NOTE ON SOME PROBLEMS OF THE ADOLESCENT AS SEEN IN THE PSYCHOPATHIC HOSPITAL OUT-PATIENT DEPARTMENT, BOSTON, MASSACHUSETTS.*

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THE Out-patient Department of the Psychopathic Hospital offers an exceptional chance to study certain problems of adolescence, especially those dealing with border-line mental cases. This is a field which needs especial attention. And though from the following cases no conclusions can be drawn, it is hoped that a short study of the cases so far seen may call attention to the need of investigating this important class of cases.

During the last eight months we have had the opportunity to examine 123 such cases between the ages of ten and twenty years; 71%, or 88, of these showed some evidence that adolescence had some relation to the condition for which they were brought in. The distribution of ages is seen in the following table:

Age.	Number of Cases.
11 years.....	14
12 years.....	10
13 years.....	18
14 years.....	16
15 years.....	20
16 years.....	16
17 years.....	15
18 years.....	12
19 years.....	2
Total.....	123

The family history of these cases, especially from the standpoint of any family mental history is seen in the following table:—

FAMILY HISTORY.

Negative	38
Insanity	12
Lues	12
Defective	10
Alcoholic	19
Immoral	24
Nervous	10
Epilepsy	7
Deaf-mutism	3
Defects of speech	2
Friedrich's ataxia	1
Consanguinity	1
Unknown	4

The reasons for bringing these cases in was mainly mental examination. The reasons given are as seen in the following table:

* Being Contributions from the Psychopathic Hospital (Boston, Massachusetts), No. 17 (1913. 17). The previous Psychopathic Hospital Contribution is 1913. 16, entitled outlook of work at Psychopathic Hospital, by E. E. Southard, BOSTON MEDICAL AND SURGICAL JOURNAL, September 18, 1913.

REASONS FOR COMING TO HOSPITAL FOR TREATMENT.

Backward mentally	43
Speech defects	15
Violent temper	9
Erratic behavior	8
Incorrigibility	18
Untruthfulness	15
Extreme nervousness	16
Stealing	23
Truancy	11
Inability to keep job	3
Juvenile court cases	19
Immorality	9
Waywardness	3
Sexual pervert	4
Forgery	2
Masturbation	5
Depression	2
Tic	3
Suicidal tendencies	2
Brain tumor	1
Epilepsy	5

Our physical examination brought out the fact that over 39% of these were normal. The other percentages are as seen in the following table.

PHYSICAL CONDITION.

Normal	48=39%
Under par	38=30.89%
Nervous	30=24.39%
Tic	4=3.2%
Speech defects	15=12.19%
Epilepsy	5=4.2%
Tuberculosis (Incipient)	3=2.4%
Endocarditis	2=1.6%
Friedrich's ataxia	1=0.8%
Anemic	2=1.6%
Enuresis	6=4.87%
Eye troubles	12=9.75%
Hearing troubles	5=4%
Excessive fat	1=0.8%
Nightmare	2=1.6%
Previous convulsions	8=6.5%
Tubercular bone (healed)	1=1.6%

The striking ones being those under par, 30.89%; nervousness, 24.39%; those having speech, 12.19%; eye, 9.75%; ear, 4%; defects, epilepsy, 5%, and enuresis, 4.87%; also those having had previous convulsions, 6.5.

Even more interesting are the findings of our mental examinations which shows the greatest disturbance in their volitional powers; a very large percentage being defective or retarded (57.7%).

MENTAL CONDITION.

Normal	29=23.5%
Retarded	29=23.5%
Defective	42=34.14%
Psychosis	10=8%
Dementia precox	6=4.8%
Neurotic	3=2.4%
Psychopathic	1=0.8%
Imbecile	1=0.8%
Unstable	5=4%
Sexual neurasthenia	1=0.8%
Bad environment	2=1.6%
Bad heredity	2=1.6%
Irregular	10=8%
Suggestible	12=9.7%
Poor Inhibition	12=9.7%
Delinquent	20=16%

The state of adolescence is given in the following table:

ADOLESCENCE.

Backward adolescence	12
Pre-adolescence	43
Adolescence	52
Adolescence plus	16
Total	123

TRANSFUSION BY MEANS OF GLASS CYLINDERS.*

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THE object of this paper is to present a method. Therefore the therapeutics of transfusion will only be spoken of in a general way.

Transfusion is usually looked upon as a procedure preliminary to an undertaker, and quite often questionable as to its technical success, but if you wish to avoid the undertaker do not look upon it as such. The cause of this attitude is the great technical difficulties of direct transfusion and with the introduction of easy methods will gradually change.

Transfusion has a quite definite place in the treatment of certain medical and surgical conditions as well as in the treatment of certain emergencies. It has its place both in preparing for operation and after operation.

In the *Journal of the American Medical Association* for July 12, 1913, there appeared an article, "A New and Simple Method of Transfusion" by A. R. Kimpton, M.D., and J. Howard Brown, M.S.

FIG. 1.

The tube (Fig. 1) consists of a glass cylinder of whatever capacity desired, closed at the upper end by a cork stopper, a side tube a little below the cork, and a cannula leading from the bottom of the cylinder. The cannula must join the cylinder at such a position that it will lead from the upper side of the cylinder when the latter is placed on its side with the side tube uppermost.

FIG. 2.

(Fig. 2.) The cannula bends downward just after leaving the cylinder and then at right angles to the plane formed by the axis of the cylinder and the side tube. From the last bend the cannula should not be more than two or three inches long, should taper gradually, and terminate in a beveled and burnished point about 2 or 3 mm. in diameter.* The whole cylinder is then wrapped in sheet wadding and a towel, placed on its side in an autoclave and sterilized in the same manner as are dressings. At any time before the operation (which is better), or at the time of the operation, the sterile tube is unwrapped by the surgeon and is held above the flame of a Bunsen burner, alcohol lamp, or other source of heat, and carefully revolved until the melted paraffin has covered all the portions of the inner surface of the cylinder, cork, and the side tube as far as the constriction. Finally the excess is allowed to run out of the cannula while the tip is held against a sterile gauze sponge. To avoid excessive crystallization of the paraffin, the cylinder should be cooled as quickly as possible by being brought into contact with an alcohol sponge. The tube is also sealed on the outside by allowing a little paraffin to run around the junction of the glass with the cork. This prevents any escape of air when pressure is applied to empty the tube.

Fifty-four degree paraffin was originally used to coat the tube, but now Vincent's mixture, of stearin, paraffin, and vaseline, is used. This is in the proportion of 1-2-2. With this mixture the tubes are more readily cleansed by merely running hot water through them.

One should practice coating the tubes before using them for the first time. They are easily coated, provided the tube is first heated equally, then a lot of paraffin poured in, much more than is needed. The excess is easily run out.

The paraffin or Vincent's mixture is sterilized in an autoclave and at the time of using is melted by placing the jar in a basin of hot water over a flame.

The tubes are of two sizes, 250 c.c. and 150 c.c. Any size can be made, but these sizes answer re-

* The tube was designed and made by Mr. Brown.

* Read by invitation before The Obstetrical Society of Boston, Oct. 28, 1913.