

RECENT ADVANCES IN PSYCHIATRY AND THEIR RELATION TO INTERNAL MEDICINE.¹

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In his lectures on the History of Physiology Sir Michael Foster has given us a picture of Vesalius as he traveled through Belgium, France and Italy, seeking for an opportunity to continue his anatomical studies. Had it not been for the enlightened public spirit then prevailing at Venice the dawn of modern anatomy and physiology might have been long delayed. It is an old saying that history repeats itself and we are all only too familiar with the fact that the difficulties which have barred the way to progress for students in one branch of science have later been encountered in one form or another by other investigators in entirely different lines of work. In our own country the opportunities given to an investigator to carry on his researches depend in great measure upon the interest taken by the public in the problems to be solved. If the statistics which indicate an appalling increase of the number of the insane in the United States are accurate, the immediate attention of the public should be directed to the deplorable fact that the medical officers of state institutions as well as private hospitals for the insane are given little time or opportunity to study the various problems connected with alienism. To-day the psychiatrist in the United States is in a position similar to that in which Vesalius found himself when, owing to the unfavorable conditions existing at home, he was obliged to carry on his work in a foreign country. The recent advances in this field made in Europe have mainly been due to the fact that the study of Psychi-

¹ Read by invitation at the meeting of the Marion County Medical Society Indianapolis, December 3, 1901.

atry has been placed on a sounder basis. Thus the alienist has been given much better opportunities to educate himself than can be obtained in this country, and as a direct result of the granting of such privileges the character of the work accomplished, particularly in Germany, Switzerland, France and Italy, when judged by standards as rigid as those by which the work in other departments of medicine is estimated, in no way suffers by the comparison.

After the hearty reception that has been accorded to the remarks of speakers who have addressed you on similar occasions, I feel sure that, so far as the medical men in my audience are concerned, the belief that the laboratory is a necessary and integral part of every hospital for the insane needs no strengthening. Nevertheless, for the benefit of the lay members of Boards of Trustees who frequently ask of what practical use is such work, it may be insisted once more that one of the chief functions of the laboratory at the present time is to train men to take an intelligent interest in the care of their patients. Nor is it necessary for me in the presence of a society of medical men to emphasize the fact that in the consideration of all questions connected with the etiology and spread of mental diseases there should be a just appreciation of that community of interests relating to the character of the problems which brings the alienist into close touch with the work that is being done in the general medical clinic as well as to the methods to be employed in their solution. The author of *Tom Jones* spoke truly when he said "The diseases of the mind bear a striking resemblance to those of the body."

It is my intention in the first place to try to demonstrate to those of you who are not alienists, that at present in this country it is not possible to obtain for a patient suffering from mental disease medical care in no way inferior to that bestowed in our general hospitals upon one who has been stricken with typhoid fever or pneumonia. In the second place, I shall refer to some of the advances that have been made in the study of clinical psychiatry, in order to show you that the great progress that has been made, particularly in Europe, is the direct result of a policy that entrusts the medical care of the insane to well trained and skilled specialists, while giving the latter opportun-

ities for work that are in a measure commensurate with the difficulties of the problems to be solved.

In order to avoid the error of indulging in generalities let me try and give you as definite an idea as possible regarding the character of the obstacles that must be overcome in the development of the work in connection with this and all other similar institutions. If what I have to say is in the nature of criticism it is unnecessary I think for me to assure you that the words are not the expression of one who rejoices in the fact that he is "nothing if not critical." The difficulties which present themselves here for solution are not of a local character, but must be faced by all those who are interested in the improvement of the care of the insane in the United States.

It would be difficult to praise too highly the efforts that have been made by the Medical Superintendent of this institution, aided by the cooperation of the Trustees, to secure for Indianapolis a really modern hospital for the care of the insane. The group of wards or buildings now nearing completion for the sick insane are witnesses to the fact that those in authority here have an intelligent appreciation of the true nature of the needs of those who suffer from the various forms of alienation. It is a matter for congratulation that among these buildings there is a Pathological Laboratory and that the work in this department is directed by one whose presence here is an assurance not only that the plan of work will be well conceived but that it will be successfully executed. It would be difficult for me to express to you how greatly interested many in the East are in the success of the policy that Dr. Edenharter has inaugurated here. If his efforts are successful, as I feel sure they will be, it will justly be a matter of civic pride that you in this state have aided materially in the improvement of the medical care of the insane which has been initiated by those who alone are capable of judging of the actual needs of such patients. There is no doubt that this is a critical period in the development of the medical work here. It is impossible to stand still. There must be an advance or the efforts that have already been made will become of no avail.

Those of you who are familiar with work in the general hospitals will readily appreciate the fact that the services of well

trained clinicians cannot be secured unless there is a competent pathologist in charge of the work in the laboratory, while, on the other hand, it will be equally impossible to retain in the service of this institution a pathologist capable of doing good work unless he is assured of the aid of intelligent and skilled assistants in the wards. The most important question that every medical superintendent in our hospitals for the insane has to answer is how the same class of men who become enthusiastic and successful in other departments of medicine can be induced to enter the service of these institutions. The problem presents great difficulties, but in most of the continental countries its ultimate solution is much nearer than it is in the United States. Those of you who are familiar with the fully equipped psychological, chemical and pathological laboratories in the new psychiatric clinics in Giessen, Kiel, Berlin and other German cities will appreciate what Germany has already done. The State has gone far towards giving the alienist every chance to educate himself, while at the same time it has been sufficiently considerate of the needs of the insane as to try and bestow upon them the best possible medical care. More than two years ago in the small university town of Klausenburg in Transylvania Professor Lerchner showed me the plans for a psychiatric clinic that in its appointments relating both to the care of the patients and to the study of the problems connected with alienation will, when completed, have no equal in this country.

I would by no means be taken as belittling the individual efforts that have been and are still being made in this country to enlist the interest of a more capable and enthusiastic class of men in the work done in our asylums, but with all it must be confessed that our present results cannot be compared with what has been accomplished in Germany where the energies of the alienist have been aided by the adoption of a liberal and enlightened policy by the State.

At the Sheppard and Enoch Pratt Hospital for the Insane near Baltimore, the following plan has been inaugurated by Dr. Brush with a view of keeping alive the interest of the staff in clinical psychiatry. A certain sum is devoted to the purchase of the current neurological and psychiatric literature. The members of the staff are encouraged to do practical work two

or three times a week in the clinics in Baltimore and thus are kept in touch with other members of their profession. This would certainly be feasible in the case of all hospitals for the insane that are within a reasonable distance from a good medical centre, and it is quite evident that the benefits would be twofold; the physicians would be stimulated by the work of others to keep abreast of the times, while the patients would be under the observation and care of men of ever-widening experience and consequently of increasing skill. In many of the German hospitals for the insane successful efforts have been made to induce the very best class of young men to enter their service, but in this country, through the lack of means and ignorance of the true significance of the problems to be met, the policy too often has been to offer to the assistants so little in the way of opportunity for self-education and advancement in their chosen line that it is almost impossible both in our public and private institutions to obtain men competent to fill the positions.

One of the greatest dangers that threatens to stifle every laudable ambition of the medical officers in the hospitals for the insane is that, being in a sense removed from the struggle for existence, unless some stimulus from outside is brought to bear upon them, they are liable to content themselves with the routine work of the hospital which affords them a comfortable home where they may live more or less undisturbed by professional problems. If a man is not capable of filling the position of interne in the best general hospitals he is certainly not fitted to become a member of the medical staff of a hospital for the insane. In his essay on Administrative Nihilism Huxley maintains that the test by which the reputation of a philosopher is to be determined is "the rank he holds in the estimation of his fellow workers who are the only competent judges in such matters." This too should be the criterion by which the professional standing of every medical officer in the hospital for the insane is measured. As representatives of the public, the state and the trustees of every private institution should see to it that the physicians who have charge of their patients are thought well of by those members of the profession who alone are competent to form a correct estimate of professional ability. I know of no greater discouragement to any honest endeavor

to raise the standard of efficiency of the medical staff in our Hospitals for the Insane than the fact that much more frequently than is the case in any other class of medical institutions professionally incapable men are appointed and retained. A pleasant personality combined with a pitiful lack of enthusiasm in matters relating to the observation of patients and the study of their symptoms is too frequently considered a more essential qualification in a resident physician than the possession of even moderate professional attainments. If it be true that "enthusiasm is the genius of sincerity" the failure of a physician to possess this virtue cannot be too severely condemned. Unquestionably, part of the dread which people often exhibit in sending members of their family or friends to a hospital for the insane has some foundation in the distrust entertained by physicians in regard to the professional capabilities of the resident staff. Nor can this be removed until the same standard of efficiency for medical work is established in our public or private hospitals for the insane that is now demanded in the general hospitals.

In this institution there are, I believe, over 1800 patients. On the face of it such a large number might preclude the possibility of observing and studying every individual case. There is no doubt that in all our large public hospitals patients suffer from a lack of medical care, and although we sometimes try to state the problem in a different phraseology the fact remains unchanged. How can this evil be obviated? I am glad to hear that a plan endorsed by good authorities, among them Drs. Edenharter and Brush is to be put into execution in this institution. Of course it is not the only solution of the question, but it is certainly a method which will commend itself to those who have given much thought to the subject. If a sufficient number of wards capable of holding a hundred patients, we will say, were set apart for the reception of new-comers it would be possible to keep them for a definite period of time after admission under the direct supervision of half a dozen well trained clinicians, until careful, detailed, clinical histories had been taken and at least a temporary diagnosis arrived at. Patients suffering from acute mental diseases could then be kept in the reception ward for future observation, while in a few days those with more chronic disorders could be distributed among the other

buildings where assistants could be detailed to look after them as the exigencies of each case demanded. Let us give our assistants time and opportunity for studying their cases, otherwise it will always be impossible to induce men who have a laudable professional ambition to enter the service of a hospital where they are so overwhelmed by mere routine that they have practically no time for self-improvement. The first symptom of the disease which, sooner or later affects every assistant in a hospital for the insane is characterized by a tendency to speak of "uninteresting cases." At first he will find only a few cases "uninteresting," but the longer he stays in the institution the greater becomes his tendency to classify various forms of mental disease under this head. This is the first premonitory indication of a fatal malady and simply that the assistant has been so overwhelmed by routine duties means he has not had time to keep alive and cultivate an intelligent interest in his profession.

It is needless to say that those who work in the wards should be in thorough sympathy with what is being done in the laboratory. It is doubtful whether a genuine interest in clinical problems can ever be aroused in men who have not had a fundamental training in laboratory work. Moreover, every clinician should be capable of an appreciative but just criticism of the work of the pathologist.

One of the most striking characteristics of the new psychiatry is to be found in the fact that a greater effort is being made to study individual patients, while there is less tendency to analyze a large series of cases based upon statistics which too often depend upon imperfect generalizations. My meaning will perhaps be made clearer to you by a brief reference to what has been accomplished in connection with the acute psychoses, particularly those mental disorders that are commonly classed under the head of post-infection or intoxication psychoses. In a study of these forms of alienation it is necessary, says Binswanger, to answer three questions: (1) What are the pathological changes in the central nervous system? (2) How far are these changes the expression of a psychosis? (3) To what extent does the evidence at our command justify the attempt to define the character of the disorder and to explain the disease picture? In reply to the first question it may be said that although in every case there are

demonstrable lesions in the central nervous system, none of the changes are pathognomonic. As a result of the negative character of these findings it is impossible to consider any of these changes as an expression of the psychoses. Moreover, it follows that the evidence at our command at present renders futile any attempt to correlate the clinical picture with the pathological changes. The lesson which such studies clearly teach us is that if our ultimate efforts to understand the nature of these disorders are to be rewarded the methods adopted by the clinician must be characterized by as great care and thoughtfulness as are the investigations of the worker in the laboratory.

But no doubt it has already occurred to you that the clinician and the pathologist unaided cannot solve these questions satisfactorily. The interpretation of the pathological findings and their correlation with the clinical symptoms are dependent upon a proper understanding of the dynamics of the central nervous system. Hence the aid of the physical chemist must be sought for. As Loeb has said, "We can no more expect to unravel the mechanism of associated memories by histological or morphological methods than we can expect to unravel the dynamics of the electrical phenomena by a mechanical study of cross sections through the telegraph wires or by counting and locating the telephone connections in a big city." It is obviously necessary that in the development of the medical work in our hospitals for the insane the dependence of the work of the pathologist and the clinician upon the studies of the chemist should not be lost sight of. But the realization of this fact need not blind us to the importance of the work done by the morphologist, although it must be admitted that the results of anatomical investigations are largely negative in character and at first sight disappointing. These investigations, however, have not only taught the clinician that a single pathogenesis may give rise to a great variety of symptoms, but have also established the truth of the converse of the proposition. If it is reasonable to expect much from the studies of the chemist, this hope is in part warranted by the fact that the pathologist and the clinician have done much to formulate the problems for the chemical investigator. In speaking of the advances that have been made in psychiatry it would be manifestly unfair to emphasize the excellent work accomplished by the physiological psychologist.

Among other benefits that have come from such work as has been produced in the laboratories of Kraepelin, Wernicke and others may be mentioned the fact that these investigators have shown that it is possible to substitute for the indefinite and loose expressions so commonly used in clinical psychiatry a phraseology at once more exact and far more suggestive than was the older one. Every physician appreciates the fact that the condition which we commonly call exhaustion stands in causal relationship to many forms of alienation. Kraepelin considers exhaustion to be an etiological factor of great importance in producing the train of symptoms which occur during the course of amentia, of the so-called collapse delirium and of acquired neurasthenia. Binswanger goes so far as to say that even paresis is due primarily to this as an exciting cause; while other authorities affirm that most of the psychoses must be attributed to a similar origin. Scientific investigations along the lines of physiological psychology have already accomplished something in distinguishing the various psychical manifestations which characterize the exhausted condition. Aschafenburg has made careful studies in regard to the disturbances of the associative processes following a condition of exhaustion induced by twelve hours of uninterrupted intellectual activity without food. Weygandt has gone a step further and has attempted to differentiate the influence of hunger alone upon the psychical activities without the additional element of the psychical strain. He has shown that there are essential differences in the symptoms resulting from the two kinds of exhaustion and believes that in those who suffer from an exhaustion due simply to a continuous mental effort without complete withdrawal of food the clinical symptoms are characterized by very marked disturbances in the power of fixation of the attention with a tendency to the production of fallacious sense perceptions. He concludes, therefore, that the effects of hunger upon the psychical powers are comparable to the elective action of many chemical poisons or to certain mental disturbances which are accompanied with anomalies in metabolism. The effects of hunger, on the other hand, may be compared to the psychical changes which result from severe physical exercise. The psychical disturbances of the so-called exhaustion psychoses do not correspond to the symptoms pro-

duced simply by the withdrawal of nourishment. It is also interesting to note in this connection that the psychical changes following the withdrawal of nourishment persist for at least forty-eight hours after the individual has again begun to take food. These investigations, as well as many others of a similar character, have been carried on in laboratories supported directly by the State.

Such studies are not only interesting in themselves but are of greater import when taken in connection with careful clinical observations. Combined investigations along these lines cannot fail eventually to be productive of great good. The work done by the alienist cannot remain long in the condition in which it is at present and still be considered worthy of respect by members of other branches of the medical profession. For fatigue the alienist must be prepared to state in definite terms the character of the symptoms which he groups together under a name which has a popular but not a scientific value. The alienist can no longer rest secure in the belief that, when he has made use of an indefinite term to characterize a group of symptoms, he has in any way explained the significance of these symptoms either to himself or to competent critics. Before long many of the terms now in use in the psychiatric vocabulary will have been relegated to the past. The rapidity with which such progress is made in this country will be proportionate to the interest that is taken by the managers of every hospital for the insane in the matter of securing well trained men for the positions which are to be filled. The difficulties to be solved in clinical psychiatry are sufficiently great in themselves to render it necessary that every medical officer in an institution should be able to devote the greater part of his time to the study of these questions.

The problems that are presented to the alienist for solution involving as they do all questions for the preservation and continuance of the normal mental activities in a community should receive much greater attention than has heretofore been devoted to them in this country. It is inconceivable that any commonwealth should, for long, by the adoption of a short-sighted, penny-wise, pound-foolish policy, hamper and render futile the efforts of those who are endeavoring to study the best means of promoting normal mental life.