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NERVOUS AND MENTAL DISEASE MONOGRAPH SERIES NO. 24

STUDY OF ORGAN INFERIORITY AND
ITS PSYCHICAL COMPENSATION

A CONTRIBUTION TO CLINICAL MEDICINE

BY
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OF VIENNA

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PREFACE

The purpose of this book is to add to clinical medicine a further principle of research. From the completeness and the import of these early results I am sure that I have come upon very fruitful territory.

To me, moreover, it was an attractive task to see our benumbed and thwarted conceptions of disease completely dissolved; to be able to observe human pathology in its making.

Many a valuable bit of knowledge has supported my theory of the inferiority of organs. I have been unable to give acknowledgment to all at the proper place, as I should have liked. In this paper, in addition to the authors named, the range of thought of *Martius*, *Rosenbach*, *Exner*, *Hering*, *Obersteiner*, *Haeckel*, *Schwalbe*, and many another has played a large part.

This work is to count as a beginning. Perhaps, at some future time, I shall be permitted to make the connection with clinical medicine, with psychology, and pedagogy still closer by bringing together all previous works on the subject.¹

¹ The author has advanced this purpose in his monograph on the "Nervous Character," a translation of which has been published by Drs. Glueck and Lind.

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INTRODUCTION

An examination of the diseases of the urinary apparatus can be very extensively carried on so far as their symptomatology is concerned. In renal pathology, as in all other diseases, the schema of symptoms is built up empirically, and accordingly rests on a firm basis. It is richly enough equipped to lead the diagnostics of renal diseases along safe paths. The compass is at once reduced, however, when the examination is directed towards etiology. The theories of the causes of renal diseases read like a short collection of truisms, in which terms such as predisposition, chill, poisons, infection, disturbance of the circulation appear and reappear and play their part, just as they do in other organic diseases.

The fact that a definition of these causal factors themselves is notably lacking ought not even to be particularly emphasized. More important is the fact that there is so little positive material available to decide the question concerning the localization of disease in the kidney. What has been emphasized, the sickening of the kidneys through poisoning or infection as well as through the progressive changes in affections of the circulatory system, all this is in line with the basal concepts of pathology, for the urinary organs are affected like all others proportionately to their relation to the disease centres.

The conditions in those cases which one is forced to designate as "genuine," or "primary" diseases of the kidney are less clear. A long list of diseases falls under these heads. They all have this in common, namely, that the final cause of their pathologic form cannot be traced beyond the kidney, and that a more remote or even an exogenous etiology—from the very name—seems out of the question. Here may be reckoned, if all other distinguishing indications are put aside, true contracted kidney, renal tumors, localized lues and tuberculosis, cystic degeneration, nephrolithiasis, nephralgie hématurique, renal hematuria, floating kidney, imperfect development and hypoplasia and analogous diseases in the pelvis of the kidney and ureter. I must add also that the genetic course of development in secondary diseases must not under any consideration be deemed exhausted by reference to the *causa movens*, but, rather, in these cases too, the selection of the kidney is determined in a hitherto unexplained manner.

If one turns aside from an explanatory attempt which limits

itself to causes of disease which are purely local and situated in the kidney, one can divide the notions on localization of disease in the kidney synoptically into three groups, of which each one has reference to secondary as well as primary diseases. The one hypothesis tries to make the selection of the kidney as center of the disease tenable on the ground of "nephrotoxic" action of a number of poisons. The strength of this hypothesis lies in experimentation, as well as in a number of recorded cases which bring to mind a noxa especially harmful to the kidney, such as is present in scarlet fever, diphtheria and other infections. On the other hand it is inapplicable to a great number of renal affections, does not offer an explanation for the kidney's remaining unaffected upon the appearance of renal poisons, and should only be generalized with the utmost caution on the basis of animal experimentation. At any rate we know of no poison at present that invariably harms the kidneys, and at the same time, only the kidneys. A second conception sees the cause of the greater number of renal diseases in the exposed position of the kidney as an organ of excretion through which the waste material of the body is constantly passing. This hypothesis is supposed to serve as a sufficient explanation for most of the renal affections. Its application is surely greater and its bearing unquestionable, since it has to do, not only with true toxins, but also with the increase of waste products and with heightened external demands upon the kidney. But even with this conception we are not in a position to give satisfactory explanations. It also leaves us in the lurch when we ask why, with the admission of the premises, that is, the presence of bacteria in the blood, of toxins and poisons, of chronic metabolic anomalies, of alcoholism, pregnancy or chill, the kidneys are so often found healthy. It also fails us in attempting to explain one-sided disease of the kidneys, as in cases of tuberculosis, lues, and tumors. These and other inadequacies force us to a third view, which will be championed, and with good cause, I believe, in this book, a conception according to which most renal diseases are caused by a fundamental inferiority of the urine-excreting apparatus.

That such a condition may be accepted for many cases, and plays its part in renal pathology is probably universally recognized. The appearance of true renal diseases can not be sufficiently explained by the acceptance of hypothetical poisons of metabolism. Above all, the pathological findings, as well as the clinical course, both contradict chronic poisoning. This view is refuted almost as strongly by the frequently long duration and by the numerous hereditary ap-

pearances. In the same way, albuminuria of puberty, renal hemophilia, cystic kidney, the pregnancy kidney, orthostatic albuminuria, and albuminuria connected with constipation are all indications, which one can hardly overlook. But one of the strongest arguments for inferiority of the urine-excreting apparatus as the cause of renal diseases, is heredity, which is so often found in renal pathology. At most it is still questionable whether certain of these cases of albuminuria should be considered diseases. The difficulties in determining this question will not be denied, for the transition from mild anomalies in the condition of the urine, to severe forms of renal diseases, has not yet been sufficiently studied. But even cessation for a number of years or improvement of the phenomena, whether under medical treatment or not, has no conclusive force. One can, however, justly emphasize that the acceptance of inferiority of the kidney as the cause of renal diseases, regarded from the pathological viewpoint, has many probabilities in its favor, that the transition from abnormal development and functional anomalies to disease can be brought about in the shortest time, and that in many cases it becomes questionable just where the aspect of the disease begins for us. The "physiological" albuminurias play the same part there as, say, the cystic kidney, which can formally appear overnight as a severe illness, after it has existed for some time without any symptoms.

By means of an examination of this sort, from the standpoint of an inferiority theory, these previously mentioned affections of the urinary apparatus attain their proper place in pathology for the first time. Their significance in the field of renal pathology comes out more clearly through the demonstration of a fundamental inferiority. At the same time it seems necessary to conduct more searchingly the examination of constitutional organic anomalies as the foundation of many, perhaps of most diseases, so that the diagnostician may draw strong support from the facts of the inferiority theory. The value of this view, however, extends to the study of the symptoms also, and to experimental pathology. In regard to the latter, it determines once for all the differences between inferior and normal organs and thus interferes with the unlimited transference of results of animal experimentation to human beings, and of experiences with well people to sick ones. In regard to the first, it seeks to establish a still closer bond between the empirically determined symptoms, and the diseased organ, and makes related organs responsible for symptoms of a more widespread organic disease. There will be particular stress laid on personal prophy-

laxis in all those cases where it is possible to deduce organic inferiority, where signs of disease have not been already proved. Just as is the case at present, when diseases in the parents arouse suspicions in regard to the children. We must determine first of all for therapy whether the inferior organ should be and can be, by means of any sort of a course of treatment, aroused to sufficient function and eventually to additional development, a question to which one can often answer yes, in the case of young people, but which with older patients must frequently be answered by no. The answering of this question will, however, usually call for a deeper knowledge of the nature of the inferiority in question, and its significance for the patient concerned. If one is obliged to give up an active cure, or training, then the laws of a protective plan of treatment—rest, relief—come to the fore. Finally, in making the prognosis, *quoad vitam*, or *sanationem*, the inferiority theory, likewise, guarantees valuable aid. From the point of view now resorted to, not only the sum of the phenomena presenting themselves, the phases, so to speak, of the contest, will have to be taken into consideration, but the valuation of the organ has also to be effected, and we must fix our eyes upon the relation of this value to the disease-exciting force.

These explanations will serve to substantiate the fact that a study of the inferiority of organs is at the foundation of some of the most important problems of pathology. In the following pages I shall try to establish that this theory may claim to be considered as a valuable "heuristic" method on the basis of the characters or conditions that underlie it.

STUDY OF ORGAN INFERIORITY AND ITS PSYCHICAL COMPENSATION

CHAPTER I

OUTLINE OF A THEORY OF ORGAN INFERIORITY

After having attempted in the previous pages to sketch the great significance of a study of organ inferiority in renal pathology, to which we will add a few special additional illustrations in the supplement, we find ourselves called upon to enlarge the domain of our research and to take into consideration all of the organs. We must do this so much the more, as, on the one hand, the argument which gave us the authority for declaring the inferiority of the urine-secreting apparatus one of the fundamentals of renal pathology, can be made to apply to all other organic diseases, and on the other hand, the pathological phenomena of the diseased kidney can, in an analogous manner, be demonstrated in the whole field of pathology. Chronic transformation of the parenchyma, pathological form of the supporting tissue, cystic degeneration, formation of concretions, localization of inflammatory and neoplastic tumors, malformation, imperfect development, diminished development in the whole apparatus or in parts of it recur in all or several of the organic diseases, and the theory of inferiority always seems called upon to complete the otherwise insufficient etiology.

We find analogous transformations in the liver, in the pancreas, in the thyroid gland, in the genital tract, in parts of the digestive tract, the respiratory and circulatory systems, and in the central nervous system. A great number of these diseases are marked by characteristics which are emphasized in renal diseases, such as heredity, chronic course of the disease, typical localization within the organ, an insufficient etiology supported neither by poisons nor bacteria, but they can easily be put into a framework of a theory of inferiority. This is the case in the pathology of the thyroid gland, the etiology of which has proved itself quite insufficient, but which corresponds to all the heretofore mentioned conditions of an inferiority theory, particularly that of heredity. The macroscopic as well as the microscopic pathological changes of the liver show phe-

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