

THE  
Journal  
OF  
Nervous and Mental Disease

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Original Articles.

PRESIDENTIAL ADDRESS.<sup>1</sup>

BY J. W. PUTNAM, OF BUFFALO, N. Y.

Gentlemen—Before proceeding to address you formally, I desire to express my warmest thanks for the very great honor you have conferred upon me in choosing me for your twenty-ninth President. With the honor I accept also the responsibilities, and rely upon your help in making this a successful meeting.

The American Medical Congress was founded because the interdependence of the different branches of medicine was recognized by the master minds of the profession. The time had come when specialists needed to broaden their interests and enlarge their views of the field of medicine. Specialism is so engrossing that its devotees are in danger of becoming narrow in their interests and their activities.

Of no class of physicians is this more true than of neurologists. The range of diseases we are called upon to treat is so large and so varied that it would seem impossible for us to become narrow. In the past few years we have been especially active in research along many lines. Our text-books are models of exact and definite descriptions of diseases, of careful observations of symptoms, of detailed records of clinical history, and of the minutiae of pathological findings.

Though our writers are accurate and complete in their obser-

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<sup>1</sup>Read at the meeting of the American Neurological Association, May 12, 13 and 14, 1903.

vations there is an evident tendency to specialize in our therapeutics. Our prognoses reveal to some extent the natural tendency of diseases. Our view of the future seems to be limited by our own resources.

It is important that as teachers and authors we bear in mind that the treatment of disease resulting in benefit to the patient is the ultimate goal of our efforts. It is to this end that our hospitals are founded and maintained by the charitable; it is for this purpose that our patients seek us, and for this that students read and study our books.

The chronic cases of paralysis with deformities from various cerebral, spinal and peripheral causes form a large and hitherto hopeless class. For years those afflicted with diplegia, hemiplegia and spastic paraplegia have sought medical aid in vain. In the books on nervous diseases which the physician consulted for guidance he found, until recently, at the best a statement that such a case may be benefited by appropriate mechanical appliances, massage and electricity; he seldom found that definite statement of facts which the orthopedists have accumulated in the last decade.

Tendon transplantation and the principles which govern the operation should find a place in our chapters on treatment. It should be taught to the student from the neurological standpoint as well as from the surgical. The field is a new one. Old methods are giving place to better ones. This is a therapeutic measure which appeals specifically to us, for it is designed to benefit our patients. It is our province to develop this practice; to study, investigate and teach it, to consult with the surgeon on special cases as we do in a case of brain tumor.

We have long ago made common cause with the surgeon in cerebral and spinal operations; let us extend it to the domain of surgery of the neuromuscle machine.

To the surgeon belongs the technic, and this has been ably developed by such operators as Bradford, Gibney, Goldthwaite, Townsend and Whitman of this country; by Robert Jones and Tubby in England; Hoffa, Lange and Vulpius in Germany; Codivilla and Niccoladoni in Italy.

To us belongs the duty of selecting cases for operations and of enlarging its field of usefulness. The after-care of the

patient is as important as the surgical. The operation must be followed by an education, both mental and physical, which we must direct. It is only through coöperation that the best results will be obtained.

Hitherto the relation of neurology to obstetrics has not been sufficiently appreciated nor emphasized. The effect of prolonged labor upon the child is being studied, and requires much more careful investigation in order to determine the effect of cranial injuries upon the brain. The obligation rests with us to sound the note of warning, in season and out of season, that epilepsy is in a large number of cases due to cranial birth lesions. The lesson must be so impressed that it will be a rule with accoucheurs to examine the head for fractures or undue depressions after severe labors. When this practice has become a rule, and the cranial injuries are treated early and carefully, we may see as a result a diminution in epilepsy, in idiocy and cerebral birth palsies.

It has not been my purpose to refer to the most excellent work done in our own lines of investigation, so much as to emphasize the fact that specialists in the other societies are developing principles and accomplishing results which are of vital importance to us, and that we are developing theories and obtaining facts of equal value to them, and that by joining our researches and making a united effort in investigating the causes of diseases and new methods of treatment, we may improve somewhat the helpless condition of those for whom the prognoses have hitherto been unfavorable, and in other instances diminish in some measure the deplorable results which are to be found in our homes for the epileptic, the feeble-minded and the incurable paralytics.