THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

Published monthly at Vancouver, B. C.

Neuroses in Practice

Book Reviews

Health Statistics

MARCH, 1925

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THE VANCOUVER MEDICAL ASSOCIATION

BULLETIN

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VOL. I. MARCH 1st, 1925 No. 6

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VANCOUVER MEDICAL ASSOCIATION

Founded 1898. Incorporated 1906.

Programme of the 27th Annual Session

GENERAL MEETINGS will be held on the first Tuesday of the month at 8 p.m.

CLINICAL MEETINGS will be held on the third Tuesday of the month at 8 p.m.

Place of meeting will appear on Agenda.

GENERAL MEETINGS will conform to the following order:

8 p.m.—Business as per Agenda.
9 p.m.—Paper of Evening.

SPRING SESSION

1925

JANUARY 6th—	*General Meeting.* The OSLER LECTURE by DR. FREDERIC BRODIE. "Aphasia."
JANUARY 20th—	*Clinical Meeting.*
FEBRUARY 3rd—	*General Meeting.* Paper: DR. W. A. DOBSON, "Neuroses in Everyday Practice."
FEBRUARY 17th—	*Clinical Meeting.*
FEBRUARY 25th—	*Special Clinical Meeting.* DR. C. E. HAGYARD (Seattle). Subject: "Colitis."
MARCH 3rd—	*General Meeting.* Paper: DR. R. B. BOUCHER, "Inflammatory Diseases of the Ear."
MARCH 17th—	*Clinical Meeting.*
APRIL 7th—	*General Meeting.* Paper: DR. J. L. TURNBULL, "Differential Diagnosis of Acute Abdominal Conditions."
APRIL 21st—	*ANNUAL MEETING.*

* * *

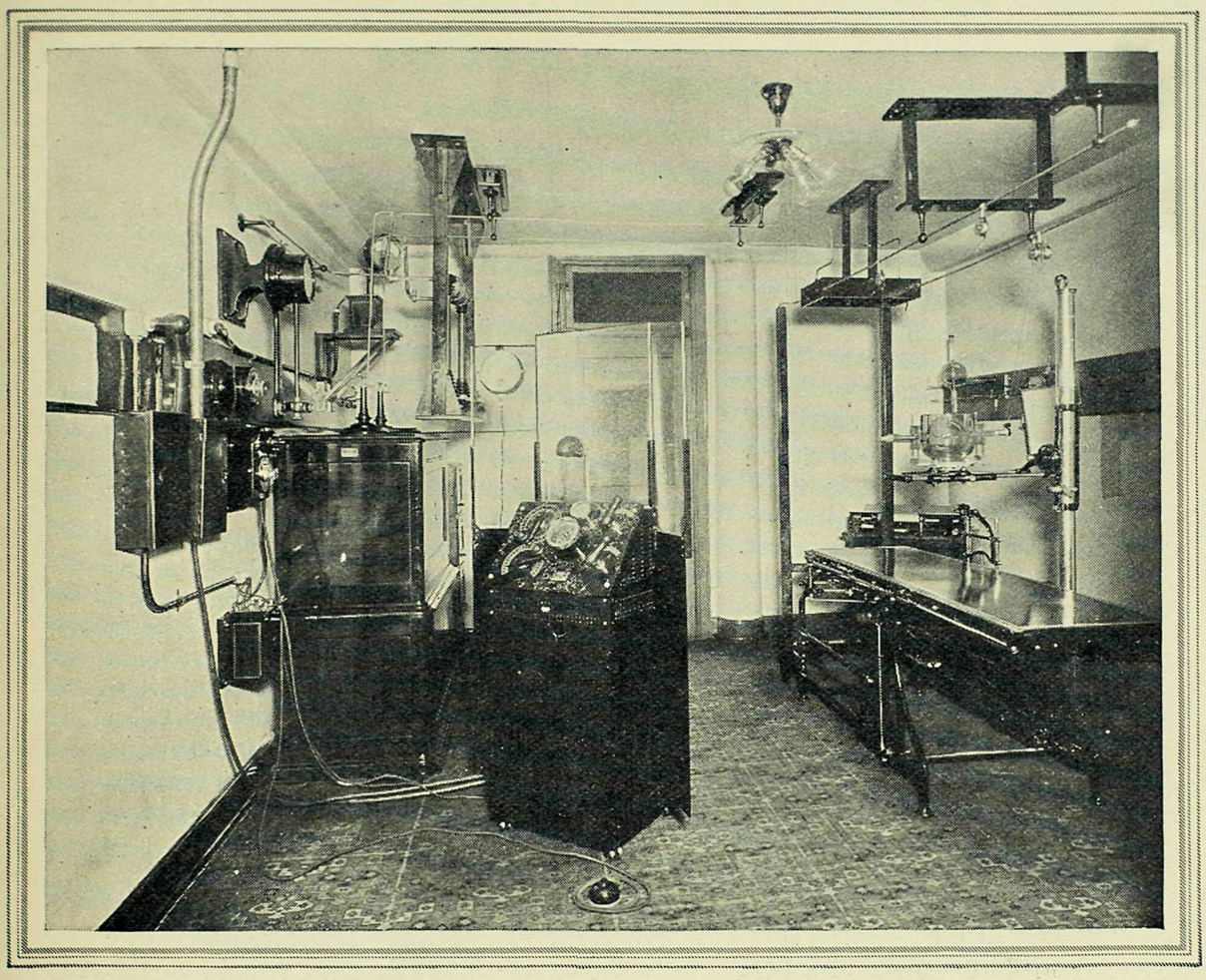
THE SUMMER SCHOOL

of the

VANCOUVER MEDICAL ASSOCIATION.

FIFTH ANNUAL SESSION.

Considerable progress has been made in the selection of speakers for the forthcoming session of the Summer School, to be held in Vancouver, July 2nd, 3rd and 4th. Among those who have accepted are Sir Henry Gray, Surgeon-in-Chief of the Royal Victoria Hospital, Montreal; and Dr. Alan Brown, Physician-in-Chief of the Sick Children's Hospital, and Professor of Paediatrics, Toronto University. In addition to these speakers the Committee is in communication with others of similar standing. It is needless to say that with lecturers of this calibre no one can afford to miss this meeting.



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VICTOR

EDITOR'S PAGE.

A great loss has been sustained by British Medicine.

Within the last few weeks the deaths have occurred of Sir James Mackenzie and of Dr. John Irvine Hunter, Professor of Anatomy at the University of Sydney, New South Wales.

The former died full of years and honours, the latter was plucked untimely "dead ere his prime." A career already brilliant cut short as the promised fulfilment seemed about to mature.

Of Sir James Mackenzie's work it is difficult to speak save in the language of hyperbole. A general practitioner of medicine himself, his career is of special interest to those who carry upon their shoulders the daily, practical and arduous tasks of the medical profession. His work upon the heart, destined to revolutionize the science of cardiology, was begun and finished during the years of active general practice in the manufacturing town of Burnley. Subject to incessant interruptions, working in a field where he could get no help orally or through books, compelled to invent and manufacture his own instrumental aids, only the firmest conviction of his ultimate success could have carried him through.

"This volume has been written," says Mackenzie in the preface to his first book—that on the Pulse—"amid the distractions of the life of a busy general practitioner. I have seldom been able to give an uninterrupted hour's study to the subject. While working out some argument, interruptions have often been fatal to its completion, as it has been days and even weeks before I have again been able to resume it."

Mackenzie's work gained recognition in English - speaking countries very slowly. Long before it became general property with us, he was recognized in Europe, and particularly in Germany, as having a very special and particular knowledge of the cardiac mechanism and its disorders.

Unfortunately his communications to the medical press were not only novel and controversial, but also too frequently acrimonious and insistent. Nothing short of a complete discarding of the older theories would satisfy him, and not unnaturally many of his contemporaries were not at first prepared for this. In later years Mackenzie came to see very clearly that the practice of medicine was clouded and fogged with facile generalizations and incoordinated observations. Especially was this the case, he thought, with regard to the very early symptoms of disease. In season and out of season for many years he insisted that laboratory methods and hospital experiences were taking the art of medicine in a wrong direction. His view of the way was that by which he had arrived at his newer conception of the heart. Prolonged and patient observations, over long years, of the effect and significances of certain physical signs or symptoms observed, it may be early in life. As a justification of his faith he founded, as the last act of a long

life of devotion to his art, the St. Andrew's Institute. This is actually an aggregation of general practitioners living in a relatively stable and self-contained community, who record and watch their patients along these lines. Associated with them are certain professors and laboratory workers, who endeavour to assist in the interpretation of those phenomena and to explain their significance. To this work, in the last few years, Mackenzie gave himself unstintingly, and it is believed that it will be carried on even though he is gone.

We regard Sir James Mackenzie as one of the Master Minds of Medicine, destined to rank with Harvey, and Sydenham, and others who have prepared the way for those who come after.

Professor Hunter, of Sydney, is the latest of that numerous band, found in all walks of life, and of whom the medical profession has had more than its share, who have died in the atmosphere of unfulfilled achievement. With Keats and Shelley, with Hilton Fagge and H. L. Barnard, and countless others, he joins the long procession of those whose promise was never to be linked to a completed work.

Nevertheless, short as his life was—for he died at the age of 27—it is almost incrediable to learn of the amount of actual research that he had already accomplished. Only his latest work —that on the skeletal muscle distribution of the autonomic nervous system and its practical application to the treatment of spastic paraplegia—brought him prominently before the general view of even his own profession.

Our sympathies are extended to our Sister Dominion, while our regrets are felt for medicine in its universal aspect.

From this brief study of two lives in such different circumstances we may gather the consolation that the true apostolic succession in medicine is not lost. That even in our day and generation there arises, ever and anon, one or more whose privilege it is to maintain and enhance the lustre of the medical profession in the Empire.

* * *

NEWS AND NOTES.

A Regular Meeting of the Vancouver Medical Association was held on February 3rd, in the Auditorium of the Normal School. Fifty members were present.

Dr. G. H. Clement gave notice of motion to amend the by-law dealing with the election of nominees for hospital staff appointments, the purport of which was to revert to the former method of dealing with these elections instead of by proportional representation.

A lengthy discussion concerning the proposed location of the new Infectious Diseases Hospital occupied considerable time, the

majority of members present at the meeting being of the opinion that the new hospital should not be erected on the site of the Vancouver General Hospital or adjacent to it. A resolution to this effect was carried.

Dr. W. A. Dobson gave a very interesting and instructive paper on "Neuroses in Everyday Practice." This paper gave rise to a very spirited and lengthy discussion, in which Drs. Manchester, Cumming, Coleman and Simpson took part. An abstract of Dr. Dobson's paper appears in this issue.

* * *

At a meeting of the City Council, held on Monday, February 16th, it was decided to go ahead with the erection of the new Infectious Diseases Hospital on the block now occupied by the Infectious Diseases Huts.

* * *

Drs. W. C. Walsh and F. N. Robertson have gone to New York for post graduate study, and expect to be back in Vancouver in about six weeks' time.

* * *

OBITUARY.

It is with deep regret that we have to record the death of one of our members, Dr. J. E. Brouse. Dr. Brouse was a native son of B. C. and a familiar figure in medical circles in the interior of the province for many years. For the past few years Dr. Brouse practised Dermatology in Vancouver, and was on the Staff of the Vancouver General Hospital. His son, Dr. Ivan Brouse, is practising at Powell River, and to him and to Mrs. Brouse we extend our sincere sympathy.

* * *

LIBRARY NOTES.

Medical Gynaecology. By Samuel Wyllis Bandler, M.D. 4th Edition, thoroughly revised. 1924. W. B. Saunders Company, Philadelphia and London. $8.00.

It would appear a great pity that the American College of Surgeons, or the B. C. Medical Association, or some one, has not taken up the question of the standardization of medical textbooks. Any who do not agree with this lament should read Bandler from cover to cover. The scientific (?) character of the work is well illustrated in the first chapter, where, after two pages of suggested questions covering very completely every phase of almost any case, and well worth careful study, particularly by our younger men, the teaching is that "*Finally*, let the patient in a few words define and explain the annoyances and symptoms of which she complains and because of which she comes." Excellent material—ridiculous arrangement and treatment.

The sections on methods of examination stick closely to elementary outlines, though atmocausis, which is not actually ap-

proved of, is described with sufficient detail to tempt the inexperienced and venturesome. Fifteen pages on the use of the pessary are good. Four pages on vitamins, if correct, afford all the knowledge along this line that any gynaecologist should require. At any rate one line tells us that "Birds need B and not C," and the next "Lack of A, B, C diminishes the resistance to infectious diseases." Some hundred pages devoted to the endocrine glands seems to follow pretty closely the literature received daily through the mails, and leaves one with the feeling that he should recall all his recent patients and prescribe "mixed glandular treatment so and so," or some other combination of at least three of the more familiar endocrine products. This worship of the endocrines has erected a shrine to the placenta, whose "secretion is a substance which follows the course of the blood into all organs of the body, etc."

In discussing eclampsia we are told that "logically we must conclude that placental secretion is the important factor. It does not produce this annoyance in a large proportion of instances because some protective substances are secreted or formed anew. They come from *ovary* and *corpus luteum,* from the *thyroid* and *adrenals,* from the *hypophysis* gland, from the *liver,* and from *other structures in the body not yet recognized as taking part in this protective function*" (italics not in the text). How thankful the poor little foetus and the dear old excretory organs must be to be absolved from all blame!

The book contains a lot of good common sense on the "associated nervous condition," and by the inclusion of many pages of favorite prescriptions rescues the reader from absolute dependence on the manufacturing druggist.

Sections on leucorrhoea, gonorrhoea, pain and constipation are well worth reviewing, though in no sense should they be considered either as the law or the gospel. Under prophylaxis of subinvolution following confinement some most extraordinary advice is given as to exercises. How anyone of wisdom and experience can advise that "commencing one week after delivery patients lie flat on their backs and raise themselves to the sitting position without the aid of arms and hands," is difficult to understand. Nevertheless the book contains a wealth of suggestion for him who would deal fairly by his gynaecological patient, and younger men particularly should read it through as somewhat of an antidote to the dangerous notion that the only place to treat a pelvic derangement is in the operating room.

—W. B. B.

* * *

Essays and Addresses on Digestive and Nervous Diseases and on Addison's Anaemia and Asthma. By Arthur F. Hurst, M.D. London. William Heinemann. 1924. Price £1 1s. 0d.

This, as the author states, is an attempt to place on record his present views on various subjects. It is a collection of papers, all previously published, but revised and expanded to conform to the author's present conceptions.

While not attempting to deal with all the papers, one cannot refrain from drawing attention to a number of outstanding features.

Dealing with hyperemesis gravidarum, which is defined as a form of hysterical vomiting, the author states that in the absence of organic pyloric obstruction, vomiting which does not cease at the end of six or eight weeks, is undoubtedly hysterical and can be cured by psychotherapy. The disturbed metabolism he regards as due to starvation and dehydration, and as not etiological.

Duodenal ulcer is dealt with at length, the author ascribing its occurrence primarily to the hypersthenic gastric diathesis, a congenital hyperactivity of the gastric mucosa. His modification of the Sippy treatment is described in detail. He is opposed to operation unless there is definite pyloric obstruction, as he believes that in the absence of obstruction, attention to focal injections and diet will heal the ulcer. On the other hand, if there is any degree of pyloric obstruction he believes a gastro-enterostomy should be performed. He issues a warning that a full course of alkaline treatment should not be undertaken if renal function is impaired.

Both the hypersthenic gastric cases, and cases of achlochydria should be studied with the aid of the fractional test meal. They are frequently though not always congenital, and may never show symptoms.

Achlorhydria is frequently associated with appendicitis, cholecystitis, pancreatic disease and various forms of dysentery, by permitting infection to gain access to the digestive tract, and the author draws attention to the relationship sometimes existing between achlorhydria and rheumatoid arthritis.

In view of the frequency of achlorhydria in pernicious anaemia, the author believes that whenever achlorhydria is found a complete blood examination should be carried out, as in this way many potential cases of pernicious anaemia may be recognized and put upon appropriate treatment before the classical, that is the hopeless picture, has developed.

The author deals at some length with cardiospasm, or as he terms it "achalasia of the cardia." He is certain that this is not a spasm such as occurs in hypertrophic pyloric stenosis, as there is no hypertrophy of the cardiac sphincter; but that it is due to a faulty reflex, so that the sphincter does not relax in co-ordination with the oesophagral peristaltic wave. He finds treatment with a mercury-filled tube almost invariably relieves the condition.

The chapters on affections of the colon are extremely valuable. He says: "It is no more justifiable to treat a colitis, without first inspecting the mucous membrane of the colon with the sigmoidoscope, than it is to treat a sore throat without looking at the pharynx."

Cholecystitis, gallstones, asthma and hysteria in organic nervous disease, complete the volume. The section on hysteria is

most instructive. He shows that many organic nervous diseases acquire an added functional element, in some instances to such an extent that the impairment of function may be almost entirely hysterical, and quite amenable to suggestion.

There is much condensed into each paper, the definitions are lucid, and coming from one of the keenest minds in medicine to-day, the book should be invaluable to both the general practitioner and the internist.

—C. H. B.

* * *

"THAT LIBRARY CARPET!"

(With apologies to Shakespeare.)

ACT I.

In the Library of the V. M. A. at the hour of noon on a dull day in the month of February, 1925. Enter a Physician. He is about 40, stoutly built, scalp thinly covered, glasses reinforce a pair of keen blue eyes, and between firm lips a freshly lighted cigar points upwards and outwards. As he pauses on the threshold he sees at the other end of the room the seated figure of the Librarian. Her bobbed head is resting on her folded arms, which are in turn supported by the flat surface of an office desk. To the left, through an open door, the physician can look directly into the Reading Room, the floor of which is covered by a dirty, disreputable and exceedingly threadbare carpet.

Physician: "Now might I do it pat, now she is praying:
And now I'll do it." (Reaches out and withdraws from the shelves a large volume on "Litigation Neurasthenia.")

Librarian (with head still bowed and in a low trance-like tone):
"To be, or not to be—that is the question:
Whether 'tis nobler in the mind to suffer
The very sight of that outrageous carpet,
Or to get up and rip it into pieces,
And by burning end it? 'tis a consummation
Devoutly to be wished. To rip, to burn.
And whether we would meet again I know not.
Therefore my everlasting farewell take:
Forever, and forever, Farewell, Carpet!
If we do meet again, why, I am stung:
If not, why then, this parting was well made."

Follows a silence of three seconds, during which time the Physician, with an awed expression, replaces "Litigation Neurasthenia," takes down Freud on "Dreams," and noiselessly leaves the room, *without signing up.*

Curtain.

ACT II.

Omitted, because of a firm refusal of the Editorial Board to allot space, but it depicted a meeting of the Physician and the

Library Committee, an inspection of the Carpet, and the passing of the following resolution:—

(1) That flowers be sent to the Librarian, who, thanks to the Physician, is now convalescing nicely.

(2) That, owing to the scarcity of courteous and efficient Librarians, and owing to the fact that a *risor sardonicus* is undoubtedly clearly to be seen on the face of the carpet; and, further, owing to the poverty of the Library exchequer: Be it resolved that an appeal be made through the colmns of THE BULLETIN to all members of the Association. This in the hope that some man (or some man's wife) may donate a first or well preserved second hand carpet to the Library. Thus would a mind be saved and the dignity of the Library be upheld.

Addendum by Librarian: The size of present carpet is 10½ by 12. Anything near this would do.

* * *

STATISTICS, JANUARY, 1925, VANCOUVER HEALTH DEPARTMENT.

Total population (estimated)		126.747
Asiatic population (estimated)		10,000
		Rate per 1000 of Pop. per annum
Total Deaths	137	12.7
Asiatic Deaths	19	22.4
Deaths—Residents only	108	10.0
Total Births—Male, 166; Female, 146	312	29.0
Stillbirths—not included in above	3	16.3

INFANTILE MORTALITY—

Deaths under 1 year of age	14
Death rate per 1000 births	44.9

CASES OF INFECTIOUS DISEASES REPORTED.

	January.		*February to 15th.*	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	101	0	52	0
Scarlet Fever	107	0	49	0
Diphtheria	17	1	10	1
Typhoid	0	0	0	0
Chicken-pox	39	0	20	0
Measles	0	0	3	0
Mumps	45	0	14	0
Poliomyelitis	0	0	0	0
Erysipelas	7	2	3	0
Tuberculosis	29	0	5	0
Whooping-cough	2	0	1	0
(Cases from outside city included above.)				
Diphtheria	1	1	1	0
Smallpox	2	0	3	0
Scarlet Fever	1	0	2	0

LABORATORY FINDINGS.

Communicated by Dr. R. E. Coleman from the Laboratories of the Vancouver General Hospital.

On Aug. 22nd, 1924, a case of meningitis was admitted under Dr. C. F. Covernton from Powell River. The laboratory examination of the spinal fluid in this case showed it to be of quite unusual interest. In addition to the usual findings associated with purulent meningitis, the bacteriological examination showed the presence of a bacillus which has not yet been certainly identified. So far its characters indicate that it belongs to that ubiquitous group of diphtheroid organisms. This group, though so constantly found about the healthy animal, is seldom clearly demonstrated as the primary cause of pathological processes. In the literature available only one case of the recovery of a diphtheroid from the spinal fluid can be found.

* * *

Following closely upon the previous case, a second case of meningitis was admitted on Jan. 1, 1925, under Dr. F. J. Buller, which yielded streptococci from spinal fluid and blood.

Clinically the course was that of an uncomplicated acute meningitis with apparent complete recovery to date. The only treatment was mercurochrome intravenously. The rarity of recovery from this type of meningitis makes the case worth recording. To January, 1922, Eagleton was only able to collect seven cases in the literature.

* * *

The large amount of animal experimentation involving the intravenous use of glucose, has constantly drawn the attention of the laboratory worker to the toxicity of certain lots of otherwise apparently pure glucose. Recently our attention was drawn by Dr. W. D. Keith to the report of a committee appointed at the Mayo Clinic to investigate the preparation of solution for intravenous therapy. As a result this Hospital and St. Paul's have commenced testing each batch of glucose intended for intravenous therapy, by the intravenous injection of rabbits, giving 0.5 gms. of glucose per kilo of body weight.

We still have physicians coming to us with a certain form of borrowed trouble. I say "borrowed" because it is easier to avoid than to get into. It is in connection with the testing of urine for sugar, and more particularly in connection with life insurance examinations. In the last four years every error in the interpretation of sugar reaction for which the physician has consulted us, has been associated with the use of that archaic test described by Fehling. Why does the physician persist in using a test which is more troublesome than the Benedict test, when the latter in the hands of the average diabetic has more precision, after a lesson of ten minutes, than Fehling's test can ever have in the hands of the most skilled?

B. C. MEDICAL ASSOCIATION NEWS.

A luncheon of the B. C. Medical Association was held in Vancouver on Feb. 6th, at the Ambassador Cafe. There was no special speaker, but the Executive took the opportunity to report on the work of the year. Dr. E. D. Carder, of the B. C. Medical Council, gave a brief account of the recent Congress of Medical Services of Canada, held in Ottawa in December last, where he represented the Council. He was followed by Dr. J. H. MacDermot, who attended the Congress as representative of the B. C. Medical Association. Both speakers dwelt on the significance of this, the first national Congress of the kind. It was called, at the insistance of the Canadian Medical Association, and under the auspices of the Federal Minister of Health, as a step towards unifying the work of the various "Medical Services." These included the Medical Colleges, the Provincial Medical Councils, the Provincial Medical Associations, and the various health bodies of Canada. It was felt that there was a lack of understanding and co-operation between these various forces, and that it would be productive of benefit to all, if they met and thrashed out their peculiar problems, with each other's help. The course of the meeting showed this to be the case. Each paper elicited very free discussion, and the various points of view were well brought out. Differences which seemed at first to be very real and serious, were gradually proved to be quite capable of composition, and everyone present was impressed with the potentialities for good of such meetings. It is proposed to hold the Congress again this year, probably in September—as there are numerous medical organizations meeting in or near Ottawa at that time—and it is probable that the Minister of Health will be able to secure financial help for the various bodies concerned—this being especially important to the Western Provinces.

Reports were given by Dr. A. B. Schinbein, Chairman of the Industrial Service Committee; Dr. Wallace Wilson, of the Publicity and Educational Committee; Dr. J. A. Gillespie, Chairman of the Sub-Committee on Health Insurance; and Dr. A. W. Bagnall, Chairman of the Credentials and Constitution Committee. These reports showed that the Committees referred to have been doing hard and good work in the last few months. Perhaps only those whose circumstances bring them into direct contact with the Industrial Service Committee, can realize how much work this Committee does *pro bono medico*. It is continually in touch with the W. C. B., with whom its relations are most amicable in matters affecting compensation cases. Its attitude is strictly impartial, and Dr. Schinbein took this opportunity to point out that whilst the B. C. Medical Association is at all times ready to fight for the rights of its members, or to help them in explaining their position in any case, it does not intend to attempt to defend claims that are founded on inaccuracy or carelessness, or that are exorbitant or unreasonable. Such glaring errors, for instance, as dating visits on February 30th, are really unpardon-

able, and yet this has been done again and again. Other instances were cited by Dr. Schinbein.

The work of the Publicity and Educational Committee was reviewed by Dr. Wilson, who announced that, thanks to the courtesy and co-operation of the Vancouver *Daily Province*, daily articles on "Health and Disease" would be inserted in the columns of the editorial page, to run for a year. These articles have been very carefully prepared by some fifty or sixty men, and the response of these men to the requests for articles has been very gratifying to the Committee. In no case has a man declined, when asked, and the level of excellence of the articles is surprisingly high, when one considers the difficulty that faces the medical man who is called upon to write a short and easily understood article for popular reading. These articles are all very carefully edited before submission to the paper, and every attempt is made to keep clear of controversial or disputed matter.

Dr. Bagnall foreshadowed the bringing forward of a motion to establish a benevolent fund by the Association for cases of distress and want amongst medical men of the province, whether members or not—this fund to be administered by the Executive at their discretion. Fuller details of this will be brought up at the Annual Meeting, where it will be discussed.

At the December meeting the Victoria Medical Society unanimously decided to invite the Canadian Medical Association to hold its 1926 Annual Meeting in Victoria, B. C. Climatic conditions which are a feature in that city, should make such a meeting place popular. It is important that as many medical men from B. C. should attend the Regina meeting in July as can possibly do so. The interest taken by each locality in the Annual Meeting of the C. M. A. will have its due influence on the minds of the Executive in determining their choice of a next year's meeting place, and if Victoria and B. C. generally wish to secure the meeting for 1926, it behooves them to go and work for it.

At the January Clinical Meeting of the Victoria Medical Society, held at the Jubilee Hospital, after the presentation of cases, Dr. A. S. Lamb, of the Provincial Health Department, gave an interesting talk on the work being done by the Department to combat the spread of tuberculosis in the province. The medical profession is fortunate in that Dr. Lamb holds the position he does, as he has been uniformly loyal to the interest of local practitioners in all his work. He may feel sure that this is greatly appreciated by the medical profession, and it is fitting that this should be said, as his attitude in this matter, as a Health Officer, proves that there need be no conflict between the health authorities and the medical profession; and that where such apparently exists, it is due to misunderstanding and lack of an effort on the part of one side to see the other's point of view.

NEUROSES IN EVERY-DAY PRACTICE.

Abstract of address delivered before the Vancouver Medical Association on February 3rd, 1925, by Dr. W. A. Dobson.

The lecturer said that neuroses were often spoken of in two classes: (1) the actual neuroses with a more or less definite organic basis, as neurasthenia, anxiety neuroses and hypochrondriasis; (2) the Psychoneuroses, which included conversion hysteria, anxiety hysteria, fixation hysteria and the obsessional neuroses.

It was only since the experience of the war that the functional phase in illnesses has been receiving wide and favourable attention. Too often these patients were allowed to wander from doctor to doctor, with or without operative interference, until they ended up in the toils of the irregular practitioners.

Physicians were loathe to consider seriously the possibility of any real mischief which cannot be demonstrated as a tangible lesion.

The lecturer then went on to discuss the question of the examination of these sufferers.

Examination.—This is the most important feature in our handling of the functional case. For in the large majority our findings constitute our treatment and cure. In the first place, whatever our feelings may be as to the diagnosis, a careful physical examination should be made. Often times the general appearance and the complaints of the patient suggest at once the presence of a functional disorder, and we are then inclined to make a slipshod examination. Nothing could weaken our hand more than such a procedure, for no patient, probably because of our own attitude towards functional diseases in the past, cares to be classed as a "neurotic." He is inclined to observe very closely and form an opinion as to the completeness of our physical examination.

Moreover it is the universal tendency of humans to evade the responsibilities for disease by transferring its presumed origin from the mental to the bodily sphere, and if our physical examination is careless and unimpressive there is left a loop-hole for further evasion by the patient.

Our examination now will have to do with the emotional side of life, and will have for its goal the bringing out of morbid fears, wrong emotions, grief, worry, unpleasant love affairs, domestic unhappiness, lack of mental peace and the like, which eventually brought about the lack of adaptation to the patient's social environment; for what, after all, is a neurosis but failure on the part of the patient to meet, in an acceptable manner, the problems of life—it is a retreat—a psychological dugout—an unconscious and bad solution of a difficulty which seems too great to be overcome, and it is these unconscious factors which must be exposed if we are going to help the patient.

A short preliminary talk that will show the patient that disorders like his are considered real and not imaginary, and that they

often depend on worries that one does not like to discuss, will often establish confidence on his part and make it easier for him to speak freely.

Encourage the patient to talk and assume the role of a patient listener. We all feel better at times, after unburdening ourselves.

The outstanding feature of our examination is, to borrow a legal term, for "Discovery"; not only by the physician, but mainly so that the patient will be made to make a discovery, and a large part of the success of treatment will depend upon how much the patient has discovered in the process. In other words, the patient is a conundrum to himself, as well as to the doctor.

Why is it often so difficult to discover the sources of these functional disorders? It is because of the activities of those well established mental mechanisms, as result of which the original experiences or wishes are hidden or distorted.

There are present in all of us, from infancy onwards, wishes and strivings of an instructive kind. Many of these tendencies have to be restrained and controlled by moral codes, civil laws and social conventions. For example, the sight of a fine overcoat may arouse an impulse to possess it, accompanied by a feeling of envy.

Social law and custom successfully inhibit the impulse in most people.

Again, the soldier may feel the instructive wish to fly from danger, but military discipline, patriotism and duty urge him, usually successfully, to ignore the danger and carry on.

Whenever there is opposition between primitive instructive wishes and tendencies, and forces of a social kind preventing their gratification, a conflict is said to be present. The conflict is usually always between pleasure and social impulses. Conflicts must somehow be dealt with and resolved. A constant state of mental tension and irresolution is impossible to the individual. The correct way to solve the conflict is by a logical and fully conscious choice on the part of the individual, and a conscious selection of the line of conduct to be followed.

Were this method always possible and always adopted, a great step would be taken towards the prevention of nervous and mental disease.

Too often conscious resolution of conflict does not take place. The wish, impossible of gratification, is then banished from the consciousness to become part of the unconscious mind. The conflict is forgotten and remains unconscious, but it remains to influence conscious thought and action, and often produce symptoms.

The term "Complex" is now pretty well in general use. It refers to a subconscious group of ideas concerning some wish or experience about which there is a definite emotional tone, which may be pleasant or unpleasant. If any one of us picked up a morn-

ing paper and on the front page noticed an article on some medical subject, we would run through it before reading anything else. Another immediately unconsciously turns to the crossword puzzle and begins to waste his time on the problem for the day. This occurs because of our medical or crossword complex. Our complexes are many and depend on past experiences and frequently forgotten ones.

The politician aligns himself on the side of a particular measure brought forward by his own party, and frequently fools himself into believing that he is taking a stand after mature and careful consideration of the context of the measure. As a matter of fact he unconsciously takes his stand because of political bias or political complex.

Thus it will be seen that complexes as well as conflicts, although unconscious, influence thought and action.

A complex has been compared to a malignant growth. It grows at the expense of the normal mind, and invades and distorts the proper conscious adjustment of the individual to the world of reality.

Repression is the process by which complexes are removed from the consciousness. The girl with the paralysis had several conflicting emotions. She did not meet her problems frankly, but repressed them. There was no annihilation or destruction. Conflict came on and unconsciously produced severe symptoms. The symptoms produced rarely suggest the cause of them, and to find out the original experience is often a difficult task and means exploring the subconscious or the application of the principles of psycho-analysis. The resistance or barrier that must be overcome in order to reach these unconscious complexes is termed the censor.

Sublimation is a condition in which the energy and interest attached to the repressed wish are transferred to some object or pursuit which is not in conflict with the censor.

The middle aged spinster, exceedingly prudish about sexual matters, may devote the energy normally expressed in marriage and the upbringing of children, to the care of cats and dogs. Another may find satisfaction in art or music.

Sublimation is not abnormal. When we encourage vigorous out-of-door games in our schools, we are giving an opportunity for sublimation of the beginning sex urge to activities socially acceptable.

Rationalization means self-deception, and it is one of the most common of the mental processes.

The crossword puzzle fiend probably asserts that working out a puzzle is educative, as it is increasing his vocabulary.

A woman, who had been frightened by a dog at a certain corner, crossed the street just before she reached the scene of her unpleasant experience. When asked why she crossed, she said:

"In order to be out of the sun"—an explanation which seemed rational or reasonable.

Compensation.—When one kidney is removed from the body the remaining organ does the work for the two. In the course of time it usually increases in size, and likely no serious effects follow the loss of its fellow. In other words, there is compensation taking place to make up for the loss of the other.

The loss of parts of the body may also be compensated for, not by another organ assuming increased functional duty, but by compensation in the mental activities.

College students who rank low in their work compensate by assuming that they are unusually bright, better than the average student, but they do not care for the marks they receive in their studies, because the professors are very dull and do not interest them in the least.

It is important to be remembered that this compensation takes place without one knowing what has gone on, much like the manner in which digestion and respiration take place.

A college student who does poor work and then developes an attitude of superiority, does not know why he has assumed that attitude. He is "kidding" himself along, rather than anyone else.

This is important to be remembered, this so-called mental mechanism of compensation, for it is very common. At times it determines the characteristics of groups of people. The chivalry of the romantic South, of a generation or more ago, was largely a compensation. Women were honoured, feted, toasted, and their honour defended with the sword—but the slaves were chained, beaten, cursed and their honour violated. The chivalry was a compensation for the brutality and oppression.

Projection.—This mental mechanism is well illustrated in the following case: A woman who lived in a small village was left a widow fairly early in life. She soon complained that the villagers were talking about her. She accused them of saying she was a "designing widow." As a matter of fact her neighbors had been saying nothing of the kind. Close study of her indicated the fact that she *was* a designing widow. The desire to remarry had been repressed. Her repressed tendencies found an outlet in the projection in the imaginary remarks of others.

This is often the mechanism which operates in the political radical and the chronic fault-finder, who sees no good in anything. They feel that way, because so far as they can see, there is but little good within themselves.

This mechanism of projecting repressed activities is common in the daily behavior of everyone. The tennis player who blames his poor playing on the sun, or the racket and balls, is projecting.

As a rule, the faults we find with others oftentimes lie within ourselves. Unwilling to blame ourselves, we blame others with similar failings. Hence it is, that in giving a patient plenty of leeway to talk, he will often, even in discussing others, point out to the close observer many of his own weaknesses and own failures.

Treatment.—Prevention has long been recognized as one of the most important factors in the treatment of medical diseases. In recent years, due to the activities of mental hygiene societies, this phase has been taken up to an increasing degree respecting mental and nervous disorders. In the last edition of "Osler," the following statement is made at the beginning of the section on "Treatment of Neurasthenia": "Many patients come under our care a generation too late for satisfactory treatment, and it may be impossible to restore the exhausted capital. The greatest care should be taken in the rearing of children of neuropathic predisposition. From a very early age they should be submitted to a process of psychic hardening, every effort being made to strengthen the bodily and mental condition."

This applies not only to neurasthenia, but equally well to all cases of a mental and functional nervous nature.

The idea that neurotics are born and not made, has about as much to justify it as the belief that tuberculosis is inherited. If the grandparents of the neurotic child or adult are to be blamed for his shortcomings, there is little use to consider any sort of treatment beyond prevention of marriage of those of neuropathic makeup. To-day we take a more hopeful view by laying stress on the influence of environment and early teaching.

There is often inborn sensitiveness, abnormal suggestibility and a tendency to nervous instability, which predispose to nervous disorders, but if those native tendencies are not reinforced by bad reactions and training of early childhood, or by later psychic assaults, these conditions are not likely to occur.

How much time do we spend in advising the mother about the mental hygiene of her child? The mother is taught to weigh her infant and how to feed it by algebraic formulae, but little or nothing is taught her regarding the mental life. The so-called spoiled child, which does not get along well at school, who can not submit to any sort of discipline, who gains her own way by having tantrums and hysterical fits, and who in later life finds it impossible to adjust herself to ordinary standards of life, was not born that way. She is a product of improper training. In many of the large cities on this continent there have been established Behavior Clinics, where problem children are studied, and where mothers are given expert advice with regard to proper handling.

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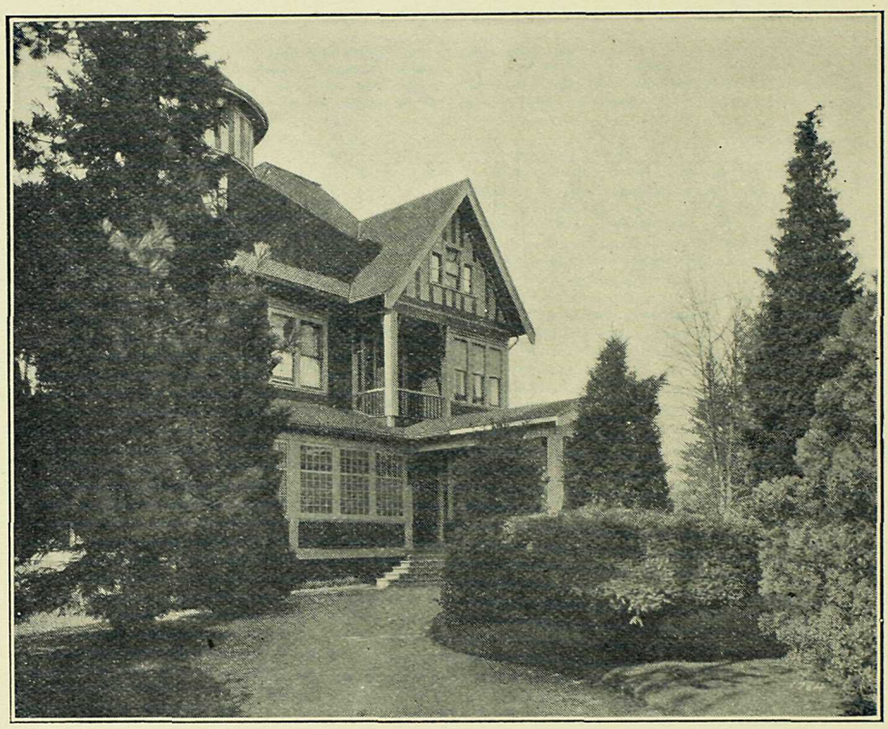

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