

British Medical Association Psychological Section

The British Medical Association, for the second time in its history, held its annual meeting in Canada in August of this year. The meeting extended over four days, August 21-25, and over two thousand members and visitors took part in the proceedings.

The Psychological Section, presided over by Dr. William Julius Mickle, of London, well known for his studies in paresis, and his book on the disease, was well attended, and its sessions were of particular interest, as they gave opportunity to work out clearly the different trends of thought which characterize the psychiatrists of Great Britain and America. Many of the discussions were of high order, and in spite of the hot weather, which must have been a revelation to the visitors who regarded Canada as a land of snow and ice, at times, became animated and warm.

The social functions, during the meeting were many, and a luncheon given at Toronto Asylum, to the members of the Psychological Section and the visiting members of the American Medico-Psychological Association, by the Ontario Government was a happy event. The Hon. Mr. Hanna, Provincial Secretary of the Province of Ontario; Drs. Mickle and Schofield, London; Drs. Hurd and Brush, of Baltimore, were the chief speakers, and while a vein of humor characterized their remarks, it was quite evident that all thought Ontario should go even further than she has already done, in making provision for the treatment of the insane.

The following is a brief abstract of the proceedings of the Psychological Section:

AUGUST 21, 1906—FIRST SESSION.

"The Etiology of General Paresis." By A. R. Diefendorff, Middletown, Conn.:

Dr. Diefendorff based his observations on a study of one hundred and seventy-two cases of paresis, cared for in the Connecticut Hospital for Insane, from 1898 until 1905.

During this period the percentage of cases of paresis, as compared with the total admissions, ranged between 7.8 per cent and 5.4 per cent per annum, with a decided upward tendency in the number of females.

In regard to causation he ascribed the greatest importance to syphilis, but believed that alcoholism should not be overlooked as a most important factor in the development of this disease.

The paper was discussed by Drs. Mickle, London; C. K. Clarke, Toronto; T. J. W. Burgess, Montreal, and H. W. Miller, of Taunton, Mass. A discussion on general paralysis was then opened by the president, Dr. W. J. Mickle, who dealt with the delimitations of the disease under the headings: Symptoms, Morbid Anatomy, Predegenerate Relations.

Dr. W. Alden Turner, London, expressed the opinion that in general paralysis and tabes dorsalis syphilis is the great predisposing factor in both disorders.

As far as exciting causes were concerned, they were to be looked for in trauma, alcoholism, nervous stress; or, perhaps, as Forbes Robinson has suggested, in intestinal autotoxis.

Dr. L. Harrison Mettler, Chicago, regarded paresis pathologically as another phase of the tabetic process; in other words, it was a primary cortical neurotic degeneration, and from this point of view the prognosis was practically hopeless.

Dr. J. O'Brien, Massillon, referred to some recent experiments he had made as the result of a study of Dr. Forbes Robertson's investigations. In 95 per cent of cases of paresis he obtained an organization similar to the Klebs-Loeffler, in other types of insanity only 2 per cent.

Animals inoculated with this bacillus developed the physical signs of paresis, and post-mortem examination revealed lesions similar to those seen in early paresis.

At the conclusion of the discussion Dr. A. T. Schofield, London, made a few remarks on some investigations he had made in the "new psychology."

WEDNESDAY, AUGUST 22, 1906.

"Cerebral Localization in the Study of Psychiatry." By Dr. Charles K. Mills, Philadelphia:

Dr. Mills began with a brief review of literature and personal

observations concerning hallucinations and delusions; taking the view that these symptoms, regarded from the psychological standpoint, never occur as the result of the irritation, instability or discussion, or a combination of these, caused by lesions limited to cortical areas or centers of the senses condition in these phenomena.

The phenomena, when they arise to the plane of insane delusions require for their development, description, or disassociation of the mechanisms which associates not only these centers with each other and with other parts of the brain.

He reviewed many personal cases of coarse focal disease and then took up the question of diffuse distinctive bacteriological disease, such as cerebral syphilis and progressive pre-senile dementia of paresis in which delusions and their genuine insane phenomena are present.

He referred also to observations by K. Schäffer and others on lesions of paresis in their relations to association and projection areas.

Personal observations were related on the anatomological and morphological peculiarities of the cerebral syphilis in cases of paranoia and in low types of brain generally.

This paper was discussed by Drs. C. H. Hughes, St. Louis; L. H. Mettler, and Mickle.

Dr. John Turner, Brentwood, England, expressed his views regarding the relation of epilepsy to changes in the blood and central nervous system.

He believes that epilepsy is a disease occurring in persons of defective nervous organization, who have, in addition a morbid condition of the blood, which shows a tendency to intervascular clotting. The immediate cause of epileptic seizures, of any type, is stasis of the blood streams, resulting from blocking of cerebral cortical vessels by intervascular clots.

This interesting paper was beautifully illustrated by many lantern slides.

Drs. Chas. K. Mills and W. R. Spratling took part in the discussion; Dr. Spratling expressing the opinion that the cause of epilepsy was to be looked for in other directions.

Dr. Alden Turner, London, opened a discussion on epilepsy

and psychic fits, during which he discussed epileptic equivalents, epileptic ambulatory automatism, masked epilepsy, and other psychoses of this order. Reference was also made to impulses, catatonic and transitory delusional states, psychasthenic conditions, and psycho-epilepsy.

Dr. Mickle dwelt on the varied mental states which occur as epileptic equivalents on the one hand and on the other mental besetments or psychasthenic obsessions.

He referred to Janet's views, from which he dissented most strongly.

Dr. C. K. Mills thought a distinction should be made between psychasthenic and epilepsy.

Dr. Spratling referred to the extreme rarity of purely psychical attacks without epilepsy, only 1/5 of 1 per cent could be classified as such, in his experience.

Psychic epilepsy in association with the classic forms occurs in 5 per cent of cases.

He dissented from the commonly accepted view, that epilepsy is an incurable disease and was satisfied that a large proportion of cases could be cured if treated properly in the early stages.

As for the pathology, well, neuropathology ceased to be taken seriously at the New York State Colony for Epileptics, at Son-yea, and they were now searching the body of the living epileptic to find the cause of disease rather than expending valuable time in attempts to determine the pathology of the disease.

Dr. Spiller, Philadelphia, referred to the attempts of Friedman and Oppenheim to separate from epilepsy certain groups of cases, usually classified as such. The speaker detailed the history of a case under observation by himself for several years, which might be recorded as one of psychic epilepsy, but which he considered as belonging to the psychasthenic group of cases.

THURSDAY, AUGUST 23, 1906.

Dr. Crothers, Hartford, read a paper on the insanity of inebriety.

It was discussed by Drs. Hobbs, Guelph, Ontario; Langdon Down, London; Adolph Meyer, New York, and J. J. Williams, Ontario.

A discussion on dementia præcox was opened by Dr. C. K. Clarke, Toronto.

He referred to the varying importance attached to the classification by American authors; one recent writer devoting three and a quarter pages to a consideration of it; another no less than forty pages.

Ill-digested results, based often on insufficient observations, were too frequently published as facts. The name must be regarded as tentative, but must be tolerated for the present. Prognosis is likely to be the basis of future classification. Authors were, in his opinion, too widely apart when treating of the genesis of this form of dementia. There was a distinct danger in America of straining the classification to an absurd extent; some alienists going so far as to include 40 per cent of all cases admitted to hospitals for the insane under this heading.

There is a definite place for dementia præcox, and the aim of the true scientist is to determine this by accurate and careful study.

Discussing paranoid cases, the view was advanced that these developed earlier than was generally supposed.

Until we understand the pathological basis it cannot be possible to speak absolutely of symptom pictures, found in certain deterioration processes and simulated in others. The toxic theory may be accepted only as a partial explanation of the development of this disease; the question is much more complex than that.

The unfavorable prognosis was discussed at some length.

Dr. Adolph Meyer, in an elaborate paper which excited much favorable comment, urged the psychiatrist to aim at reaching a conception of this symptom-complex which would emphasize factors at work, rather than merely probable prognosis.

Dr. Meyers' thoughtful paper will be published in full in the *British Medical Journal*.

Dr. F. X. Dercum, Philadelphia, insisted upon the purely functional character of the symptoms, at first, and the revealing of the oncoming dementia.

He regards the term as objectionable because it implies a quantitative mental loss. He was greatly impressed by the great factor of the neuropathy present, which implied not only structural

defects during development in the nervous system, but also arrest of the organism as a whole, so that all of the other tissues of the body are, probably, structurally defective. In this case, on the approach of puberty the strains of life accumulate. Proper adjustment to the environment is inadequate and then all function becomes aberrant.

Two elements are present: a defective nervous system and an abnormal nutrition, and whether in a given case recovery ensues, depends largely upon the amount of arrested development. He spoke of the great amount of good to be accomplished in early cases by therapeutic methods: rest, full feeding, and massage.

Dr. A. Robertson, Glasgow, preferred the term adolescent insanity, which had the advantage of committing no one to an absolute expression of opinion regarding prognosis. He thought there was no need for the new nomenclature. He agreed very much with Dr. Dercum, in prolonged and persistent treatment of cases.

Remarkable differences of opinion existed between distinguished observers. Bianchi asks if there is any need for this new nomenclature and doubts the possibility of diagnosing the condition in many cases. That was the speaker's position. He preferred the term adolescent insanity, which commits one to no absolute opinion.

He admitted that this term was vague but was free from committing us to an opinion which conveyed a plan of hopelessness to the friends.

Dr. A. T. Schofield, London, thought that we should all agree with the last speaker, that if the term adolescent insanity held out more hopes of cure than dementia præcox we should all adopt it.

In his experience these cases commenced by simple hysteria, and if there is a bad family history, passed by slow degrees into dementia, which, if incurable, we term dementia præcox.

Early diagnosis is of no great value, as it seldom carries with it any curative therapeutics.

It appeared to Dr. E. N. Brush, that we were permitting the discussion to degenerate into a talk about terms rather than con-

ditions. It mattered not whether we called these cases dementia præcox or adolescent insanity so long as we knew them, which we would never if we fixed our attention upon names rather than symptoms or etiological factors.

He granted that, at present, the condition was hopeless, but possibly by more careful study of the individual and his environment we may be able to take from this large group, which some may prefer to call one thing, some another, a certain number of cases for whom we may predict recovery. The great and most important point, therefore, to keep in view was not the name under which or class into which we would group these cases, but a careful systematic study of physical and mental symptoms, of family history, environment, and as far as possible, the following out of individual cases to the end.

Dr. Hobbs desired to know how Dr. Meyer would harmonize the view of gradual deterioration of function with Dr. Dercum's explanation by neuropathy and nutrition disorders.

Dr. L. H. Mettler, Chicago, thought this and all similar discussions failed to lead one to any definite knowledge, because we were trying to crystallize into a nosological entity a disease with definite symptoms and etiology, something that could not be so crystallized.

As Dr. Meyer had shown, the question to be determined was the individual patient's reaction. This might be from a mere neurasthenic hysteroid type, all the way up to a violent outburst.

All Kræpelin did was to show that so-called defectives, at a certain age or period of stress revealed their deficiencies. For thus calling attention to this defective class all honor was due to Kræpelin, after all neither he nor others, who discuss this question seem, to the speaker, to be making much progress in the constructing of dementia præcox into a nosological entity.

Dr. Adolph Meyer, in reply to criticisms, would not object to the term adolescent insanity if it were more definite, and if many cases did not develop the disease entirely, long after adolescence; although some people never leave the adolescent stage, others never reach it.

The contention of Schofield that many begin with hysteria, shows exactly that it would be more important to consider this fact and to conceive a sure and adequate idea of hysteria than

argue about names, a point of view, which leads to a study of the gradual operation of many factors at work, will be of greater practical and theoretical value than trite medical speculation.

Dr. R. R. Rentoul proposed sterilization of certain mental degenerates. Showed that degeneracy existed in proportion of 1 to 1000 population.

Dr. Farrar, Baltimore, read a paper on "Types of Devolutional Psychoses." His paper dealt with the insanity of senescence, particularly the depressive states of the *präsenium*, during which period are to be distinguished the accidental and the truly epochal psychoses. Taking as a type *melancholia vera*, an involutional autopsychosis representing a biologic differentiation of the depressive phase of maniac-depressive insanity, two other clinical forms were described: (a) *anxietas präsenilis*, an involutional allopsychosis of unfavorable prognosis attacking chiefly women; (b) *depressio apathetica*, a hypopsychosis seen more commonly in men, and apparently of less dubious prognosis.

FRIDAY, AUGUST 24, 1906.

Dr. A. T. Schofield, London, opened a discussion on mind and medicine. Briefly referred to the fact that the great influence of mind is a force in medicine although it was universally practiced and not taught. The whole field was left to be exploited by quacks.

He urged that the morning of the last day of the session should be devoted to papers and discussions upon the study of the sound mind in relation to disease; as the study of insanity has almost monopolized this section.

Prof. Mark Baldwin urged the importance of the study of normal psychology by medical men.

It was the duty, not merely the right, of the medical profession to keep pace with the progressive psychology.

He suggested that two great ideas of current psychology recently worked out should be embodied in medical training.

Dr. E. N. Brush, Baltimore, referred to the fact that both in France and Germany this matter was receiving great attention, and that many psychiatric clinics had well-equipped laboratories for the study of physiological psychology.

Dr. Schofield briefly replied, and in the absence of the author, read a paper by Paul Dubois upon "Rational Psycho-Therapeutics."

Dr. Ryan, Kingston, Ont., read a paper on "Application of Modern Hospital Methods for the Treatment of Insane," and Dr. D. J. Moher, Brockville, Ont., on "Occupation as a Factor in the Treatment of Insane."

At the conclusion of the session a vote of thanks was offered and enthusiastically adopted to the chairman, Dr. Mickle, for the able and impartial manner in which he had filled the chair and guided the proceedings.

C. K. C.