PREVENTION OF INSANITY.

In the Section of Psychology, Dr. Percy Smith read a paper bearing this title. There were, in 1899, 105,086 lunatics in England, an increase of 3114 on the previous year, which was the largest increase recorded. There was also an increase in the ratio of the insane to the general population. Heredity was given as a cause in 20.4 per cent. of male, and in 25.9 per cent. of female patients, according to the figures of the Commissioners of Lunacy for 1893-1897. Next to heredity, alcohol was the most prominent cause, accounting for 22 per cent. of the male and 9.1 per cent. of the female cases. Simple drunkenness should render an individual liable to arrest, and it should be made penal to serve a habitual drunkard with liquor. As to general paralysis of the insane, the yearly average of cases was 13.1 per cent. of the male, and 2.8 per cent. of the female cases. The predominating influence of syphilis in its causation is now generally recognized. Syphilis should be made a notifiable disease—a course which would check its ravages and prevent general paralysis.

OCULAR HEADACHE.

Mr. W. A. Brailey (Guy's Hospital) read a paper on this subject. It is a general law that the greater the error of refraction, the less the effect on the head, because a great defect leads to abandonment of the effort of accommodation, the patient seeing as best he can without it. Uncorrected presbyopia is a rare cause of headache, except just at its commencement. It might cause strain and burning, but not headache. Similarly great inequality of refraction gives comparatively little trouble, the worse eye being unused.

GASTRIC ULCER.

Dr. J. F. Payne (St. Thomas' Hospital) read a paper on this subject. He said that the condition was becoming increasingly prevalent. Statistics of the six quinquennial periods, 1870-1899, showed that the number of cases of gastric and duodenal ulcer admitted to St. Thomas' Hospital were respectively 30, 38, 70, 103, 174, and 216. This was parallel to the increase of other digestive diseases, e. g., appendicitis. Only one diagnostic sign had been added in the last thirty years—hyperacidity of the gastric juice. The peculiar pain was present in only a minority of cases, and in some, pain was entirely absent. As to hematemesis, he was surprised to find that out of 48 fatal cases, it had occurred in only 14, while in non-fatal cases it had been present in 95 per cent. His explanation was that many cases proved fatal by perforation, in which complication hemorrhage was known to be uncommon, while non-fatal cases were often sent to hospitals for that very symptom. As to the hyperacidity, he knew little about it, for it was not justifiable to pass a tube into a stomach, possibly the seat of ulceration. The main principle of treatment was to give rest to the stomach by rectal feeding. It was doubtful whether the rectum absorbed much food. Peptonized food was the most likely to be absorbed. He allowed a little warm water by the mouth, but not for the first twenty-four hours after hemorrhage. A danger of long-continued rectal feeding was syncope. Rectal feeding might safely be continued for sixteen days if water was given by the mouth, and for seven days if water was withheld.

CEPHALOTRIPSY OF THE AFTER-COMING HEAD.

Mr. J. H. Targett (London) said that this operation was hardly referred to in the text-books. It was, of course, only rarely required. He had performed it in one case in which no doubt Cæsarian section would have been the better operation, but this was declined. The patient was a rickety dwarf, aged 29 years, and was near the end of the ninth month. Labor was induced by hydrostatic bags, after which a leg was brought down. Delay took place and it was decided to extract. The trunk was delivered, but the head remained in a position of flexion above the contracted brim. As no impression could be made on it, and as the funis had ceased to pulsate, craniotomy was performed. The suboccipital region was chosen as the most accessible. On applying the cephalotribe, the lower blade was in apposition with the face, but the upper could not be passed over the occiput, owing to lateral contraction of the pelvis and incomplete dilatation of the lower segment of the uterus. The result was that the end of the blade repeatedly

caught in the edge of the perforation. The blade was, therefore, passed into the skull through the perforation and the base crushed in its anteroposterior diameter. The plan succeeded admirably. The cephalotribe was, he thought, best applied in the manner followed in this case, because subsequent experiments gave the same result.

Correspondence.

State University and Higher Medical Education.

ST. PAUL, MINN., July 31, 1900.

To the Editor:—In your editorial of July 21 you specifically mention Michigan, Minnesota and Iowa, and allege that by low fees and mediocre requirements for entrance and for graduation, university medical schools acquire larger classes than they can properly instruct, that their clinical material is insufficient, and inferentially they are obstructive to the advance of medical education. Michigan and Iowa will doubtless resent this attack and defend themselves.

Minnesota's fees are \$100 per annum. There are none higher to my knowledge, excepting a small number of schools in our largest cities. Our entrance requirements are equaled by few and *excelled by none excepting* Harvard and Johns Hopkins' Universities and possibly the College of Physicians and Surgeons, New York. Our entrance examination is now equivalent to that required for admission to the academic department of the University of Minnesota. In two years' time it will be equivalent to a sophomore, and in three years time to a junior entrance in the academic department. The twin cities of Minneapolis and St. Paul, with a population near 400,000 and numerous hospitals of modern type, afford unlimited facilities for clinical instruction, while our laboratories are not surpassed in America.

PARKS RITCHIE, M.D.

[Dr. Ritchie evidently did not read very carefully the editorial referred to. The reference to the three universities named was certainly complimentary rather than otherwise. The main point of the editorial is not touched on, viz., that the medical departments of state universities have not taken the lead in the movement for higher medical education. There was no intention to reflect on the medical departments of the Universities of Michigan, Iowa or Minnesota, as each of these is recognized as being in the front rank of medical educational institutions.—Ed.]

Castor-Oil in Neuralgia.

ASHTON, R. I., Aug. 13, 1900.

To the Editor:—As touching the treatment of facial neuralgia by castor-oil, your correspondent, Dr. W. S. Caldwell, in his "Rambling Notes of a Roving Doctor," in THE JOURNAL of August 11, page 368, says the theory entertained in the Allgemeines Krankenhaus, Vienna, is that the beneficial effects of this mode of treatment result from the elimination of toxins, which, absorbed into the circulation, produce this disease.

About a month ago a young woman appealed piteously to me for relief from supraorbital neuralgia, from which she suffered excruciating agony. She had been treated with various remedies by her brother, who is a physician in good practice, without benefit. On the advice of a young hospital surgeon the brother intended to have the supraorbital nerve resected, but deferred the operation until after his return from Europe, where he had gone, and was expected back in three weeks.

I prescribed castor-oil to be taken two or three times a week, from which she obtained immediate relief, continuing to the present. She still takes the castor-oil at less frequent intervals. Strange to say the oil does not purge her, which would seem to indicate that the remedy, in this case at least, exerts a beneficial influence apart from its cathartic effect.

N. O'D. PARKS, M.D.

Not a Case of Death from Nitrous Oxid.

In the symposium on anesthetics presented before the New York County Medical Association last Spring—see THE