

The Journal of the American Medical Association

Published Under the Auspices of the Board of Trustees

VOL. LXVIII, No. 22

CHICAGO, ILLINOIS

JUNE 2, 1917

PSYCHANALYSIS AND THE PRACTICE OF MEDICINE

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The most difficult concept to grasp is that our psyche bears within itself the records of its hundreds of thousands of years of evolution and development just as does our body. Just as the body has remnants of a tail and gill slits which bear silent testimony to the path along which it has traveled to reach its present estate, so does the psyche bear similar evidences of its origin; and just as the body in its development has brought into its present structure only these vague reminders of its past, but is what it is today only because of that past, so the psyche, while it, too, contains vague reminders of what has been, is what it is only because of its past, a past on which the present has been constructed. This past, the historical past of our psyche, is always growing, for as soon as the material of the present has been used as material in our growth, as soon as it takes its place in the path of our development by being used as a resting place for further superstructures, then it enters into our historical past. This is the unconscious.

THE UNCONSCIOUS

As man has developed he has had progressively to give up more and more of his primitive, instinctive tendencies as the price for a higher civilization with all of its inestimable benefits. As these instinctive tendencies have been overcome, they have been relegated to the unconscious; and out of the successes attained in the overcoming have been forged the weapons with which to win a new victory. That these cravings simply have been overcome and buried in the unconscious does not mean they have ceased to exist or that they have ceased to be able to influence the individual. Like long forgotten events which a chance association brings flashing into the memory, they may be stirred to activity at any time; or, forgotten and apparently non-existent, they may nevertheless exercise a continuous but subtle effect on the conscious activities. The poet Grillparzer ceased to be able to write poetry at 28 following the suicide of his mother. He was in the midst of his composition of the "Golden Fleece." He picked up the thread of his lost art again, however, on the occasion of playing Mozart's Symphony in G minor with a mother substitute, a woman who reawakened his mother associations. This was the last piece he had played four-handed with his mother before her death,¹ and so served to give him access again to those

sources of energy which had been cut off by her death.

In the unconscious, then, we find the instinct motive for conduct, which is the motive of the familiar, the usual reaction (habit), the easiest way, in short, the pleasure motive. At the level of clear consciousness, reason and judgment hold sway; here the motive is the reality motive, a clear-cut, conscious, intelligent relating of the individual to the facts of existence, which involves, among other things, impressing of instinct in the service of reality and therefore effort, work. Psychoanalysis is essentially a study, by a special technique, of the unconscious for the purpose of learning the part the instinctive motives play in the life of the patient. In the words of Freud:²

Psychoanalysis originated on a medical basis as a method of treatment for certain nervous maladies which are called functional and in which there is recognized with constantly increasing certainty the result of disturbances of the affectivity. It attains its object of removing the expressions of such disturbances, the symptoms, by presupposing that *these symptoms may not be the only possible and final outcome of certain mental processes*,³ and with that in view, exposes the history of the development of the symptoms in the memory, reawakens the processes lying underneath these symptoms, and affords them a more favorable outlet under the guidance of the physician. . . . For, today, we know that the pathological symptoms are often nothing else than substitute formations for bad, i. e., unsuitable, tendencies, and that the conditions of the symptoms are established in the years of childhood and adolescence—at the same time in which the individual is the object of education—whether the maladies actually appear in youth or only in a later period of life.

Education and therapy now appear in a reciprocal relation to each other. Education will take care that from certain dispositions and tendencies of the child, nothing harmful to the individual or society shall proceed. Therapy will come into play if these same dispositions have already caused the unwished-for result of a pathological symptom.

Here is the key to the situation. An analysis is for the purpose of reconstructing the psychologic history of the patient so far as that history bears on the formation of the symptoms. As soon as we do this we invariably find the symptoms represent, symbolize, a form of instinctive activity which belongs to the period of infancy and should have been renounced as the child grew to adulthood, but which, because of some special emphasis it then received, has been retained. Common examples are the difficulty with which some children give up the bottle, and adults the habit of nail biting which has been carried over from infancy.

In both of these examples it is quite evident that the activities give pleasure and also that they should be renounced. In other words, they are infantile. They

1. Pfister, Oscar: *The Psychoanalytic Method*, translated by C. R. Payne, New York, Moffat, Yard & Co., 1917, p. 120.

2. Pfister: *The Psychoanalytic Method*, p. V.

3. Italics mine.

are both interesting, too, as belonging, the first to a real, the second to a symbolic nutritive or self preservative activity, as opposed to a plainly sexual or race preservative form of activity, these being the two forms of expression into which all others are ultimately reduced. The implication is that a given individual may retain evidences of his infancy only in certain zones of his conduct, his gastro-intestinal, mouth, ear, eye, skin, genital or other zone. These are the so-called partial trends. If the tendencies of the individual as a whole, that is, all of his energies, are called by a single name, we may use the term "libido." Then these partial manifestations would be called partial libido trends.

THE LIBIDO

An analysis of the patient will disclose, then, that one or more of the libido areas has remained at its infantile level of development, has retained its infantile ways of instinctive reaction, of pleasure seeking, has refused to grow up or, to sum it all up, has failed to socialize its libido. That is, it has failed to use some of its energies to the larger ends. Let me give an example of such infantile and asocial ways of using, let us say, the ear libido. From the standpoint of the usual social evaluation, the type of person who is always listening to hear scandal of his associates is despicable. He does not listen to hear something good but always to hear something bad, and the worse the better. This is a somewhat less obvious pleasure-seeking device than that of the person who is all attention at the telling of every obscene story; but the principle is the same because it is the obscene for which he is really listening. Such a person is a pedler of gossip, a besmircher of reputations, and in all sorts of ways, at the level of ear libido (listening) an asocial, destructive member of the community and incidentally a very unhappy and unfulfilled person himself. As far as his function of hearing is concerned, he has not grown up. He is still using his ear to minister to a low level type of curiosity. His ear has not been adequately integrated as a part of a socially useful member of society, and therefore is not used to further socially useful, constructive ends. It remains at the instinctive, pleasure seeking level. How much better he could use his proclivity to listen by going to lectures, readings or concerts and thus socializing his trend by using it for bringing him into contact with his fellows at socially useful levels.

PSYCHOGENIC DISORDERS

Before discussing such character traits as this, though, let me read a list of psychogenic disorders culled from recent writers who were practitioners in various specialties, not psychoanalysts, for the purpose of emphasizing the interest in the psychogenesis of apparently physical disorders which has recently arisen, and also because many or most of these ailments would be apt at least to be treated by other than psychologic methods. This list includes many forms of asthma, sore throat, difficult nasal breathing, stammering, headache, neurasthenia, backache, tender spine, "weak heart," fainting attacks, exophthalmic goiter, aphonia, spasmodic sneezing, hiccup, rapid respiration, hay-fever, gastro-intestinal disturbance (constipation, diarrhea, indigestion, colitis, gastric ulcer), ptosis of kidney, diabetes, disturbances of urination (polyuria, incontinence, precipitance), menstrual disorders, autointoxication (from long continued digestive disturbances), nutritional disorders of skin,

teeth and hair, etc. The list might be indefinitely prolonged. Let me only briefly add examples of apparently physical disorder for purposes of illustration.

Of the vasomotor disorders I cite the case⁴ of a girl, aged 15, who, during analysis, exhibited swollen lips. This had occurred once five years before when a student had tried to kiss her but she had successfully resisted him. A similar attempt had been made before the later recrudescence of the symptom.

An example of a skin eruption is the case of a young woman⁵ who had areas of erythema on both forearms. These areas did not tan on exposure to the sun as did the rest of the skin. Analysis showed that the erythematous areas were the places which had been grasped by the mother-in-law in an emotional scene between them. The erythema disappeared following the analysis, and the skin in that area then tanned on exposure.

Certain cases show well that disturbances of menstruation, dysmenorrhea and suppression may be purely psychogenic, due often to a timid, prudish, neurotic mother who scares her daughter to death over the onset of the new function, or leaves her in ignorance to conjure up her own fears on its appearance. Subsequent local treatments, curettage, ventral suspension, etc., not only may not help but may even aggravate the anxiety and make the patient decidedly worse, because, of course, they do not go to the root of the trouble but deal only with results.

I have cited these examples for the purpose of showing that psychogenic disorders are by no means confined to such types as the familiar hysterical aphonias and hysterical palsies, with which all are perfectly familiar and which are easy to recognize. On the contrary, they frequently produce disorders much more subtle in their manifestations, and, what is more, may involve not only deep seated character defects but also metabolic disturbances in which we are not accustomed to look for signs of psychic causation, for example, visceroptoses caused by psychic disturbances, depressing emotions, acting by way of the vegetative nervous system.

Even, however, in instances of such evident hysterical reactions, the mere dealing with the symptom and causing it to disappear is inadequate treatment, for it does not touch the underlying trouble; it leaves the character defect as it was, only, as a rule, to manufacture new symptoms. A boy of 17 had for some days a strange feeling in his left arm. This feeling was contemporaneous with the desire of his father to take him from his present school and send him to another. The boy did not want to go. Analysis revealed the fact that when as a child he was about to be vaccinated he struggled so violently that he succeeded in avoiding the disagreeable experience. This experience was entirely unknown to the patient until brought out by analysis.⁶ The interpretation becomes easy if we will use the formula for such cases. The symptoms mean a wish that things might be "as they were then" on that other occasion when they tried to vaccinate him. That is, he wishes that he may succeed, by his obstinacy, in thwarting the desires of his father as he succeeded before. The treatment of such a condition by causing the disagreeable sensation in the arm to disappear by suggestion on the theory that that is the disease can at once be seen to be entirely inadequate to the situation. It leaves untouched the char-

4. Pfister: *The Psychoanalytic Method*, p. 32.

5. Personal communication to the author by Dr. E. J. Kempf.

6. Pfister: *The Psychoanalytic Method*, p. 44.

acter defect, which is to react by obstinacy to disagreeable situations. In this respect the boy is retaining an infantile way of dealing with things he does not like, and needs to be helped to grow up, to develop on this side of his character. Unless the treatment is directed to such ends, it misses its goal.

PRACTICAL PSYCHOLOGY

The difficulty has been, in the past, that psychology has never employed itself with such questions. Entrenched in its laboratories it has carried on its work far removed from the every-day life of "the man in the street." But now that is exactly what psychanalysis is demanding of it. Why John Smith does not get along with his wife has always been a matter of absorbing interest to the neighborhood, but psychology has never dignified such a problem with its attention. It is through just such facts, however, it is because we do not get along with our wives, because we are not interested in our work, because we are not appreciated by our chief, or are imposed on by our associates, because we get too tired, sleep too little or drink too much, because our salary is too small, or we cannot save, or the other fellow who does not do as good work as we do gets more, or a thousand other reasons, none of which for a moment cause the sufferer to seek the advice of a physician, that we are finally coming to see what makes the difference between a happy life, filled with usefulness, and failure. Of such problems from the point of view of the educator, Pfister⁷ says:

Of the analytic educational work with pupils, who, without being really ill, still, because of inner inhibitions, make themselves and their families unhappy, there is almost no mention anywhere. How the hitherto unobserved impressions of childhood control the whole later development of the normal individual, even to the peculiarity of his style, his choice of a vocation and of a wife, as well as the most insignificant subordinate affairs, finds too little discussion. The enormous loss of love for fellowmen and of power for work which many individuals suffer, mostly without knowing it, as a result of unfavorable educational influences, have not, up to the present time, been given their proper weight in the literature. . . . Countless numbers of persons who bring heart-breaking grief to their parents and other people and cannot help bringing it because they are under neurotic obsessions can by the aid of analysis be changed into agreeable useful individuals.

Unless psychology is willing to busy itself with such problems, it may well be called on to justify its existence.

Psychanalysis is essentially an educational procedure. Its object is to clear away the rubbish which is obstructing the pathway of the patient so that he may have a chance to go forward. This is precisely what education tries to do. Most emphatically neither should try to impose ideas on others; they should simply make the way free to permit the fullest development of the personality.

HEREDITY

It is, of course, the fashion in some quarters to emphasize heredity as the responsible agent for all childhood anomalies and deviations from later normal development. This is surely the easier way. The cry of the eugenists for sterilization laws reminds me of the Queen of Hearts in "Alice's Adventures in Wonderland" with her "Off with their heads"—a simple solution and seductive, but like all such things, too easy. We find that we must really come back to

a constructive program that involves work, the expenditure of effort, if anything of value is to be accomplished.

The psychanalysts believe there are shorter cuts to the neuroses than by way of heredity. Here are a couple of remarks by parents which recently came to my attention: One mother says that a child has no morals until after 9 years of age. Before that they are just little animals and so of course there is nothing to do about it—a fine formula to relieve the parent from all responsibility and sanction a program of do-nothingness. Another parent believes in teaching children absolute obedience—a fine thing for the parent surely, but what of the child? How can one expect a child in either one of these households to develop? How is it going to be possible to get any chance at all? As a result must it not almost surely happen that, thwarted in its natural avenues of expression, it will seek the by-ways? That is the stuff out of which the neuroses and future inefficiency and unhappiness are built.

I cannot refrain from mentioning a recent experience. A woman of splendid qualities but with certain childish reactions of a difficult, surly, inaccessible type, which were wrecking her happiness, had all sorts of difficulties with her little boy. She and he were in constant conflict. One day, toward the end of the analysis, she came to me with this incident: She was busy with some photographs when the little boy came in the room. He at once started to make things rather lively, whereupon she said, "Now my dear, if you will be quiet you may stay with mother." This was an altogether new reaction on the part of his mother, and so he responded by saying, "Really, mother, may I stay?" She answered in the affirmative, and he proceeded to compose himself and became interested in the pictures; but before finally sitting down, by way of reassurance, looked up and said, "Really, mother, do you mean it, may I stay?" A response of love had been met in kind, and when the analysis was completed, she and her little boy were rapidly getting on a basis of real friendship and comradeship.

These illustrations show clearly that it is often not the apparently sick person who needs the attention. As in the case of these children, for example, it is often of much more importance to straighten out the mother; without that it might well be impossible to help the child materially. The lesson from such cases is that the field of medicine is broadening tremendously. We are on the verge of admitting all sorts of problems which a generation ago we did not even know existed. The problem of psychanalysis in such instances as these has to do not only with the individual who may come or be brought to the consultation room, but also with the whole family and their social setting. Its breadth of application is sufficiently evident without further elaboration.

From the cases thus far adduced it will be evident that the theory which accounts for the later neurosis assumes that the trouble began in the early years of childhood, not as the result of some concrete sexual trauma, as many people still think, but as the natural consequence of a fixation of certain areas of the child's interest, so that in this particular respect he does not grow up. The cause of this fixation, which, for our present purposes, we may call detention of the libido or interest on the road of development, is that the child's interest is too strongly attracted because of the undue pleasure premium which this particular area

7. Pfister: *The Psychoanalytic Method*, p. 14.

of interest offers. In the case of the asocial ways of using the ear libido already mentioned, for instance, it would probably be found that the child was early attracted to listening ways of pleasure seeking because of having heard or been told about forbidden sexual matters which he found absorbingly interesting. Only by finding such things in the history can the later development be understood. That the matter was sexual is ventured only because that is what would be expected from experience. That all pleasure founds in the last analysis in sex pleasure is a hypothesis forced on the analyst by his daily experience; it is not an arbitrary hypothesis into which he tries to make every fact fit. The hypothesis that all pleasure, in its ultimate analysis, is reducible to that quality of emotion which is associated with the most important act in the life of the individual, from the point of view of the welfare of the race, is not a whit more surprising or more radical than the generalization that all of the attributes of life are traceable to the single property of protoplasm—irritability. After all, it is of less practical importance to answer the question "Whence?" than to answer the question "Whither?" It is only a matter of detail how we reply to the query "Whence?" for in any case we have all traveled the same evolutionary pathway. To the individual, however, it is of the greatest importance that he should be able to make the best use of his opportunities, that he should be able to answer the question "Whither?" in a satisfactory way. But there is another aspect of the matter which I think of especial importance.

All along the biologic pathway progress has been possible only because each unit, besides preserving its own integrity, has been willing, so to speak, to give something to the larger unit of which it formed a part. Each cell, besides preserving its own life, must give up part of its activities to help in the activities of the organ of which it is a part; the organ must do likewise with respect to the larger unit, the individual, and the individual must repeat the process as a member of society—the herd. The liver, for example, besides preserving itself as liver, stores up glycogen to be used by the muscles when the individual is in danger, and gives of this store for the larger whole; the man pays his taxes and similarly helps the problem of society, of which he is an integral part. It thus comes about that in the process of the successive integrations to progressively larger ends, what we call personality or character issues as an end-result, depending, however, on all those bodily processes which underlie it. Therefore, according to Adler, character traits ultimately are reducible to terms of organic structure, and so defects of character depend on organ inferiority.

ADLER'S CONCEPTS

The adlerian concept would substitute for the freudian theory of "libido fixation" as an explanation for a given defect of character the theory of an inferior organ. He believes that an inferior organ gives a sense of insecurity, inferiority, against which the neurotic tries to protect himself by so ordering his life, so regulating his every act, that he may find that security of which the feeling of inferiority has robbed him. This effort to find security is the fictitious goal of the neurotic who fails in attaining the maximization of his ego because his efforts are directed along this false path. He is not free to deal with reality at his best, but must always subordinate the demands of reality to the

inner need of satisfying his craving for security. The neurosis or psychosis is therefore a constructive creation, a compromise, a compensation product, which, however, fails because of its false direction. His theory, summed up in a few words, reads: The neurotic constitution founds in an inferior organ; the inferior organ produces a feeling of inferiority; the feeling of inferiority creates the fictitious goal of the neurotic, whose symptoms result from an effort to mold reality along the false pathway that leads to safety.

From this point of view our asocial listener would receive a somewhat different interpretation than we have thus far given, namely, it would be expected that an examination of his ears would show that they were in some way inferior organs. In confirmation of this I may say that in an examination of a number of sense organs in hallucinated patients I never found one that could be considered normal.⁸ Let me add as serving to bring the adlerian and the freudian theories together that Adler asserts that wherever such organ inferiority can be demonstrated he has never failed to find also an inferiority of the sex organs.

To come back to our listener: Not only should we expect him to show inferiority of the organ of hearing, but also we should expect him to feel a sense of inferiority which would manifest itself in the zone of ear libido. We might expect him to feel frightened, for example, if he was unable to hear what people were saying and consequently to feel that they might have been saying something about him, something not pleasant, of course, hatching up a plot to injure him, or the like. The picture is familiar enough, and at the pathologic level gives us at once the suggestion of the paranoiac with his hallucinations of hearing and his delusions of persecution.

The inferior organ, in this case the organ of hearing, can therefore be seen to be asocial in its tendencies because it hangs on to infantile ways of pleasure-seeking which should be abandoned as the individual grows to adulthood in favor of activities that minister more to the larger good. The individual, after all, can include only what is under central control, the dynamic or metabolic gradient, Child calls it,⁹ speaking of the physiologic individual. A group of cells may establish their own independent gradient and so break off from the main body and set up a government for themselves. This we recognize as one of the determiners of tumor formation. A similar independence at the psychologic level makes the individual, in the particular region involved, asocial. Asocial conduct may therefore found in organ inferiority.

Adler's theories are helpful in orienting the physician toward the larger problems which the patient presents, whether he approaches it from the point of view of the internist or that of the psychologist. His theories are admirably calculated to help the internist to grasp the possibilities of organ inferiority as they may affect the psyche and to help the psychoanalyst to grasp the origin and meanings of the neurosis as he sees it at the psychologic level, and perhaps to see more clearly on what his limitations are based. In any event the two groups of physicians, heretofore separated all too far, both in theory and practice, may find in Adler's views a common ground on which to meet.

8. White, W. A.: Hallucinations, *Proc. Am. Med. Psychol. Assn.*, May, 1904.

9. Child, C. M.: *The Basis of Physiological Individuality in Organism*, Science, April 14, 1916.

SOME APPLICATIONS

I have used illustrations which I have picked with care because I thought them simple and easily understandable. I might add a great many more of mistaken diagnosis, surgical procedures for mental states, etc. For example, we have a boy in the hospital now on whom a partial thyroidectomy was done for a hysterical globus, and I need only mention the delirium of ovariectomies less than a generation ago, a delirium which bids fair to be replaced today by a delirium of colectomies. All are familiar with such instances. Perhaps it is not appreciated, however, how insistent many patients are for operation, how they will argue most ingeniously for it, and seek surgeon after surgeon until one complies. Such patients are a positive menace, especially to the young surgeon who would like to operate anyway. The desire for operation may probably have many causes. I have in mind the case of a young man with a hysterical paralysis of the left leg.⁵ The leg in its paralyzed state was only a nuisance, and he wanted it amputated. Analysis showed the paralyzed leg to be a masturbation symbol. He wished to get rid of his masturbation by a species of sacrifice and penance. The paralysis disappeared as the result of a single psychoanalytic talk. I recently saw a woman who had had three laparotomies, all more or less exploratory in character, because of pain, and so far as I could determine none of them showed any condition surgically removable. It was plain from my talk with her that the operations were engineered in order to maintain a childlike relation of dependence on the surgeon, of whom she was very fond.

The practice of medicine can no longer neglect the psyche; it must take into consideration the larger issues. A too refined medical specialism concentrates its attention on the particular organ and so is often blind to the meaning of the symptoms as they refer to the whole individual. The old medical specialism considered the organ out of its setting in the rest of the economy; the new specialism must consider the organ in its setting, and in this new specialism the psyche will have a considerable place.

Every once in a while one sees an ordinary illness, more especially some disease of the respiratory organs, "cold," bronchitis or pneumonia, which investigation will indicate was intentionally acquired. Such illnesses are pretty apt to show on analysis that they are suicidal attempts. Such cases suggest that, when one finds a patient suffering from a disease due to exposure and the history shows a degree of carelessness out of all proportion to the patient's usual habits, it would be worth while to look deeper for motives. I am also reminded that some surgical injuries, such as broken bones from falls and the like, may have a similar origin, either as an attempt at suicide or a form of penance. Time does not permit me to elaborate this motive. I can only say that it is universal. A good illustration of its present day forms is seen in the "conscience fund" of the United States Treasury to which annually thousands of dollars are anonymously contributed. I need not speak of the importance of these facts when taken into consideration in connection with workmen's liability acts, accident insurance, sick benefit claims, health insurance, etc.

TECHNIC OF PSYCHANALYSIS

To acquire even a reasonable degree of proficiency in the technic of psychoanalysis, as in any other depart-

ment of medicine, requires careful study and much thought. There is no royal road. Work is the password. But if I counsel work it is not to avoid the issue and have psychoanalysis shrouded in mysticism. The analytic results, often, perhaps usually, seem strange, sometimes grotesque. This is perhaps true of the last instances I cited, especially the young man with the paralyzed leg, and the examples of intentional surgical injuries. This is only because they are not formulated in familiar symbols. I have no doubt that many a medical student at his first clinic has looked on the lecturer, who could put his ear to the patient's chest for a minute and then talk for an hour on what he heard, as little else than a wizard, and has felt himself so incapable of ever being able to do likewise that he then and there has felt that after all he was afraid he could never be a doctor. Devote as much time and attention to psychoanalysis as this medical student had to devote to the study of percussion and auscultation and pathology and one will find oneself on quite as familiar ground.

If one wishes to enter the field of analysis, the first requisite is to be able to listen to what the patient says. It requires infinite patience and must be fortified by the conviction that everything psychic has a meaning just as truly as does everything physical. A physician would not let a patient sidetrack him from a physical symptom or explain it away. Similarly on the mental side. There must be a reason for everything, although the patient, often with great ingenuity, will slight over the important, emphasize the unimportant, and in every way unconsciously try to mislead. Naturally it requires some experience to deal with such behavior. The way to get the experience is to try it. No adequate attitude toward psychoanalysis can be reached by reading alone; it is absolutely necessary to come into intimate personal contact with the problems in an actual, living patient. Before trying it, however, one should take a sufficient course of reading so as to have some idea of what one is trying to do. One will not have to try long before beginning to get a glimpse of what is going on behind the scenes, but it will be some time before one can cope with any real difficulties. As soon as one begins consciously to try to learn something of a patient's psyche, it is surprising how much information can be obtained which will be of value.

Even if one is not disposed to do analytic work, let me suggest that, as psychoanalysis is met in the literature from time to time, one's attitude toward it should be that of Leibnitz toward a new book. He said:

It is characteristic of me to hold opposition as of little account, exposition as of much account, and when a new book comes into my hands I look for what I can learn from it, not for what I can criticize in it.

SEXUALITY IN PSYCHANALYSIS

The reader may be wondering by this time why I have said almost nothing about sexuality. It is because I have not wanted to overemphasize it in presenting what I believed to be large, fundamental considerations. It certainly is not because I in any way minimize its importance, for I do not. Whether or not all pleasure founds in sex, as I have suggested, is a matter of hypothesis. At any rate the problem will be encountered among patients, and must be dealt with and not run away from. With regard to this matter I can do no better than quote Pastor Pfister of Zurich, who says:

Psychoanalysis is not only compatible with the highest ethical and religious demands but absolutely presupposes them. . . . The analysis has strengthened me in the conviction that the human being is in no way merely a sexual being of the highest order (which no psychoanalyst has ever asserted) but that the varied mental wealth and noble characteristics which the idealistic philosophy has found in him really belong to him. To be sure, I could not avoid the insight that the sexual life possesses a far higher significance in our mental household than the traditional psychology . . . is willing to admit.

It is objected that the psychanalytic procedure takes so much time that it is impractical. This complaint comes from the physicians, not from the patients. Perhaps it does take a long time and perhaps some way may be found to shorten it; but in the meantime we must make the best of it, and after all that is no argument against the validity of the positions set forth. For my part I doubt very much if the time can be materially shortened; the problem is too difficult, it means overcoming prejudice, instinct. To make the patients see themselves with intelligence is of necessity a long and tedious task, but no longer than the task of dealing with tuberculosis, although I grant it does demand more time of the physician. But after all, what we are trying to do is to rebuild a personality. It is a problem in character reformation; and if we succeed in making a person over from a useless invalid into a useful citizen, who shall say that the time was not well spent? Remember, we must "give to the diamond its ages to grow."

EPIDEMIC ULCEROMEMBRANOUS STOMATITIS (VINCENT'S ANGINA) AFFECTING TROOPS

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During the four months, October, 1916, to February, 1917, 129 cases of this hitherto rare condition have passed through our hands. In this article we endeavor to give the results of our routine, laboratory and ward observations, which though incomplete may be of value in Canada and the United States after the conclusion of the present conflict, whither doubtless the infection will be carried by the returning troops.

Until the beginning of the war, it was in Europe one of the rarest diseases, and in America practically unknown, at least so far as medical literature was concerned. It seems to have first become prevalent in France, where it was known as trench mouth, and believed to be caused by overindulgence in cigars, etc. Now, however, it is so prevalent that it may be classed as among the commonest of disabilities among the troops. As usually seen the condition is not such as to confine the patient to bed, but the accompanying depression and the inability to masticate properly causes a serious lowering in efficiency.

Vincent's angina is an infectious disease of the mucous membrane of the mouth, throat, bronchi and prepuce. By far the most frequent site of infection is in the mouth and throat. Next in frequency are the bronchial cases. The preputial cases are rare.

VINCENT'S ANGINA OF THE MOUTH AND THROAT

Type 1.—The largest percentage of cases are of tonsillar type. Here the patient on being admitted usually is found to have a yellowish-gray membrane covering one or both tonsils. The breath is extremely fetid, the odor differing markedly from that of diphtheria. The patient complains of some difficulty in swallowing and of enlarged and tender cervical lymph glands. But absence of headache, myalgia and marked prostration is characteristic of angina as contrasted with diphtheria or acute tonsillitis. The temperature is slightly elevated, although in some cases it may be as high as 103.5 F. The pulse and respiration are but slightly elevated.

In the early cases there are only small whitish patches situated in the crypts. If the trouble is not treated these patches may spread until the membrane covers the whole tonsil; they may extend over the soft palate, uvula, and even the posterior wall of the pharynx. In a well developed case the membrane is yellowish gray, resembling a diphtheria membrane so closely that a differential diagnosis can be made only by a microscope. In the early stages it is the superficial destruction of the epithelium.

On being removed, it leaves a freely bleeding surface, as in diphtheria. In more advanced stages there is an ulceration of the deeper structures so that the tonsil may almost be entirely eaten away. In two of our cases the membrane had formed a pocket in the tonsil, eating away the glandular tissues to such an extent that only the supporting tissues and capsule remained.

Type 2.—The next most frequent type is a deep ulcer on the ramus of the lower jaw, immediately behind the last molar tooth. In many cases the posterior edge of the ulcer is swollen so that it projects over the crown of the tooth, making mastication practically impossible. In untreated cases, infection spreads along the margin of the gums, causing pyorrhea about the molar teeth.

Type 3.—Pyorrhea caused by Vincent's organisms is also frequent. Usually in an otherwise healthy mouth, it is at first limited to the region of the upper and lower incisors. The gums are swollen, spongy and tender, and bleed easily. On pressure there is usually a copious flow of pus mixed with blood, the alveolar surface of the gum being eroded and covered with a yellowish membrane. In advanced cases the teeth become loose and may even drop out. Any condition, as mercurial treatment, tending to lower the vitality of the gums predisposes to a speedy infection with Vincent's organisms. A number of our severest cases followed inunction of mercurial ointment for the removal of pediculi. A number of advanced cases were found in men who were undergoing antisyphilitic treatment with mercury, the lesions being taken for mercurial gingivitis or syphilitic lesions. These cases cleared up quickly under arsenic. Decayed teeth or any mechanical injuries to the gums frequently form a nidus for infection. The frequency of pyorrhea about the incisors is in our opinion due to injury of the gums in biting.

Type 4.—General infection of the mouth is the severest type of all, and the patient is acutely ill. The membrane extends over the cheeks, tongue, fauces, pharynx and palate, and even to the lips. Ulcerations occur on the cheeks where they are in contact with the teeth. The tongue is greatly swollen, making speaking and swallowing difficult, and the margin is deeply