## CANADIAN JOURNAL OF MENTAL HYGIENE

WENTAL ITTOILIN

VOL. 2

TORONTO, JULY, 1920

No. 2

## PSYCHIATRY AND INTERNAL MEDICINE\*

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A N invitation to discuss the subject of Psychiatry in its relation to medical practice cannot but be accepted with diffidence, for strangely enough, the problems of mental disease are supposedly outside the pale of internal medicine, even though their proper understanding is of paramount importance to the success of every physician.

What the term psychiatry really means is by no means clear to the profession as a whole, for to not a few it applies only to the care of inmates of the "madhouse."

The nomenclature, in its appalling looseness of application has formed a bone of contention between various groups of nerve and mental specialists. How wide or how narrow is the range of psychiatry? How intimate shall be its association with the hysterias, the neurasthenias, and all the other mental and so-called nervous disturbances, on which the physician delights to confer the title "functional?"

If hysteria is regarded as an abnormal state which may be produced by, or cured by suggestion, one may well include many of its phases in the narrowest scope of psychiatry. But what of all the functional disabilities, the reflex paralysis, and the myriads of types we have seen during the past five years of world-conflict?

The experiences of the War, however much they have stimulated research in and understanding of neuroses, have failed to establish a nomenclature that is universally satisfying.

So difficult has been the problem of differentiating between cases that are neurological, and those that should come under the aegis of the psychiatrist, that the newer and more inclusive title "neuropsychiatry" now obtains in many clinics.

It is in this broader sense that I beg leave to consider the subject.

Perhaps nothing is more striking in the evolution of medical science than the persistence with which therapeutic traditions have lived on

<sup>\*</sup>Read before the meeting of the Ontario Medical Association, Toronto, May, 1920.