Original Articles.

FIVE MAINE "MURDERS."

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IN dealing with insane persons who have committed homicide, the experience of the State of Maine has been peculiar. The same theory which exists elsewhere among civilized people — that insane persons who commit acts of extreme violence are to be held responsible to a less degree than persons of sound mind — exists also in Maine. It exists, but it does not prevail.

There is no apparent reason why courts and juries in Maine should especially suspect the use of insanity as a subterfuge — a cloak for crime. It is true that in two recent instances in Maine a criminal has feigned insanity. In one of these two instances an expert was found who testified that in his opinion the criminal was insane. The overwhelming weight of expert evidence, however, indicated that this prisoner was shamming; and an arrant shammer he proved to be. The second prisoner who feigned insanity was promptly detected. Neither of these two criminals was charged with homicide.

Persistent inquiry has failed to bring knowledge of a single instance in which the verdict "not guilty by reason of insanity" has been rendered in Maine in a case of homicide.

On the other hand, in this State, within the last 25 years, there have been at least five cases of homicide, and probably several more than five, for the defense of which the plea of insanity has been adduced. In all of these five cases the prisoner has been found guilty of murder. All of these five convicts have shown unmistakable evidence of insanity. Two of them, before death, which occurred within a few years of conviction, became so palpably insane that nobody questioned it. The three others are in the State prison today, and are still insane.

The visiting physician of the State prison, Dr. Addison R. Smith, states that in addition to these three convicts there are now in the prison, under sentence for murder, five others, of whom one is probably insane and four are unquestionably insane.

During the recital of a few facts concerning five of these cases, attention is invited to the following points: Behavior which would suggest, even to people unaccustomed to the study of mental disease, the presence of insanity. The unanimity of the opinions of the experts, and the unanimity with which their opinions were disregarded. Particularly, the illumination which these cases throw upon "the only proper legal criterion," the right-and-wrong test for insanity, a test which every observing asylum-nurse knows to be fallacious, and which would brand as criminals two-thirds of the inmates of asylums for the insane.

There can be little liability to error concerning the only proper legal criterion as it exists at present in Maine. It has been restated within the past

year in a decision of the Supreme Court in the case of *State vs. Bradford Knight*. The language of the rescript, rendered by Judge Whitehouse, is as follows: "When the insanity of the accused is pleaded in defense, the test of his responsibility for crime, afforded by his capacity to understand the nature and quality of the act he was doing and his mental power to distinguish between right and wrong with respect to that particular act at the time he committed it, is the only proper legal criterion."

CASE I. On the afternoon of May 11, 1878, Jason P. Scribner, at his home, three miles from the State House, in Augusta, seized a shovel and pounded the heads of the three youngest of his own children — five, three and two years of age. One of the children died immediately, the baby died in a few hours, and the other child eventually recovered. Scribner at the time was 34 years old. One of his brothers had died insane at the hospital in Augusta, and there had been other instances of insanity among his relatives. For five years Scribner had been brooding over his own troubles, some of which were imaginary, but the first of which was only too real. While in a partially drunken condition he had accidentally turned a kettle of boiling water over one of his children, causing its death. Not long afterwards he gave up the use of alcohol altogether, and still later he rose for prayers in a religious meeting. But he believed that the people in the church did not treat him well, and, in fact, that everybody, as he expressed it, was picking upon him. He thought his brother's wife made fun of him, and with his brother he was not on speaking terms. He hated especially to see people going towards the meeting-house. When he thought of the Lord or the Savior, a sort of madness would seize him. At 2 o'clock one morning he sprang out of bed, rushed into the room where his father lay dying, and attempted to strike his father with a cudgel, being restrained by his brother and sisters. At another time he ran out into the darkness screaming "Murder! Murder! The devils are after me!" At various times he threatened to kill all the members of his family, and to burn not only the house where he lived, but the whole city of Augusta.

A few days before the homicide, his wife applied to Judge True to have her husband taken care of. His wife stated that while ugly with her, he was always kind to the children. On the morning of the homicide he held and rocked the baby and seemed especially affectionate. After he had pounded the heads of his children with the shovel, he went out into a field and cut his own throat, partially severing the windpipe.

On the following day he was rational, and stated that he came to himself in the field and found his throat bloody, but could remember nothing of what had happened before, except that he and his wife had quarreled on the way home from the cemetery. "Oh, God!" he exclaimed, in his cell at the jail, "what shall I do? Why did I do it? God help me!"

At the trial of Scribner before Judge Libby, Dr. Harlow, superintendent of the insane hospital at Augusta, testified that Scribner was insane, and not responsible for his act. The verdict of the jury was murder in the first degree.

Scribner remained in the State prison at Thomaston from February, 1880, to May, 1884. During the whole of that time he was manifestly insane, and at intervals was noisy and violent. At the recommendation of a commission appointed to examine into his mental state he was removed to the insane hospital at Augusta, arriving in a delirious and critical condition, and surviving only eleven days after the removal.

CASE II. On the 5th of September, 1884, Thomas J. Libby, of Prout's Neck, shot and killed Lydia Snow at the City Hotel, Portland.

Libby was 44 years old. For nine years he had been keeper of a small summer hotel, the West Point House. He had used alcohol at times to excess, especially dur-

ing the preceding summer, but for a fortnight before the homicide he had taken little liquor, and for 24 hours practically none.

On the day before the shooting Libby came to Portland and transacted business, but acted queerly. He went into three barber shops and in each of them he had a shampoo, because his head felt bad. He asked the same question of the same person four times in succession. He was heard talking to himself as he walked along the street. Libby afterwards consistently affirmed that he lost consciousness of his own acts early on that afternoon, and had remembrance of only one unimportant event previous to a period on the following day, when he found himself in jail, talking with his counsel. Evidence showed that at 7 o'clock in the evening he came with Lydia Snow to the stable where he had left his horse, and drove with her to a place in South Portland where he was well known, and where his appearance in her company would be likely to excite comment. He left the Snow woman and his team at this place, and went to a lodge room, where he had expected to take a degree as a Knight of Pythias. His behavior was so unnatural that his friends advised him to postpone the taking of the degree. He drove back to Portland with the woman and took a room with her at the City Hotel.

The testimony of one of the employees of the hotel was substantially as follows: "At 2 o'clock in the morning I was called to the room and was asked by Libby to bring some liquor. This was refused, and water brought, which Libby drank, appearing very pleasant. After this I passed the room several times, and heard the occupants talking and laughing. At 8 o'clock in the morning I was called there again. The woman came to the door and said, 'I want you to take that revolver away from the man.' I peered around the edge of the door, and saw Libby lying on the bed, with his arms above his head, and a pistol in his right hand. Libby cocked the revolver and pointed it at me, mumbling something which I did not wait to understand, but hastily closed the door and stood listening in the corridor. Then I heard two shots quickly fired, a screech, a third shot, a pause, and a fourth shot. I ran to the office and telephoned to the police. The door of the room was found to be fastened from the inside."

The woman, lifeless, two bullets having passed through her head, was lying near the door. Libby was on the floor near the bed, with a bullet hole above and behind his ear. The policemen lifted him, and with their assistance he walked to a hack. On the way to the station the officers endeavored to get him to talk. He tried to answer, but they could not understand what he said. He made a loud, mournful noise, as though suffering. Dr. Charles D. Smith, who saw Libby soon after his arrival at the police station, searched for evidence that Libby had been drinking, and concluded that he had not.

The defense in the Libby case offered what seemed at the time the most plausible explanation for an apparently motiveless deed—delirium tremens. As the sequel showed, it is highly probable that the act of shooting was one of those strange freaks which characterize the early stage of the well-defined disease which ended Libby's life—paretic dementia. Libby served seven years in the State prison, and then was transferred to the insane hospital at Augusta, where he lived a little more than a year.

An extract from the closing argument in the Libby case, delivered by Attorney-general Orville Baker, is not without historical interest, in view of the sequel. The attorney-general referred to the plea of insanity as the old familiar defense, when there is no other possible refuge. If the absurd claim were made that the President was shot by someone other than Guiteau, no jury would listen. There was nothing for it but to try to make the jury believe that Guiteau was insane. And when a murderer knows that the person he assaulted was a harmless woman, and the plea of self-defense would be futile, he pleads insanity. "Does he, or his counsel, claim that he is insane now?"

'Where is the motive?' says the counsel for the defense. Let the prisoner at the bar call up the cold body of Lydia Snow, and let her spectral light rise before you on that stand, and she will tell you the motive for that act. He shoots her, and the motive slumbers in the grave."

The verdict in the Libby case was murder in the second degree. So far as may be judged from experience in Maine, verdicts are more likely to be mitigated by delirium tremens than by paranoia. A paranoiac, as a rule the helpless victim of disease, is held to deserve severer punishment than a delirious inebriate, the creature of his own previous volition.

CASE III. On the morning of Dec. 7, 1895, Alfred Hurd of Biddeford killed his father with a hatchet.

Former schoolmates of Alfred Hurd stated that as a boy he was odd, cranky, inclined to be silent and solitary, and that he appeared to be "perpetually thinking." He attended a business college in Portland and was employed as a telegrapher in several different railway stations. It is said that he was an indifferent operator—never expert. Two years before the homicide he lost his position at Somerville on account of his peculiar actions. It was stated that he would sometimes refuse to receive dispatches. About this time he was disappointed in a love affair. He spent a good deal of time in reading books, especially the Bible and Fowler's Phrenology. He made no effort to get another position, but remained at home, doing no work at all. On the morning of the homicide he went to the room where his father was sleeping, struck his father on the head with a hatchet, and then cut his father's throat with a razor. Then he washed the blood from his hands, and went to notify the coroner and the police that a murder had been committed. He conducted the city marshal to the bed where his father's body was lying. Later in the day he said to the officer, "I committed that murder. I stood there looking at father as he lay asleep, and the thought came into my head to kill the man who had talked about sending me away if I didn't find work. That is the last I remember until after the thing was done. Now the jury must decide whether I am guilty. I know that if they find me so, I shall be sent to Thomaston for life."

At the trial of Hurd, Dr. B. T. Sanborn, who had had him under observation at the insane hospital for five months, testified that Hurd was in the early stage of dementia, of a degenerative and progressive type. Under the ruling of Judge Emery, the jury found Hurd guilty of murder in the first degree.

On the 17th of December, 1901, the writer saw and examined Alfred Hurd, in the insane department of the State prison at Thomaston. When the subject of phrenology was touched upon, Hurd showed a gleam of interest, although little comprehension. He is thoroughly demented; and his dementia has been steadily progressive during the five years in which he has been a convict.

CASE IV. Bradford P. Knight, at the time when he killed Mamie Small, Feb. 13, 1899, was 45 years old. His mother, during a considerable part of her life, had recurrent attacks of insanity. His uncle died insane at the hospital in Augusta. One of his sisters was treated for two years at the same hospital during an acute attack of insanity, and is now demented. Another sister and also a brother died insane. He himself, as a boy, was odd, shy, and oppressed by a sense of inferiority and a fear of impending want. At the age of 20 he had what was probably a mild attack of melancholia. At the age of 35 he suffered from sunstroke, followed by mental depression. He became sleepless, could not work, spent much time in weeping, felt that God's spirit had left him, and that his soul was lost. He wandered away from home, and was committed as an insane person to the hospital at Augusta.

After leaving the asylum, for most of the time he was able to work, but was periodically depressed. He feared that he might kill his children; several times he had strong impulses to do it; and he told his wife that perhaps it would be better if he returned to the

asylum. He made several half-hearted attempts at suicide. He imagined that people were down on him, and watching him and laughing at him. His relations with his wife's sister, Mamie Small, were intimate to the extent of criminal intimacy. For a time he believed her to be the only real friend that he had; but when she left him, he interpreted her desertion as a part of the general conspiracy to get him out of the way, by claiming falsely that he was insane, and sending him back again to the asylum. And so he killed her.

After Knight was arrested and taken to the jail at Augusta, he refused food because he said it was poisoned. On account of this and other peculiar conduct, he was transferred to the insane hospital for observation. While there he paced the floor, talked to himself, and at times was so violent as to require restraint with sheets. On one occasion he explained to an attendant that he was swearing "against that clique down there." He secreted a door-knob for the purpose of making a sling-shot with which to kill the superintendent. He admitted that this was his intention, and stated some time afterwards that it would have been right to kill a superintendent who suppressed his letters and tried to turn his family against him. As for remorse for the killing of Mamie Small, he said that he felt none whatever; that Mamie herself had forgiven him and frequently appeared to him at night, as happy and smiling as ever. But there was one occurrence which had taken place 10 years before, which kept him in perpetual torment; the Lord had appeared to him at a religious meeting and had commanded him to go home to his house and pray; instead of doing so he went into his woodshed and prayed there. From that time he was doomed to eternal torment in hell.

After remaining for seven months at the insane hospital, Knight was tried at Augusta before Judge Emery, in October, 1899. A few days prior to the arraignment, the county attorney of Kennebec, George W. Heselton, Esq., who had expressed great contempt for the notion that Bradford Knight was not responsible by reason of insanity, summoned to Augusta three experts in insanity—Dr. Edward Cowles, superintendent of the McLean Hospital, Dr. H. M. Quinby, superintendent of the Worcester Insane Hospital, and Dr. George F. Jelly, chairman of the Massachusetts State Board of Insanity. These experts were requested to examine and report upon Bradford Knight, without consulting anyone except the county attorney. They spent five hours in examining Knight, and several hours more in conferring and in preparing a report. At the trial, the evidence of these experts was demanded by counsel for the defense, Hon. Herbert M. Heath, on the ground that this evidence was paid for by the State and belonged to the people. The prosecution, however, presented no expert testimony at all. For the defense, Dr. Sanborn, superintendent of the Maine Insane Hospital, and Dr. C. P. Bancroft, superintendent of the New Hampshire Insane Hospital, testified positively to the fact that Knight was suffering from chronic delusional insanity of the melancholic type, tending toward dementia.

"The jury," in the words of one of the ablest professional men in New England, "returned the only verdict possible under Judge Emery's very explicit charge, 'guilty of murder in the first degree.'"

Twelve days afterwards, by order of Judge Emery, Knight was sent back to the insane hospital. The sheriff did not dare to keep him at the jail.

After the exceptions of Knight's counsel had been overruled by the full bench, sentence was passed, and Knight was committed to the State prison, where he was seen by the writer on Dec. 19, 1901. No astuteness is needed now to take the measure of this man's feeble mind. When religion was touched upon, Knight broke down completely, cried in a childish way, and told the story of how he had disobeyed the Lord by praying in the woodshed. For most of the time he is able to paint broom handles; but at intervals he is noisy and violent.

CASE V. George H. Brainerd, who shot five men at the telephone exchange in Portland on the 25th of last

April, inherited a tendency to insanity. His father suffered from at least two attacks of acute melancholia. Of his father's family, a sister was extremely peculiar, a brother was subject to periods of great mental depression, and another brother, during the last 10 years of his life, was a pronounced case of melancholia. The mental instability in these five members of the family seems to have been transmitted from the father's mother, who was mildly insane.

Brainerd's delusion that he was the victim of a conspiracy, now centering in certain fellow employees, now widening to include the Spanish people, the followers of the Roman Catholic faith, the New England Telephone corporation, or the whole world, but always, with strange subtlety, directed against himself, his mother, and his sister's family—this systematized, ever-present, overpowering delusion, always the most important fact in his life, allowing him at times comparative peace and enjoyment, at other times drawing closer and closer in its insidious, insistent, resistless approach, until escape appears impossible and madness his appointed part—first fastened upon George Brainerd's life while he was at work in South America in 1887. The story of Brainerd's illness there, his confinement in a hospital, the accumulating evidence of a conspiracy, and the means by which, for a time, he succeeded in eluding the conspirators, is circumstantial, consistent and convincing—as the story of an insane delusion. Years went by, and his work for the New England Telephone Co., as foreman in the construction of large switchboards, became increasingly complicated. In the promotion of men younger than he, whose technical training had been broader than his own, but whose knowledge of detail had been learned from him, he found renewed evidence of relentless pursuit. A year before the homicide, foreseeing his approaching doom, he wrote out a statement concerning this conspiracy. He gave the names of certain of the conspirators—five of his fellow workmen, no one of the five being of the number whom he afterwards shot. He stated that his object in writing this was to enable his mother and sister to use it afterwards as evidence, thereby to secure damages from the telephone company, who should be held responsible for what was about to happen to him.

A few days prior to the homicide, Brainerd consulted a firm of lawyers in Boston, Bartlett & Anderson, as to measures of legal defense against this conspiracy. To four nonmedical witnesses who testified at the trial, Brainerd had confided at various times his belief that he was in immediate, personal peril, and that he heard warning voices, inaudible to others. On the day of the homicide he overheard people saying, "The time has come; they will do him tonight." While in the insane hospital at Augusta awaiting trial, Brainerd made an attack upon a supposed conspirator. The delusion still is, and will remain, a part of himself.

Eight medical experts examined Brainerd, five at the request of the state and three at the request of the defense. All agreed in the opinion that Brainerd was insane, and that his homicidal acts were the consistent product of his insanity. The verdict of the jury was murder in the first degree.

The voice of the people, formulating opinions concerning these five cases, is perhaps interesting as a study in human nature, although a trifle too vacillating to be accepted as the voice of God. The day following the Scribner homicide it is estimated that more than 1,000 people from the little city of Augusta went out over the Brook Road toward Sidney, to visit the scene of the tragedy. Almost everybody's first exclamation after hearing of the homicidal acts of Scribner, Hurd and Brainerd, was substantially this: "He must have been crazy." Presently people began to say, "What an ugly fellow he must have been!" The assassination of President McKinley shortly

before the trial of Brainerd, called out the remark, "I suppose the lawyers and doctors will try to make out that Brainerd is insane." When the insanity of Brainerd was demonstrated in court, and many people who heard the testimony were convinced, there was not a little unfavorable criticism of county officers, because they had subjected the people to large and unnecessary expense. Perhaps the majority of those who had followed the case evinced surprise at the verdict. Acquiescence, however, was speedy and cheerful. "After all," people said, "the State prison is the best place for a man like him."

The sexual immorality in the lives of Brainerd, Knight and Libby did not, as a rule, appear to impress people as evidence of defective inhibition and, to a certain degree, a sign of mental weakness; on the contrary, it aroused prejudice; and it is perhaps not unnatural that many good people should allow their brain cells to receive no further commotion from such reports than may be caused by the shock to their moral sense.

The unnatural nature of the acts of Scribner and Hurd—the killing of their nearest relatives—also gave an inward curve to the judgment of many people. A crime so hideous and inhuman, they reasoned, can meet no punishment sufficiently severe.

As Dr. Barr, of Elwyn, has remarked, "Brutality on the one hand and sentimentality on the other have obscured the truth."

Judge Emery's ruling in the Knight case, vigorous and sharply defined as it is, setting in bald relief the ancient and rock-ribbed criterion of the law, may be destined—nay, even intended—to illumine in order that it may destroy. The abolishment of Sunday blue laws, for example, might best be accomplished by the object lesson of a period of rigid enforcement. There is, however, this difference between Sunday blue laws and the right-and-wrong test, that the underlying principle of the blue laws is worthy of praise, while the criterion by which responsibility for homicide is now determined in Maine is inherently incorrect.

A neat illustration of the fallacy of this legal criterion is afforded by an English case, to which Mr. Justice Hawkins has referred. In this case, a man named Smith was killed by a man named Ware, both being inmates of an insane asylum. Ware admitted that he had killed Smith; and he showed that he knew that his act was wrong, by extracting a promise that he should not be punished in case he gave up the iron bar with which he killed Smith. "No man in his senses would suppose," says Mr. Justice Hawkins, "that any jury would find Ware responsible."

If we could only have in Maine a case as plain as this,—if the county attorney of Kennebec would insist upon trying in court the next homicide which occurs in the insane hospital at Augusta, the sickening cruelty of the only proper legal criterion might become as evident to the courts as it has been for a long time to observers of the insane. The State of Maine, in employing

experts, spends money generously for the purposes of ascertaining the truth and protecting the insane. Under present rulings this expenditure is useful to a limited degree in diffusing a knowledge of insanity; as regards the attainment of any other end, it seems to be both wasteful and futile.

In a conflict between science and law, the law must ultimately yield. This the Maine courts foresee, and one may be pardoned for reading between the lines of the rescript of Judge Whitehouse the regret of a warm-hearted man, that in spite of the plain teachings of modern observation, the Maine courts cannot yet deviate from the old criterion.

To the lay mind it seems strange that our courts, accustomed as they are to remind witnesses of a radical difference between fact and opinion, should in this matter assume for themselves the predetermination of fact.

For example, one would not expect a judge to rule as follows: "For the purposes of the law this case may be regarded as Asiatic cholera, if the jury so find. It is not a case of typhoid fever. There is no such disease as typhoid fever. Whatever the doctors have said concerning such a medical disease, the law does not recognize its existence." And yet, this is a not unfair reduction to the absurd, of the present rulings of Maine courts in relation to mental disease. No jurist, perhaps, has pointed this out so clearly as Judge Somerville, formerly of Alabama, now of New York, at one time president of the New York Medico-Legal Society. Judge Somerville's conclusions are the fruit of singularly complete and painstaking research, following upon years of service as asylum trustee and lunacy commissioner.

In the case of *Parsons vs. State*, in 1886, Judge Somerville said: "The question of the probable existence of mental disease, and the effect on the mind and conduct of the patient, is a question of fact to be proved by evidence. It is equally obvious that courts cannot upon any sound principle undertake to say what are the invariable or infallible tests of such disease. In the present state of the law, we are confronted with this practical difficulty, that the courts in effect charge the juries as matters of law that no such mental disease exists—that there can be, as a matter of scientific fact, no cerebral defect, congenital or acquired, which destroys the patient's power of self-control, his liberty of will and action—provided only he retains a mental consciousness of right and wrong."

For 30 years the courts of New Hampshire have ruled that tests of mental disease are matters of fact. Whether the defendant had a mental disease, and whether his act was the product of such disease, are questions of fact for the jury.

In Massachusetts, so long ago as 1844, the ruling of the courts was broadened by Chief Justice Shaw, to include mental disease by whose overwhelming violence intellectual power is for the time obliterated.

Not radically different from Massachusetts rulings are the decisions in Michigan, Indiana, Kentucky, Delaware, Alabama, Arkansas and Montana. In the Scottish courts this is now held to be a question, not of knowledge, but of soundness of mind. As was pointed out in 1874 by Lord Justice Moncrieff, a knowledge that an act is wrong may stimulate an insane man to do the act simply because it is forbidden.

A study of present conditions in Maine appears to justify the following conclusions:

That insanity has never been a cloak for homicide.

That within the last 25 years there have been at least five cases of homicide, and probably others, in which the doer of the act has been insane before and after he did it, and in which there is at least a high degree of probability that the act itself was the product of his insanity.

That these men have all been convicted of murder.

That the convictions are to be attributed in part to the explicit, lucid, archaic and rigorous rulings of the Maine courts.

That the practical working in Maine of the "only proper legal criterion" is to concede irresponsibility only to idiots and to maniacs.

That a realization of these facts on the part of the courts, the prosecuting officers and the public, together with increasingly accurate knowledge of the nature of mental disease, must inevitably lead to verdicts which are at the same time more just, more scientific and more humane.

THE SIGNIFICANCE, PATHOLOGICAL AND CLINICAL, OF ABDOMINAL PAIN.¹

BY MAURICE H. RICHARDSON, M.D., BOSTON.

[Concluded from No. 8, p. 192.]

THE chief significance of abdominal pain in the second group is the earliest possible recognition of lesions which demand immediate surgical intervention. The pain in every lesion mentioned—and in fact in many that have not been specifically named—is such as to demand the earliest possible exploration. Not a single lesion presents even a fair chance of spontaneous recovery. Immediate exploration must be the decision if, from a careful history of the onset of the pain and intelligent observation of its severity, extent, and possible urgency, the observer rightly interprets the significance of the pain.

Judged by the frequency of the lesions comprised in this group, no more important subject in connection with abdominal surgery can be imagined. The success of intervention is in direct proportion to its promptness. In gastric ulcer, for instance, the mortality after operations performed in the first 12 hours is in markedly favorable contrast with that of the operations of the later hours—so in the perforations of typhoid ulcers, and, in fact, in all rapid and overwhelming

extravasations. The surgeon who waits until his diagnosis is made certain by the appearance of unmistakable signs of general peritonitis will wait in vain for the successful issue. He should realize the importance of the initial pain. With the confirmatory signs of rigidity and tenderness, explorations made at once will show, in marked contrast with the deplorable results thus far attained, a splendid percentage of recoveries.

Pain in localized infectious processes of different viscera—processes which pursue a comparatively slow course, and in which the infection is confined to the viscus, or to its contiguous peritoneum—is usually slow of onset and moderate in severity. The pain is continuous and gradually increasing. When the process reaches the peritoneum, to the pain of the original lesion is added that of a local peritonitis. A clinical distinction is not always possible between these localized infections and infections of the general peritoneal cavity. Most general infections are indirectly dependent upon the local ones, as already remarked. In some of these infections there may be no pain whatever until the peritoneum is reached. In a large proportion of the cases of acute appendicitis, for example, the ulceration, engorgement and beginning necrosis of the appendix may cause, and in fact usually do cause, no pain whatever. The patient may be apparently in perfect health until the appendix wall gives way, and the appendix pours its own contents, often followed by that of the cecum, into the abdominal cavity.

At this moment of perforation the patient is for the first time seized with the excruciating pain described in previous paragraphs. The importance of this fact in connection with appendicitis is very great. The conception of appendicitis in the minds of many is that the disease is always, from the very beginning of its internal changes, a painful one; that in many, if not in most, of the severe attacks, the initial symptoms are intra-appendicular. The chief question asked in such a case, as I have observed hundreds of times, is whether I think the appendix perforated. The fact is, that in almost every case of acute appendicitis the initial pain is caused by an extravasation of micro-organisms either through a gross perforation of the appendix or by gradual universal transudation. It is doubtless true in chronic appendicitis that the grumbling indefinite pains, irregularly colicky, of moderate severity, are dependent upon changes in the interior layers of the appendix with painful paroxysms of the appendix itself. Many of these minor changes in the appendix give rise to no pain or other symptoms. The moment, however, this slow and unnoticed disease reaches the peritoneum, then pain invariably arises.

In ulcer of the stomach no pain or other symptom may exist. The sudden pain of perforation in such a case may cause the greatest doubt as to its source; so in ulceration of the duodenum and intestine, and in many other unsuspected lesions, which result, through perforation, in the sudden and widespread peritonitis of the second group.

¹ Read before the Obstetrical Society of Boston, Nov. 19, 1901.