and husband. Menstruation ceased with commencement of the cough, since when there has been no "show" whatever. Has had chills every day, about 9 A. M., followed by fever, which usually reached its acme at noon. Digestion considerably impaired. Night sweats had been constant until two months ago, when they were stopped by six-grain doses of gallic acid, since which time they have not returned. Tympanitic resonance and cavernous murmur at outer and upper part of right lung, with bronchial breathing down to sixth rib. No râles. Left lung: Bronchial breathing and dulness on percussion at apex, with a few crepitant râles. Organic changes less extensive, but apparently more active than in right lung. At 11 A. M., pulse 120, temperature 99.5° F.; 4 P. M., temperature 100.5° F. Gave unfavorable prognosis, but, at her husband's urgent solicitation, agreed to keep her under observation for a fortnight. Next day (October 8th), had chill at 8 A. M., and at 10 A. M., temperature was 104° F. Both the patient and her husband thought that the fever had frequently been as high as this during the last three or four months. Next morning, gave thirty grains of hydrobromate of quinia in three doses, with the result of a normal temperature all day. She took half-a-dozen treatments in the pneumatic cabinet, when I advised her to wait a few days, in the hope that, with the control of the fever, her strength would improve somewhat. The temperature was maintained at about the normal, and the patient taken home to await the result of the treatment of the pyrexia, upon which the rapidity of its fatal march was thought to depend. The improvement was quite marked after the cessation of fever, but her condition was not such as to justify her in returning to the city for treatment. In about one month the fever returned, and the case terminated fatally a few weeks later.

CASE XXV. Male, unmarried, aged twenty-seven, farmer; advanced phthisis. (Referred by Dr. G. N. Worley.) Father's sister died of consumption. No other case known in the family. Present illness dates from last January, and is referred to a long drive taken on a very cold, stormy day, although he was not conscious of "catching cold" until some ten days later. The first symptom was a dry cough, which grew progressively worse for about one month, by which time it became very bad. Broke down, while at work, in July, and had some form of pneumonia, which lasted three weeks. Had another attack August 28th, after exposure, also lasting three weeks, from which there is now only partial recovery. Has had some hæmoptysis and night-sweats. Always subject to epistaxis. Pulse 130, temperature 101° F. Lower lobe of left lung hepatized, with dulness at right apex, extending down to second rib; crepitant râles at right apex. Patient was under observation about two weeks, all the symptoms becoming progressively worse. Was placed in the cabinet two or three times, with very slight pressure. Was taken home, and died November 16, 1886.

CASE XXVI. Male, single, aged twenty-three; chronic bronchitis, dating from acute bronchitis in 1883. Last winter, commenced having a hacking cough, and has gradually failed in general health. Ten per cent. loss of weight. Took cabinet treatment three weeks irregularly, with some improvement.

CASE XXVII. Male, married, aged thirty-two; advanced phthisis. One sister died of consumption, and

father had some form of lung disease, but died of gastric cancer. One brother has chronic cough. Health good until five years ago, when he was awakened by a sudden cough, and thinks he spat up a pint of blood. Never had the slightest cough before this. Made fair recovery from this attack, but every winter since then has had about one month's sickness from prostration and cough. Never had a second hæmorrhage, except once last winter, while in Los Angeles, spat up a spoonful or so of blood. Right lung nearly solid, except a large cavity from third interspace to apex. Resonance fair in left lung, except slight elevation of pitch at apex. Afternoon temperature, 102° to 103° F.; pulse, 108. Endeavored to control pyrexia by hydro-bromate quinia, and this failing, by salicylic acid, administered according to Jaccoud's plan; also carbolic-acid inhalation, but all without avail.

The patient took five cabinet treatments, while other methods were being used to counteract the pyrexia. There being no improvement, he returned home, a distance of fifty miles, and has not been heard from since.

No attempt will be made to classify the cases recorded, because any statistical facts, to have value, must be based upon more cases than are here reported, and upon cases observed for a longer period than six months.

"The proportion of 'improvements' could have been largely increased by refusing to treat the hopeless cases. But the chief duty of a physician, as I see it, is not to manufacture favorable statistics, but to combat disease, if he cannot realize the still higher goal of prevention; and I have no hesitation in doing what I have repeatedly done — make the last weeks of a consumptive more comfortable, even at the risk of utterly ruining my statistics.

TWO CASES OF INSOMNIA.

BY S. G. WEBBER, M.D.

THE two following cases of sleeplessness are among the most severe and obstinate I have met in sane patients. They are of interest from the conditions which accompanied the wakefulness, the removal of which seemed to favor the recovery of power to sleep. Originally, both seemed to have been caused by mental strain, or by over-taxed brain; the abnormal condition, in one case of the skin, in the other, of the uterus, probably served as additional etiological factors, or to keep up the sleeplessness after it had once commenced.

Miss A., aged fifty-four, had never been well after having the measles at eighteen years of age. During winters she has been subject to colds, feeling "stuffed across the lungs." She never thought she had any nervous trouble until four years ago, when she received a shock from the sudden death of her mother, who was sick only one day. Her father is alive and well, eighty years of age.

After her mother's death she had the care of house-keeping; also looked after a small business of her own. She then began to have restless nights and "spells of nervousness," in which she would shake or tremble all over. She slept very little, and often could not lie down. She had considerable dyspepsia, distress soon after eating, acidity, and heartburn.

After poor nights, she had distress in her head and headache.

She thought that, formerly, she may have had some uterine trouble. At one time she wore a support, but she passed the climacteric without serious inconvenience. She had taken paraldehyde for many weeks, with the result of giving sleep, and with seemingly no bad effect. The quiet and freedom from home cares at first had a very beneficial effect, and sleep was more natural. Later, for a while, she slept well, after taking two grains of quinine at noon and at bed-time. There was much disturbance and loss of sleep, caused by two or three attacks of looseness of bowels, with some colic, possibly ordinary summer disturbance, or of nervous origin. Occasionally, it was necessary to give a dose of paraldehyde at night, but not frequently. On the whole, however, the sleep was very poor and these remedies were of only temporary benefit.

It was noticed that the skin was harsh and dry, and she scarcely ever perspired. A warm pack was given at bed-time for several nights. At first, this did not produce perspiration, and when the temperature of the pack was reduced, it had no effect until a dose of pilocarpine was given with it. When perspiration was free, the sleep was natural and refreshing. After eight days the pack was omitted. The pilocarpine, half-a-grain by mouth, was continued at bed-time. On the tenth day after trying the above treatment it is recorded: "Skin has a more natural feeling. She is better; is improved in appearance; has gained in flesh. Stomach don't give so much trouble. Can stay in room, and lie down with more comfort than for a long time."

The pilocarpine was reduced to one-sixth of a grain, and after two weeks it is recorded: "Patient is decidedly better. Sleeps five to six hours on an average, almost always without extra help. Can lie down with very much less discomfort." The urine was natural, acid, sp. gr. 1018, without albumen or sugar.

In this case, there seems to have been an intimate relation between the loss of function in the skin and the sleeplessness. Whether both conditions depended upon the same cause, or the loss of power to sleep was the result of diminished cutaneous action, may be questioned. She was not seen until the two conditions had been of so long standing, that I will not venture to decide the question. The power of sleeping was recovered in proportion to restoration of the function of the skin.

CASE II. Miss C., aged twenty-two, was never very well, though, from eleven to fourteen years of age, she enjoyed very fair health. The patient's father and father's family were healthy; her father died some years ago. Her mother is alive, a very nervous woman, and has severe headaches and neuralgia, and is a poor sleeper. The mother's mother is not well. One of her mother's sisters is insane.

At about fifteen years of age she was obliged to leave school. For two years previously she had not slept much. She was confined to her bed, and could see no one, except her mother, without screaming, laughing, and crying. Her head felt badly, and her back troubled her all the time. At times her legs ached, and she had pain in the joints. For two weeks before I saw her she had slept well.

The pupils acted naturally; the eyes, face, tongue, and limbs moved naturally. There was no trembling of hands; they were rather moist, as were also the

soles of the feet. There was lack of strength. Sensation was natural. Plantar reflex was slight; patellar-tendon reflex was natural. Heart and lungs were in a normal condition. There was no tenderness over the spine, but pressure on the muscles either side of the spinal column caused some discomfort.

After about two weeks she had an hysterical attack. Said she could not breathe; had much distress, agonizing for breath. Screamed two or three times, loud enough to be heard all over the house. Had pain in back, but head did not ache.

The chief unpleasant symptom was sleeplessness. When she could sleep, her head felt comfortable; if she lost sleep, she had more discomfort in her head. She was dressed and about the house most of the time; went out-doors, but was not able 'or not inclined to take much exercise.

Various means of inducing sleep were tried — rest in bed, hot baths, warm packs, cold douches to back, diet — but with only temporary success. Various hypnotics were used, with varying results. Paraldehyde would produce sleep one night, not the next. Urethane did no better. A pill containing camphor and lupulin caused sleep several nights. One containing camphor, extract of hyoscanus, and extract of valerian also gave several nights' sleep, but both these, finally, had little effect.

On account of the distress in her head and headache aconitia was used, in a dose of two-hundredth of a grain. Not only was the head relieved but that night sleep was much more natural and refreshing. The aconitia was afterwards given frequently at bed-time with favorable results. It did not produce sleep every night.

She said a uterine examination had been made with negative result, so at first no such examination was made, but as the various means proved of no avail, one was proposed. The introduction of the fingers caused much nervous disturbance, almost an hysterical attack. No displacement was found, and no attempt was made to use a speculum on account of this nervous disturbance. There seemed to be considerable tenderness of the uterus and in the vicinity of the ovaries, therefore hot douches were ordered, and while taking these for awhile, she slept better.

About a month later, there being more distinctly marked pelvic disturbance with increase of headache, another examination was made, with a speculum. The hysterical excitement was less, or rather there was more self-control, possibly because sleep had been better. The cervix was quite large, the canal bled very easily, the cavity of the uterus was a little longer than normal, there was considerable excoriation around the os, thick mucus extruded from the os. Tincture iodine and glycerine were applied. About a week later another application was made, and one or two more in the next month. The congestion and excoriation were much relieved. The headache and backache were better and the patient slept much better. For a month she had only one or two sleepless nights, hypnotics were not given during a part of this time.

This case presents many points of interest. The hereditary tendency is moderately marked. The sleeplessness began at about the full establishment of the catamenia. The hysterical character of the symptoms was very well marked. Onanism was suspected but denied by patient.

Hypnotics were only of temporary benefit and the

milder kinds were of more continuous service than the stronger. The influence of the uterine disease upon both the headache and sleeplessness, was clearly defined. No remedy proved of much value until that was treated, the best results were obtained by combining with such treatment, aconitia, which restored the tension of the bloodvessels. During a large part of patient's stay in the asylum the arterial tension, as shown by sphygmograph, was much diminished. A few times, when she slept comparatively well, the tension was rather better, though this change was not constant.

December 23.

December 24.

December 31.

February 4.

February 26.

April 29.

The tracings of December 23d, 24th, were taken after sleeping poorly, the latter the day after a dose of urethan, that of December 31st, was also taken after a dose of urethan, and does not show the same irregularity.

The tracings taken February 4th, 26th, and April 29th, were taken after uterine treatment was commenced, sleep was better and more natural; the last tracing was made while she was taking aconitia.

RECENT PROGRESS IN CARE OF THE INSANE.

BY WALTER CHANNING, M.D.

DEVELOPMENT OF THE COTTAGE SYSTEM OF PROVISION FOR THE INSANE.

THAT there is a world of transition and progress has shown itself in the care of the insane, as strikingly, perhaps, as in any movement during the last fifty years, instituted for the benefit of the helpless, or dependent classes.

Fifty years ago the population of the country was comparatively small; there were few lunatic asylums, and but little knowledge of the proper treatment of the insane. The proportion of this class to the community was practically unknown, as every lunatic was regarded as a family disgrace, and was hidden away and abused in the bosom of his family.

The ignorance and superstition then prevailing, which as usual went hand in hand, naturally prevented the proper provision being made adequately, as far as actual number went, for the existing cases of insanity.

Only fifty-eight years ago the first lunatic hospital, north of the Ohio River, was built, and that was the Columbus, Ohio, Hospital.¹ This was owing, however, largely to the newness of the country, though it is fair to presume not entirely.

If we take a period as nearly as possible of fifty years ago, we find that there was at that time a mere handful of asylums. This handful consisted of the asylum at Williamsburg, Virginia, opened in 1773, the first in America; a second at Staunton in the same State; the insane department of the Pennsylvania Hospital; Bloomingdale Asylum in New York; Friends' Asylum, Frankford, Pa.; Mt. Hope Asylum, Maryland; McLean Asylum, opened in 1818; Hartford Retreat; Vermont Asylum; South Carolina Asylum; Kentucky Asylum; and the Worcester State Lunatic Hospital opened in 1833.

There were in addition to these some private asylums, but excluding almshouses, no institutions of any size.

The first concerted and organized movement made, for the better care and treatment of the insane in institutions, may be said to date from the first meeting of insane asylum superintendents. I do not mean to say that previous to this time the condition of the insane had not changed considerably for the better, but organized, scientific action toward improved asylum construction and management, had not been possible.

This first meeting was held in 1844, at which time there were supposed to be twenty-five hospitals for the insane, thirteen of which were State hospitals. The total number of insane provided for was about fifteen hundred. If there were seventeen thousand insane

¹ Progress in Provision for the Insane. Dr. W. W. Godding.