Examination of the eyes showed nothing abnormal excepting a slight strabismus, a matter of long standing. All the deep and superficial reflexes were active and equal. On the left side there was some atrophy of the shoulder girdle and marked atrophy of many of the smaller muscles of the hand. In the affected arm and forearm, there was about one inch of atrophy. When the patient first came under observation, the arm and shoulder muscles showed many involuntary, lightning-like, disseminated muscular contractions, affecting chiefly the muscle bundles, and seldom strong enough to move a joint. Later, these were not noticeable. When he raised the elbow and placed both of his hands behind his neck, there occurred a severe tonic contraction in the left biceps which was quite painful and had to be overcome by forcible extension at the elbow. The elec-

trical reactions showed extreme hyperexcitability of all the muscles of the left arm, with the myotonic reaction in the left biceps.

The urine was negative, as were the Wassermann and spinal fluid. Under calcium lactate, which was given by the advice of Dr. Walter Timme, the patient had improved, only to have a recurrence of his symptoms when the drug was intermitted.

Dr. I. Abrahamson said that at a recent meeting of the Section on Medicine of the New York Academy of Medicine, Dr. Jesse G. M. Bullowa presented a case as one of myotonia atrophica, and this case apparently belonged to the same category. The speaker thought that the combination of muscular atrophy and myotonia was much more common than was generally believed: he regarded myotonia as a symptom found in connection with many diseases, especially with cord diseases, including syringomyelia. He distinguished two types of the disease, characterized by progressive muscular atrophy and myotonia; a familial type, occurring commonly in more than one member of a family, previously named myotonia atrophica, and an acquired type. It was to the latter group that both Dr. Bullowa's and Dr. Casamajor's cases belonged. In the former case the earliest symptom noted was a disagreeable tonic muscular spasm of the abdominal muscles when the patient tried to rise from bed in the morning. This spasm soon relaxed, and the later abdominal movements were free. Subsequently, a progressive wasting of the shoulder muscles developed. Examination showed decided muscular atrophy; myotonic electrical reactions and polar changes in the wasted muscles. Fibrillary twitchings were present, but not as widespread nor as marked as in Dr. Casamajor's case. In the latter case, no single segment of the cord could be held responsible for so widespread a disturbance. The speaker believed that there was a progressive change in the anterior horns in these cases.

Cases of myotonia atrophica had been described associated with atrophy or mal-development of the testes: this was present in Dr. Bullowa's case, and it was proposed to note the effect of the administration of testicular extract. The result of the treatment could not be seen at this early date.

Dr. I. Strauss said that while he was inclined to agree with Dr. Abrahamson, he would take exception to the statement of Dr. Casamajor that in dealing with a condition of this kind there was any necessity for assuming that it was attributable to any particular segment of the cord or to changes in the anterior horn cells. It was probably due to some change in the muscle itself. What that change was he did not know, but certainly in myotonia atrophica there was nothing to prove that it was a disease of the cord. The pain in these cases was similar to that complained of in muscles where there are circulatory disturbance, such as is not infrequently observed in the lower limbs.

Dr. Casamajor, in closing, said that with such a distribution of symptoms, involving both the abdominal muscles and the shoulder girdle, the lesion, of course, could not be limited to any particular segment of the cord, but this did not preclude the possibility that they were due to spinal cord conditions. Dr. Strauss said he could not see how a lesion of the anterior horns could bring the muscle into such a state of spasm; still, he saw this in toxic conditions, such as strychnia poisoning, which affects principally the anterior horn cells.

Dr. Casamajor said he was interested in the reference made by Dr. Abrahamson of the possible relationship between this condition and atrophy or mal-development of the testes. In his case, calcium lactate was advised

by Dr. Timme on the assumption that the muscular contractions might be due to calcium starvation. When the patient first came under observation, he was incapacitated on account of the spasm of the muscles, and after taking five grains of calcium lactate, four times daily, for a week, he was so much better that he was able to return to work. After a fortnight he gave up taking medicine and within two weeks he was so tied up with cramps that he had to discontinue his work. He was again put on calcium lactate, with an immediate improvement and the disappearance of his fibrillary twitchings.

THE INFANTILE ROOTS OF MASOCHISM

By Paul Federn, M.D., of Vienna.

Dr. Federn said it was Freud who established methodical psychoanalysis, and with its help found unconscious processes underlying most neurotic symptoms. These unconscious processes had their particular laws and mechanisms, and they could neither be subsumed to the physiological processes nor to conscious psychic activity. In the unconscious, instincts found a more unbroken representation than in the conscious psyche, and of these, the sexual instincts played the foremost part.

We were all familiar, Dr. Federn said, with the cases of declared masochism and the sexual perversities reported in many publications, particularly in Krafft-Ebing's standard work. There were individuals who obtained sexual pleasure from processes which seemed far removed from the ordinary procreative instincts. The declared masochist found his sexual satisfaction in his moral slavery to some overwhelming compulsion, or his fancied deprivation of all will, or in being bound or tortured, or forced to vile and inhuman services. Frequently there was combined with masochism also passive algolagnia, i. e., sexual pleasure gained from physical pain. In subjecting such an individual to psychoanalysis, that is, in retracing the chain of forgotten or repressed events and images that had developed in his masochism, one would invariably discover that the sexual perversity dated back to childhood. Binet had suggested the generally accepted theory that such children had been injured by some painful trauma in moments of sexual excitement and the child had then combined the sensations of pain and sexuality so vividly that this association could not be destroyed by the later trend of normal sexual development. Psychoanalysis, however, had discovered deeper causes for these so-called auto-suggestions. In many cases, masochistic fancies had already preceded the trauma; in others, the child had neither suffered any cruel experiences nor had it been influenced by the sight of unusual cruelty. Many of these individuals declared that these masochistic fancies first arose in them suddenly and spontaneously, without any external suggestion. Later, they were surprised to learn that other people experienced the same abnormal desires, and it was then that they discovered the sexual origin of their perversities.

Masochism could frequently be traced back to infancy. This explained why the adult masochist found sexual gratification in the fancies and terrors and desires of his nursery days. In this connection were characteristic his fancied relations to the strong-willed and tyrannical teacher, the unjust or cruel governess, the sensation of being ridden upon or treated like some domestic animal and the memory of his training as a very small child in hygienic cleanliness.

Usually, the masochist indulged no further than fancies. Only a comparatively few masochists tried to realize their perverse inclinations. For the most part they were content with their imaginings, ever widening, and making them more fantastic and increasing to a higher and higher degree their passive slavery to some irresistible and compelling power. Investigation had proven that the sensation of pain was not essential to masochism. What was essential was the idea of passivity. While the normal male instinct tended to action, the masochist found pleasure only in passive acceptance.

Dr. Federn said we but rarely found masochistic tendencies without sadistic tendencies in the same individual. Usually, both were combined in a more or less degree in the normal as well as the neurotic, and as in sexual pervers. The differentiation was only in the quantity of each factor, and from typical cases of combined masochism and sadism he had arrived at a number of important conclusions. He had found that the individual who could assume both sexual attitudes not only played the active and passive rôles in his fancies, but experienced some of the characteristic sensations of both sexes in his genital organs. He had discovered, and other psychoanalysts, particularly Freud, had corroborated his findings, that the sadistic sensations were localized in the glans and the anterior portion of the penis, while the masochistic sensations were usually localized in the perineum and scrotum. The localization of sexual sensation in the perineum and scrotum could only be explained by the probable fact that this part was homologous to the female external organ. The speaker said that in extreme cases of sadism and masochism he had found that the individuals had suffered from some painful affection of the genital organs in childhood. Balanitis, phimosis and paraphimosis, eczema, urethritis, cystitis or the presence of worms, according to his observation, might have an influence on these sexual perversities. Especially, cases of extreme algolagnia may have had their origin—without conscious knowledge of the sufferer—from smarting affections in the undeveloped organs, and to those interested in the mechanism of dreams it would be a valuable proof in that connection to know that even perfectly normal adults might have sado-masochistic dreams when they acquired some painful disease of the genital organs, like gonorrhea.

Being an inhibition of virile sexual activity, masochism in itself was a disturbance of the normal sexual life, and its symptoms would be found in all degrees, varying from a slight reduction of the libido to sexual anesthesia, and even to true psychic impotence. As the masochist was inclined to assume a passive attitude in affairs of life, one could observe the effects of his masochistic tendencies in his undertakings. Very few masochists submitted tamely to their sexual abnormality and to their instinctive passivity without fighting. Most of them felt deeply humiliated by their childish and absurd method of sexual gratification. The more refined and otherwise normal a man was, the more depressed he became by this conflict. Moodiness and continuous depression were therefore the usual neurotic consequences of intense masochism. To sum up briefly, the four chief consequences of masochism were impotence, depression, aboulia and so-called neurasthenia. As to the treatment of this condition, the prophylactic was the most important. In most cases, the neurosis could be traced back to comparatively slight disturbances in infancy and childhood, such as infantile fear, extreme sulkiness, incorrigibility, bad habits, sudden inability to learn, self-isolation and brooding. These different phenomena called for different lines of treatment, especially when we

knew that the child at this time was passing through a period of sexuality. That was why it felt everything more intensely and was excitable, with a secret sense of guilt, and every reasonable and known method of mitigating sexuality should be employed in such cases. Among these might be mentioned diet, sport, and, in cases of physical illness, medical treatment. Children frequently failed to mention pain in their genital organs, and of vital importance was to overcome this secrecy which upset the child. Again and again we were distressed to learn by psychoanalysis of the great and avoidable suffering of neuropathics in childhood, when the torture of abortive sexual expression was much increased by the contempt and harshness or the indifference of their guardians. By using Freud's method of psychoanalysis, the neurologist would gain a deeper knowledge of the origin of mental diseases and of the child's mental development, and by deepening and spreading that knowledge, the road would be cleared for the progress of mental hygiene.

Dr. A. A. Brill said that through Dr. Federn's previous published writings on this subject, he had become acquainted with his views, and in the main he agreed with him. More particularly, he could corroborate in a few cases from personal clinical observation the locations given by Dr. Federn.

In connection with this subject, Dr. Brill reported the case of a man, 43 years old, a successful politician and very forceful man, who had held the highest political position in his own State, who for years had suffered almost nightly from fancies of a masochistic nature, lasting several hours, before he could fall asleep. Investigation showed that this man, who in his daily life was regarded as a big fighter, was just the opposite in his fancies. He was burdened by hereditary weakness, having had a very brutal mother and a sadistic teacher.

Dr. C. P. Oberndorf said that he had been much interested in the fact that Dr. Federn appeared to emphasize an organic basis for masochism—attributing it to a hyperirritability in the region of the perineum. If this tendency is considered primarily one of an anomaly in development, Dr. Federn's view is similar to that which Ferenczi recently adopted in regard to homosexuality. In a very enlightening discussion of homosexuality in the male, Dr. Ferenczi claims that the active form of homosexuality is a neurosis, while the passive form is due to an intermediate organic sexual development and therefore not amenable to psycho-analysis. He has never cured a case of passive homosexuality, nor for that matter, completely cured the neurotic or active form of homosexuality.

The speaker asked how far, in view of Dr. Federn's organic conception of masochism, he had been able to influence his masochistic patients by psychoanalytic treatment.

Dr. Abrahamson said he was rather inclined to doubt the proposed localization of masochistic and sadistic sensations, as pointed out by Dr. Federn, as we frequently saw both varieties in the same patient. He recalled one case which he saw in Munich, that of a medical student apprehended for flagellating a young boy. In him, both perversions were constantly present. In the absence of partners for his activities, he resorted to symbolic representations of these acts, so that at one sitting, he would depict an entire week's program, sadism alternating with masochism; he seemed to revel in his diagrams, and asserted that the sexual gratification he received therefrom was only a little less pleasurable than the actual. Surely in a case of this kind localization of sensations was out of the question.

The president, Dr. Jelliffe, said he was very glad that Dr. Federn had called attention to the prophylactic aspect of this subject of masochism and in tracing these sensations back to childish habits. The desire of the child to lock himself up, the common expression "I will die some day and you will be sorry" were probably familiar to us all, and even into adult life we carried similar types of reaction that something might happen to us whereby somebody else would suffer. We get very sorry for ourselves. The style of French literature referred to by Dr. Federn had its prototype in this country in the tales of Nick Carter and Deadwood Dick, etc. Many examples of sadism and masochism could be observed in our everyday life, in the cruel father, the over-tender attitude of the mother, the exaggerated sympathy poured out on criminals, the misdirected efforts of anti-vivisectionists and anti-vaccinationists, and perhaps the prevention of cruelty of animal advocates and even the anti-suffragettes belonged in the same category.

Dr. Federn, in closing, said he quite agreed with Dr. Brill that many masochists were energetic fighters in their particular social and business spheres: this was especially true of some individuals who, yielding to their abnormal sexual desires, freed themselves from the passive attitude in their general life.

To enter fully into the question that Dr. Oberndorf had raised would mean to open the discussion of the whole problem of psychoanalytical therapy. We were far from able to make normal every case of masochism. The aim of medical treatment was to free the individual from suffering; not to change his character. We all knew of many worthy people, quite normal in other respects, who had sadomasochistic tendencies which they were able to govern or to endure without suffering. If by treatment we achieved this state in our patients, we had done our medical duty, but in many cases we were able to go beyond this point, and to combine with it some educational influences. Many patients who disliked their sadomasochistic tendencies became normal sexually after psychoanalytical treatment. By making conscious many unconscious roots or fixations of abnormal sexuality, and by removing the unconscious resistances to normal sexuality, psychoanalysis led such patients to return to the line of normal development, which meant that following the sadistic and masochistic periods in childhood, normal sexuality became dominant. In many cases the masochist must go back to the preceding sadistic period and live a renewed sadistic attitude during the treatment, but an adult who developed will power and was aided by the psychoanalyst might succeed in sublimating his sadism, and shifting it to his social work. Such individuals developed by treatment a much greater energy in social life than they ever had before. In many cases, however, where the patient's environment was unfavorable or his constitutional traits fixed, no real cure was possible.

Dr. Abrahamson had mentioned a very interesting case from Kraepelin's clinic, and the speaker said he agreed with him that it was a remarkable fact that in this case the patient himself produced his symbolic fancies. The case mentioned corresponded in nearly every detail to the description he had given, as this related to the combination of both perversities. All these symptoms seemed very complicated until we found the key to the trouble. Most probably, had Dr. Abrahamson's attention been directed to that point, he would have found the difference of localization and sensation corresponding with the sadistic and masochistic attitudes, so far as the first sensation was active in the anterior and the other in the posterior part of the organ.