bearing-down effort, then an anesthetic is not necessary. It is often suggested that cocaine could be used with benefit in these operations. In the removal of external piles much benefit is derived from throwing the solution under the growth. In the operation for internal piles I have found it of little value.

Antiseptics.—Unfortunately, strict antisepsis cannot be practiced in these operations. Fortunately, it is not as necessary as when operating elsewhere. I am in the habit, however, in all these operations, of having strict surgical cleanliness as regards both the person and instruments. If any cutting is done the parts are dusted freely with iodoform, and the gauze of the same applied over the wound.

Results.—As the caption of this paper intimates, I have operated about one thousand times for hemorrhoids by the ligature. I have never had to operate the second time upon the same patient for the affection. Have never had an unnatural contraction around the anus as the result of the operation, nor had ulceration or stricture to result. I have had in this time one case of tetanus, which I believe to have been superinduced by a debauch, the patient having been drunk for several days before the operation. The tumors protruded, strangulated, and mortified, hence the operation. He recovered from the tetanus under the bromide treatment. Have had one case of secondary hemorrhage occurring on the third day. The rectum was plugged and the bleeding stopped. Also one dangerous case of hemorrhage which occurred one hour after operation was done, in consequence of the slipping of the ligature, the pile having been cut off. The patient was pulseless and cold when seen, but the artery was quickly secured and tied, and he made a good recovery. I have never had a single death result from the operation, and but few untoward symptoms.

INSANITY; SOME POINTS OF MEDICO-LEGAL INTEREST.

Read before the Section on Medical Jurisprudence at the Thirty-ninth Annual Meeting of the American Medical Association, at Cincinnati, May 9, 1888.

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The present status of Medical Jurisprudence is far from satisfactory, especially the position of the alienist physician in the courts of justice. His testimony often seems to be of little value. His opinion as to the nature of insanity and degrees of responsibility is often not admitted by the court. The medical jurisprudence of insanity will probably never be on an altogether satisfactory basis, until a due knowledge and appropriate feelings on the part of the community, lead to the enactment of proper measures in the management of all defective classes, of which the insane is but a part.

Discussions of the subject in this organization, though it has no legislative power, may be productive of good because of the influence of a large body of scientific men, especially physicians, in making public sentiment.

The position of an expert on insanity before a jury, is exceedingly unsatisfactory to himself, and reflects but little credit upon him before the community. Conflicting evidence, expert testimony, equally emphatic on opposite sides, or undecided and conflicting on both sides, is the public spectacle usually presented. The radical fault is not that the testimony is naturally ex parte testimony, nor that those called upon to testify have frequently no special knowledge of insanity, though these are grave difficulties, but that the expert, however competent, personally has not the opportunity of making such observations as may assure a positive diagnosis. The important truth is not generally appreciated that special attainments are often equally or more necessary in order to know how and what observations to make as to judge from those observations what is the true diagnosis. In obscure cases untrained observers could not be relied upon to find hidden symptoms, more than they would be to point out the diagnostic tests in obscure cases of internal disease. The hypothetical cases put by the advocate are often worse than useless; but the brief personal examination often permitted to the physician may be equally misleading. There is but one satisfactory mode of arriving at a safe diagnosis in criminal cases, where the mental status is very obscure or doubtful. The individual should be held for a length of time, the duration varying according to the necessities of the case, in an asylum or other suitable institution, where he could be under constant and competent observation. But in order that such observations be reliable, the physicians in charge should be men of special attainments, an end that might be gained through their selection by representative medical bodies, rather than through political influence.

Another great difficulty in the medical jurisprudence of insanity, is the question of the proper test of the responsibility of the insane. There is a marked difference in the views of psychiatrists and those of the judiciary, the latter largely reflecting the sentiments of the community at large. The dictum of the court, that the proper test is the ability to distinguish right and wrong, cannot be accepted by experienced psychiatrists. Many of the insane have clear ideas on most subjects, and know full well what the world deems right and wrong; but, nevertheless, because they are dominated by delusions, or under the influence of powerful impulses, or merely on account of their perverted views and
perverted lives, should be judged differently from those of sound mind and dealt with more leniently. This view of the psychiatrist would save the family the odium of crime, but it especially arises from consideration for the insane subject himself. Compassion for human affliction as much as the sense of justice, prompts us to hold an individual irresponsible for his acts. The community at large entertains such feelings toward those who are in such an obtunded or confused mental state as to be practically bereft of intelligence. The psychiatrist, with his more intimate knowledge of insanity and active sympathy arising therefrom, entertains similar feelings towards all those whom mental disease has robbed of the ordinary modes of feeling, thinking, and acting, or who have not, in ordinary parlance, free will. I believe that most psychiatrists would agree that the legal test of responsibility should be the answer to the question, is the subject sane or insane. Such a test would be more readily acceptable if, at the same time that it settled the question of the legal responsibility of the individual, it did not therewith virtually dismiss him from further control, as is practically the case at present. On the contrary, such an insane subject should be completely at the disposal of the court. Matters of discipline, as well as the protection of society demand this. The knowledge of immunity may foster crime among the insane as well as those of a sound mind, while due punishment tends to restrain it. But a special aim must be to protect society from the acts of such irresponsible persons. The ill will with which the community views condoning the acts of the criminal insane, is doubtless partly due to the fear that society may suffer again at the hands of the same individuals, and too often the verdict "insane" virtually sets such people free in society. I could mention an instance of this kind in which I was unfortunately the means of having the prisoner pronounced insane. I say unfortunately, because, from prudential considerations, it would have been much better that the individual should be in the penitentiary than allowed full freedom. Such difficulties could be avoided and proper measures in each case be instituted if, when a verdict of insanity were rendered, the disposal of the case would be left to the discretion of the court. The latter, with the assistance of proper medical counsel, should then order the patient to be retained in an asylum temporarily or permanently, or even inflict degrees of punishment, according to the nature and circumstances of the case.

Questions of insanity in court, indeed, the whole subject of the disposal of the insane, would become a much simpler matter if proper views were held, and proper measures taken, as to the treatment of all defective classes. A large part of the defective class is composed of criminals, at least a large part of the crime class is naturally defective. Their history shows this. It is only in recent years that the mental status of criminals has been made the subject of special study, and more philosophical views entertained as to the nature of crime. In many instances they are found to be possessed of impaired nervous systems and abnormal mental traits. The anatomical investigations of this subject are yet in their infancy. The view that there is a certain type of criminal brain must be looked on as chimerical. But various anatomical defects, or abnormal configurations of the skull have not infrequently been found, conditions which seem to ally such brains with those of degenerative forms of insanity, especially paranoia. Of more value are the clinical studies of the crime class. A valuable contribution to this subject has recently been made by Dr. Robinson, physician to the Eastern State Penitentiary of Pennsylvania. His observations are to the effect that a large percentage of such individuals belongs to families of criminals, in which, at the same time, insanity or other nervous diseases are found, and that the criminals themselves present various abnormalities about the skull, are often the subjects of nervous diseases, and are already, or become, insane. In perpetrating criminal acts, they often are merely acting according to the depraved instincts of their nature rather than from necessity or greed. Such facts indicate the presence of abnormal nervous systems, or that the individuals belong to the defective classes of society. This must be accepted as true not of all, but of a large part of the crime class, and its general recognition is important, because it would tend to create the proper feelings toward this class and lead to their suitable treatment. The insane were formerly believed to be possessed of evil spirits, and subjected to scourging and other brutal treatment. When it became known that they were the subjects of disease, they began to be treated with the care and leniency due to human affection, with the result of ameliorating their condition and assisting their restoration to health, thereby benefiting society at large, as well as adding incalculably to the well being of the afflicted. Similarly a correct idea of the crime class should lead to changes in their manner of treatment to the benefit of both themselves and society. The satisfaction of revengeful feelings, the idea of punishment, traces of a barbarous age, are still, to a large extent, elements in the treatment of crime. There should be but two considerations in its treatment, the protection of society, and the improvement of the criminal. The more nearly these ends are accomplished the more nearly perfect are the methods of treatment. But the present method of disposal of criminals does not tend to the accomplishment of these ends.

The criminal is for a short time secluded, and to that extent society is protected, but this period of seclusion is comparatively short, and when he is again free, he is usually more dangerous to society than before his punishment. His character is hardened. He is morally worse. Therefore, both the criminal and society are injured by his temporary punishment. A special injury from that punishment must not be over-looked. Many crimes are the result of passionate impulse or great temptation, while their perpetrators are not persons of criminal character. There is no reason why such individuals might not again become good citizens, but their future life is ruined, and they may even be driven to crime, on account of their subsequent reception by society. When their period of punishment is over the reputation of the prison clings to them, and deprives them of the common opportunities of making an honest and honorable livelihood.

What remedy can be suggested for the removal of the evil effects of the present treatment of crime? The method of treatment I have to propose, while it can only be vaguely outlined, points out, in my opinion, the direction in which changes should be made. First, I believe the guiding principle in treatment should be this, that punishment must be adjusted, not to the crime, but to the criminal, to the character of the individual, rather than to his deeds. As far as possible criminals should be divided into two classes. The first comprises those in whom the criminal act is an outgrowth, not of character, but of circumstances, the result of great temptations, blinding passion, etc. If such a distinction was clearly made, the members of this class would probably be received with such a degree of trust by society that their future need not be altogether wrecked. Probably they would carry with them only the reputation attached to their acts, and not an additional prison taint. As this class has no constitutional tendency to vice, there would not be the danger of their breeding the criminal class, nor any special future danger from themselves.

The second class includes those of criminal character. They are, and always will be, a danger to society. In addition to this, as they breed their own kind they are constantly adding to the crime class. From these ills, the danger from the criminals themselves, and the multiplication of the crime class, society should be, as far as possible, protected. Such criminals should be permanently secluded, but inasmuch as they belong to the naturally defective classes, and therefore are deserving of commiseration, their seclusion should be the least possibly painful, consistent with our great aims, protection of society, diminution of the crime class, and their own support. The best means to accomplish these ends must be learned from experience, especially from the wise observations of those conversant with penology. That many difficulties must arise in their application, the oft times difficulty of distinguishing the class to which the criminal belongs, the fact that the two classes merge into one another, and that a large number of criminals cannot be properly arrayed with either of them, need not in any way affect the great principles involved, or interfere with their practical application. Many adjustments would be necessary which would naturally grow out of experience.

A CASE OF NECROSIS OF THE MASTOID CELLS AND THE ENTIRE LABYRINTH OF THE OTHER SIDE, WITH PARALYSIS OF THE FACIAL NERVE, FOLLOWED BY PARTIAL RECOVERY OF HEARING.

Read at the Congress of Otolaryngology, Brussels, September 10, 1888.

BY LAURENCE TURNBULL, M.D., PH.G., AUSTRAL SURGEON TO THE JEFFERSON MEDICAL COLLEGE HOSPITAL, PHILADELPHIA, PENN.

In most of the cases of purulent disease of the ear extending from the middle ear to the brain, the upper bony wall (roof) of the tympanic cavity is the part usually affected, and by this route the disease is carried direct to the cerebrum or cerebellum; transmission may also occur through the blood-vessels and other sources. Another and more rare method of tissue conveyance of ear disease to the brain, is by way of the labyrinth through the inner wall of the tympanum and round window. The base of the stapes again, with its delicate ligaments, forms the only septum between the tympanum and vestibule, and when suppuration takes place in the labyrinth, the disease advances through the cribiform floor of the internal auditory meatus to the auditory nerve, and thence to the base of the brain and medulla oblongata. In other cases, purulent matter is formed beneath the arachnoid, over the whole surface of the brain, or an abscess may develop between the arachnoid, the pia mater, or by pressure in the brain substance. In some rare cases the disease extends a considerable distance down the medulla spinalis. When destruction of the bone has extended in the direction of the posterior cranial fossa, abscesses form in the cerebellum.

In the case we are about to relate the whole labyrinth became necrosed.

Mary T., aged 9 years, a girl with dark eyes and hair, of delicate constitution, was admitted for otorrhœa as an outdoor patient of the Jefferson Medical College Hospital, July, 1882. The disease succeeded a severe attack of scarlet fever in the early part of the year. After recovery fistulous openings showed themselves over the upper part of the mastoid cells of the right side. These