A phimosi operation may be done for the purpose of imitating a fimbriated extremity if the tube is resected. As a matter of routine we leave one tube and ovary whenever possible, and even a portion of either may be advantageously retained.

The application of iodine to the distended uterine cavity is of far more value and efficacy than is the common practice of packing with gauze tapes saturated with an antiseptic, or the use of a return flow catheter. In a large number of instances, especially in infected uteri, it will be possible to project some of the fluid through the cornua into the tubes. Some authorities, as Zweifel, think that in at least one out of four cases this is true. Aulhorn² believes that nearly every uterus and fallopian tube is easily reached by injection. He uses argentamin and does not open the abdomen. H. Hoffmann³ gives a summary of the various methods of conservative treatment of the uterine adnexa, including the methods employed by Fleischmann, Lewith and others, who open the abdomen and practice a technic similar to ours.

REPORT OF TYPICAL CASES

CASE 1.—C. had gonorrheal salpingitis two weeks after infection, also acute appendicitis. There was a diffuse pelvic peritonitis; no attempt at "walling off." Operation consisted in removal of right tube and ovary with the appendix. The remaining tube was irrigated by solution of mercuric chlorid (1:1,000), which was forced through the uterus. The fluid appeared in form of a fine stream from the excised cornu and from the pavilion of the remaining tube in distinct drops. The patient had a narrow escape during the next twenty-four hours, but recovered, and nine years later had a child, and two years later a second child. Both children and mother are well at present.

CASE 2.—Mrs. — had salpingitis and had passed through the acute stage, coming to the hospital about the time the infection was subsiding. Distinct "masses" were located in the region of the ovary and tube on each side, and the diagnosis of double pyosalpinx was established. Tincture of iodine (25 per cent.) was forcibly injected through the slightly dilated cervix and the fallopian tubes. Observing the failure of the fluid to return after removing the nozzle of the syringe, we were not surprised to find at least one ounce of free tincture of iodine in the culdesac when the abdomen was opened. The right tube was still distended and stained with iodine, while the left was stained, but empty. The amount of fluid indicated a rupture of a hydrosalpinx or pyosalpinx on the left side. One-half of the right tube was removed; adhesions were separated; the ovaries brought into better position; the excess of the tincture of iodine sponged away, and the abdomen closed without drainage. The recovery was prompt and uneventful.

Our interns have charge of the hospital dispensary and are constantly on the lookout for results of our method of treatment. As yet, no unusual results have been reported.

Finally, although we have conclusively ascertained that it is possible to reach the tube in a large number of cases by intra-uterine injection, yet we rely on irrigation from the distal extremity in addition to the effort to force the solution through the cornua. Actual tests show that it is not always possible to force fluids through the cornua, but our experiments appear to show that the infected mucosa does not close the cornua and resist the entrance of fluids so successfully as does the normal or uninfected membrane.

CONDITION OF PATIENTS IMMEDIATELY AFTER OPERATION

I am unable to report any unusual pain, shock or severe reaction following these conservative operations. On the contrary, less pain is observed as a rule when the adnexa are not removed, and in many cases I observe that the only discomfort is due to the incision. In only one instance have I seen a delay in the cure. This case occurred a year ago, and I was unable to explain a continuation of temperature elevation for nearly three weeks. The patient had no pain; there was no unusual induration about the uterus, and she finally recovered fully and has remained well.

PERMANENT RESULTS

Obviously a considerable period of time may be expected to elapse before these patients regain complete health and a perfectly normal or physiologic condition of their pelvic organs. Many cases are reported in the literature showing a number of pregnancies in patients having had some form of conservative operation on their pelvic organs. Our routine use of iodine in the manner now described began soon after we adopted it in skin sterilization, since which time we are not able to report success so far as pregnancy is concerned. The practice of injection of the uterus and tubes by strong pressure has been used from time to time since the date of the first case reported in this paper, but we used solutions of mercuric chlorid, methylene blue, boric acid, etc., instead of iodine, as we do at the present time.

SOME PRACTICAL PSYCHOTHERAPY

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Mental capital or positive suggestion is that renewed courage and hope which the old-time family doctor gave to his patients and which so endeared him to them. His patients said that they "actually felt better the minute he entered the room," and they undoubtedly did.

The wife of a prominent official in a New England city was afflicted with carcinoma of the cervix uteri and after some persuasion submitted to operation. For about one year she remained well, but was then afflicted with metastatic growths in the pelvis and soon became hopelessly cachectic, exhausted and bedridden. Her husband came at last to the family physician and said that he felt that his wife was very near her end, and that he wanted everything tried, no matter how heroic; but above all he wanted her demise as painless and comfortable as possible if no real help could be given her. The physician used the ferments, injections of ascitic fluid from other cancer cases, the x-ray and even *Streptococcus erysipellatis* (which, by the way, refused to grow), all to no avail. It was then that the idea of positive suggestion occurred to him. He went to her and told her that the whole previous treatment had been erroneous, that the diagnosis of cancer was a mistake and that now since her trouble was known she would be treated properly and would immediately recover. These ideas were strongly impressed on her mind by this physician, in whom she had every confidence. The result, while it lasted, was little short of marvelous. She began to eat and to take an interest in her surroundings and in two days was riding out in the open air with a nurse. This condition of affairs continued for three weeks at

2. Aulhorn, E.: Arch. f. Gynäk., 1910, xc, 213.

3. Hoffmann, H.: Mitt. a. d. Hamb. Staatskrankenanst., 1910, xl, 87.

the end of which time she collapsed and died suddenly. She had been under the influence of analgesic drugs during this time. Now to what was the three weeks' respite due and was this method of giving mental capital justified? Each man must answer this for himself and he who neglects to mollify the sting of death must answer to his own conscience if indeed he has one.

Psychoanalysis seeks to look backward into the patient's life for an event or events, sexual or otherwise, which may be at the bottom of a given neurosis, which may have been coincident with the starting of the aberration, or which may have occurred at the parting of the ways of the normal and abnormal.

I believe that there are cases in which these psychic abscesses should not be opened and also that there are others in which "open confession is good for the soul." Each physician must judge his case and diagnose it accurately; if he does not he will sooner or later cast aside a valuable therapeutic instrument as not only worthless but dangerous. In functional, so-called, neurasthenias a world of good may be accomplished by one in whom the patient has faith and confidence. The operator must be a man thoroughly alive to the problems of life, its heartaches, its woes and its vagaries; and above all he must be able to paint its beauties and nobler aspects to the patient in that patient's more suggestible moments. Every one is more approachable and more amenable to suggestion at certain times than at others, and it is at these times that the work must be done. Successful palliative measures may be used in cases of fixed psychoses. I had under my care for one year a Mr. F., a paranoiac of many years' standing. He resided in a small town and was called "queer" by his neighbors. I discovered that he was the possessor of a well-developed system of persecutory ideas regarding a religious sect in his immediate neighborhood. He experienced great joy and relief when he could unload his imaginary troubles on me and have me take them down gravely in a notebook and promise to rectify and correct each and every one of them. He believed so firmly that I would do this that he went successfully about his business for one month at a time, when he would come back with new ideas which I handled as before. Tests showed that he was harmless and would not react to his delusions. He had five children and a wife to support; so considering all details, confinement was hardly to be thought of. This type of case is seldom or never treated in any other way than to try to reason the patient out of these delusions, which of course is useless. Credit must be given to intelligent cooperation on the part of this man's wife, who aided me greatly in my treatment of the case. Her knowledge of the true nature of the trouble made a happy home out of a hitherto somewhat turbulent one. The general condition of this man has steadily improved in the year he has been under treatment, although the delusions are as fixed as ever. He now pays but little attention to them. He has had attacks of auto-intoxication during which he has suffered more from his psychosis. He has learned to avoid constipation and all conditions predisposing to it. I doubt not that the study of internal secretions and hormones will add something to our armamentarium for these cases in the future.

When opportunity offers I intend to carry out some experiments on neurotic and certain insane patients with the *Bacillus bulgaricus*. I have done this in a few cases with apparently good results; but these results could easily have been remissions in the course of the

disease and my cases were too few to be of value or to be worth reporting.

Two condemned murderers recently died happy under the influence of Christian Science. Have we all done as much for our own hopeless cases? You may say that this duty properly belongs to the clergy. It does; but there are many whom we and we alone can so stimulate mentally as to render true that saying of a learned physician that "we should leave life as we entered it, painlessly." Just as anoci-association enables one to take an anesthetic fearlessly and easily, so should it in a slightly altered form combined with our own vital forces and suggestions enable our chronic incurables to extract the most out of their last days on earth. Not to death itself belongs terror, but to the fancies attached to it. If the mind be carried away from these fancies to the simple fact itself, death will lose most of its gloom in the eyes of the doomed. This applies in those cases in which, for legal or other reasons, the patient must be informed of the inevitable.

I wish at this point to speak of a common phobia which is common in physically sound and otherwise mentally sound persons—the fear of death. I have found this to be the primary subjective symptom in many neurotic persons and, more to the point at issue, that in most cases they improved when this primary phobia was dispelled by competent argument, religious conversion or systematic attention to the emunctories. Like the fear of ghosts and dark places the morbid fear of death is frequently implanted in the childish mind by unthinking older persons; therefore we ought never depict death and the grave, either to ourselves or to others, especially to children, in more somber colors than in reality belong to either. Gloomy images of this kind serve only to disturb the imagination and exercise a baneful influence over the impressionable mind of the child. These influences are usually permanent, for we well know that many otherwise level-headed adults are somewhat disturbed by stories of the supernatural, and these persons may step from dark cellars at night with more haste than grace. Psychoanalysis usually discloses in these cases some specific incident of a startling nature in the developmental period of life. When a person's vitality is lowered by transient illness or business reverses, his old phobia may come to the surface with sufficient force to precipitate an attack of depression from which he never fully recovers. In other words, a permanent mark is left on the brain, and future attacks of depression are more apt to appear and involutional melancholia is apt to occur. Hence the need for prophylaxis in childhood on the part of the child's parents.

An instinctive love of life has been intimately interwoven with our whole being, and this has resulted in a general revolt of our nature against dissolution in all its forms; were it not for this natural shrinking from death, the earth would ere this be a depopulated desert. Man errs grossly when he allows his instinctive love of life to degenerate into a tormenting passion for life, which leads him to entertain an unreasonable fear of death, and to place an exaggerated value on existence on this earth.

In some cases it is a pathologic state of the physical being which causes one to surround death with imaginary shadowy terrors; in others a gloomy temperament—a melancholic diathesis permitted to gain ground untreated—harasses them into a continuous blind dread of dissolution. Not the natural metamorphosis which takes place in death, but the unnatural images of it

which float before the imagination are calculated to awaken terror; man himself has created these for his own torment.

This phobia is in some cases due to nothing more remote than a sedentary existence with too much time for reflection, and is frequently seen in unmarried persons who are too much alone and who have no absorbing hobby. Exercise, work, amusement and congenial companionship will do more here than the best consolatory argument and suggestion.

The dying are as little conscious of the transition from life to death as the weary are aware of the transition from the waking to the sleeping state. Many people have awaited, with full consciousness, the moment of dissolution, and have been aware of it in advance, and yet they fell asleep smiling and without fear. Their imagination had not been previously excited. We have all seen the hippocratic facies and the twitch of the final struggle, yet this change observed by the spectator at the bedside is seen not by the departing one nor is he in any way conscious of it. Illness may be painful, but its cessation never. These thoughts and arguments have been of great service and satisfaction to conscientious medical men who have treated sick persons as well as diseases. The physician should not allow science to tear him away from his Maker, and he should know that the feeling of his older patients, at least, is little short of a love kindred to the parental love, and that in this he has a powerful weapon to aid his patient while there is hope of life and after.

O Grave! where is thy victory?

O Death! where is thy sting?

EPIDEMIC CEREBROSPINAL MENINGITIS

ARTHUR H. PARMELEE, M.D.

MINNEAPOLIS

The report which follows is based on a series of 230 cases treated at the Kansas City General Hospital during the epidemic from Jan. 1 to June 1, 1912. The statistics are compiled from the observations and bedside notes made by the attending physicians and interns of the hospital. I believe the data to be accurate, and the whole report a reliable picture of the epidemic in its clinical features.

TABLE 1.—SUMMARY OF CLINICAL RECORDS MADE IN TWO HUNDRED AND THIRTY CASES OF EPIDEMIC CEREBROSPINAL MENINGITIS

	No. Cases	Per Cent.	Explanatory
Age (in years):			
2 and under	17	7.6	
2 to 10	32	14.3	
10 to 18	34	15.2	
18 to 35	93	41.5	
35 to 50	37	16.5	
Over 50	11	4.9	
No age recorded	6	...	
Sex:			
Male	169	73.5	
Female	61	26.5	
Onset:			
Sudden	169	83.25	
Gradual	13	6.5	
Medium	21	10.25	
Temperature: *			
High	77	33.5	
Moderate	114	50	
Low	43	18.7	
Variable	19	8.3	
Pulse:			
Rapid	85	37	
Slow	120	55	
Variable	21	9	

	No. Cases	Per Cent.	Explanatory
Mentality:			
Cloudy	60	26	
Delirium	123	53.5	
Unconscious	152	66.1	
Early	129	56.1	
Medium	12	5.2	
Late	11	4.8	
Headache:			
Present	180	84.1	
Doubtful	34	15.9	
Rigid neck:			
Early	179	84	
Developed	27	12.2	
Absent	7	3.3	
Kernig's sign:			
Early	147	77.3	
Developed	26	13.6	
Absent	17	9.1	
Convulsions	48	20.9	
Early	28	12.2	
Developed	20	8.7	
Vomiting	175	76	
Petechiae	49	21.3	
Localizing signs:			
Strabismus	59	25.6	
Early	39	...	
Developed	20	...	
Deafness	18	7.8	
Early	15	...	
Developed	3	...	
Nystagmus	5	2.2	
Paralysis	7	3	
Early	5	...	
Developed	2	...	
Pupils:			
Unequal	73	31.7	
Dilated	30	13	
Other symptoms:			
Herpes	138	60	
Hyperesthesia	89	39	
Epistaxis	11	4.8	
Photophobia	7	3	
Retention of urine	39	17	
Cheyne-Stokes resp.	44	19	
Leukocytes: †			
Low (under 15,000)	8	15.7	
Medium (15,000 to 25,000)	27	53	
High (over 25,000)	16	31.3	
Spinal fluid: ‡			
Cloudy	207	94	
Clear	13	6	
Organisms:			
Many	129	58.6	
Few	77	35	
None on first puncture	4	1.8	
Absent	5	2.3	
Course:			
Av. No. days duration	12.8	...	
Recurrences	13	5.6	
Complications:			
Arthritis	18	7.8	
Deafness	16	7	
Opisthotonos	14	6	
Dysphagia	4	1.7	
Aphagia	9	3.9	
Pneumonia	10	4.4	
Hydrocephalus	11	4.8	
Respiratory and cardiac paralysis	10	4.4	
Conjunctivitis	7	3	
Cystitis	6	2.6	
Paraplegia and hemiplegia	6	2.6	
Epididymitis	4	1.7	
Neuritis	4	1.7	
Decubitus	4	1.7	
Iritis	3	1.3	
Insanity	4	1.7	
Delirium tremens	3	1.3	
Bronchitis and laryngitis	4	1.7	

Also two cases each of hysteria, tympanitis, persistent vomiting and pneumococcal meningitis, and one case each of otitis media, retinitis, cervical adenitis and furunculosis.

* "High" = 102.5 F. and over; "moderate" = 100 to 102.5 F.; "low" = less than 100 F.; "variable" = when frequent and sudden changes in temperature. Some cases are recorded as having "high," "low" and "variable" temperature.

† A count was made in only fifty-one cases. "Low" = below 15,000; "medium" = 15,000 to 25,000; "high" = over 25,000.

‡ "Clear" = clear at first puncture, subsequent fluid being cloudy; "organisms" = meningococci; "none first" = no organisms found in fluid withdrawn at first puncture but demonstrated in subsequent fluids withdrawn; "absent" = in five cases no meningococci were demonstrated, first fluid having been destroyed before examination could be made and subsequent examinations being negative, or patient died before another puncture was made.