THE REALM OF NEUROLOGY

SOME day, perhaps, it might be worth while collecting evidence as to the formative and determining factors that lead a man to adopt one or other of the medical specialties. Son succeeds father in not few instances, so potent are the influences moulding the trend of youthful energies and desires; but in many other cases the medical student is the sole representative of the profession in his family, and ploughs his furrow alone. How comes it, then, that in the course of time he turns with avidity to otology, gynaecology, ophthalmology, or whatever it be that fascinates him? Even the general practitioner has preferences and inclinations for one or other department of medicine, and before he has qualified he has often already decided what line to pursue. Occasionally, on the other hand, a policy of mere drift, or the fortuitous combination of circumstances, leads to fixation in medical work. The universal specialist, the amateur of all the specialties, is as rare, in truth, as is the practitioner who exhibits neither preferences nor dislikes, and, with the sum of scientific and clinical knowledge ever augmenting, such survivals of a simpler era are foredoomed to disappear. In not a few country towns and districts practitioners have formed ‘teams,’ individual members of which have the chance of concentrating on that branch of medicine in which they find the best opportunity of self-expression.

Concurrently with this general trend towards specialism there exists a more subtle movement in the direction of the re-division or re-grouping of the constituent elements of the specialties. Neurology signifies the science of the nervous system, and by tacit consent the neurologist is he who handles nervous disease in any and all of its manifestations. Fifty years ago his faculties were perhaps devoted with greater relish to the simple correlation of ante-mortem diagnoses and post-mortem findings than a progressive twentieth century is likely to tolerate; but the tendency remains, nor is it worthy only of condemnation. A large area of the cerebral cortex is still unexplored: who shall say what is the function of the under surface of the frontal or temporal lobes, and how better shall the problem be solved than by the clinico-pathological method? None the less, cure or, even better, prevention, is demanded of the neurologist, and it
provides food for thought that his realm is steadily being eneroached on, and therapeutic results therein obtained, by workers whose activi-

ties are overflowing from other departments of medicine, and who are in search of fresh worlds to conquer. The endocrinologist would appro-

riate the pituitary body to himself, if he could, studying its secretory phenomenas with as much justification as he does those of the pancreas; but the ophthalmologist claims a locus standi with equal persuasiveness, since but a trifling millimetre or two separate the hypophysis from the chiasma, while the oto-rhino-laryngologist quietly pushes his operative range a little further and refuses to have it limited by the roof of the nasopharynx. Where does the neurologist come in? The cynical suggestion is rather that he goes out. Epidemic cerebro-

spinal meningitis, a nervous disease par excellence, is diagnosed and treated with success by the bacteriologist, and the syphilologist would oust the mere nerve specialist from the trail of the spirochaete, though it lead to the heart of the neuraxis. Neurasthenia—blessed word—still remains, it may be, for the neurologist, or would remain, were we not assured by the endocrinologist that it is a disease of the ductless glands, by the alienist that it is a form of mental disorder, by the cardiologist that it is a functional cardiac disturbance, and by the Freudian that it is a sort of nosological Mrs. Harris.

Whither shall the nerve expert turn? Five years of war have led the psychotherapist or practising psychologist to give him a gentle hint that functional nervous disease is not for him; by way of consolation he can interest himself in chronic nervous degenerations, or classify myopathies and cerebellar aplasias to his heart’s content. Let him beware, however, of the embryologist, the eugenist, and the biometrician, who are hard on his heels.

The truth is, in reality, that the neurologist of to-day is he who pursues the study of either psychical or physical side, or both, and who has succeeded to an empire wherein is stored the accumu-
lated wealth of knowledge derived and being derived from scientific and clinical research on the part of many differing groups and fellow-
ships of workers. The nervous system still stands as the very core, the hub, of ever-widening theoretical and practical interests. More than ever must the neurologist be a man of culture and of aspiration, a savant in the right sense of the word, who can see his subject whole, and appreciate contributions from whomsoever they come. He boldly takes its vegetative, sensorimotor, and psychical aspects alike for his province, and will not relinquish any section of the field to deputies. On the contrary, he asks and expects of those who have approached its precincts from without that they too should take the large view, and, while he acclaims the advance in therapy consequent on their efforts, and welcomes collaboration, he would have them
THE PRESENT POSITION OF PSYCHOPATHOLOGY

remember that with special and local knowledge comes the responsibility of basing it on the secure foundation of the essential unity of neural function. The neurotic tachycardia that intrigues the cardiologist may be one only of the constituents of a nervous syndrome; the acute visceral symptoms for which the surgeon performs a laparotomy may be explained by the detection of Argyll Robertson pupils and the absence of the knee-jerks. Nor is the neurologist’s task less onerous; what if he misinterprets and treats as hysterical the rapid heart’s action of auricular fibrillation, or fails to discover the neoplastic basis for the symptoms of his gastric neuropath?

We must aim at harmony in medical diversity, and cultivate consultative intercourse. It is our hope and belief that if in all that pertains to the nervous system interchange of opinion and knowledge from differing standpoints is freely prosecuted, the mental horizon both of the neurologist and of those other workers, practitioners and specialists, whose circles of activity impinge so definitely on his own, will be materially widened, to the enduring advantage alike of physician and of patient.

THE PRESENT POSITION OF PSYCHOPATHOLOGY.

Psychopathology is a science of comparatively recent growth. So long as psychology was dominated by sterile academic conceptions, no fruitful application to the problems of practical medicine was possible, and such an application had to await the advent of a psychology in touch with the actual realities of life. In the last half-century a psychology of this type has developed, largely owing to the work of medical men whose main concern has been with the facts of mental disorder, and who found it necessary to construct principles which would serve to explain those facts. As a result of these labours a body of knowledge has now arisen to which the name of science may reasonably be applied.

Psychopathology has not yet achieved, however, a solid foundation of universally accepted principles. There is much divergence of opinion, not only as to method and technique, but even as to fundamental postulates; and in endeavouring to form any adequate estimate of the present position of psychopathology, many different schools of thought have to be reckoned with.

First amongst these schools must be placed that of Freud: not because of the number of its adherents—for those who accept Freud’s