It is then that misdemeanors are frequently misinterpreted and that the individuals are sent to prison. It is a well-known observation that early paretics not infrequently marry. The new life the patient leads in association with sexual excesses aggravates the condition. It is then that revelation made by the physician as to the preexistence of the disorder is viewed distrustfully by the patient's family. The latter especially we have great difficulty in convincing. The reason lies probably in the unconscious and progressive adaptation of the relatives to the equally unconscious and insidiously progressive deterioration of the mental faculties of the patient. As long as the patient automatically carries on his former habits and other acts concerning his usual occupation, he continues to live among his people. The lapses of memory, the digression in his conduct apart from his regular work, the changes of his character or sentiments, are all attributed to fatigue or absentmindedness. Notwithstanding the fact that the previously economical man commences to dissipate, that the sober man abandons himself to excesses, frequents undesirable places and associates with undesirable persons, and that the refined and educated man commits grave infractions of rules of politeness and surprises his friends with marks of indecent manners, early paretics are not infrequently permitted to have liberty of action and to continue in their responsible positions such as banking, teaching, engineering, conducting a train or a ship, etc., until misconduct occurs which results sometimes in the loss of lives. The psychologic automatism by virtue of which ordinary acts of life may be executed correctly for a long time is dangerously misleading in the early period of paresis. It is at this period that illegal acts and crimes are most frequently committed. Its recognition and proper interpretation is a matter of grave importance from a medicolegal point of view.

Twelve of my fifty-nine patients have been arrested on several occasions for petty crimes. Repetition of the misdemeanors was striking; the patients apparently had some difficulty in appreciating the enormity of their illegal acts. One of them walked out on the street almost nude. Another ordered an elaborate meal in a fashionable restaurant, refused to pay for it and struck the waiter when the latter presented the bill. Some of these patients committed theft of objects of the most insignificant nature and carried them away with most astonishing lack of precaution against being caught. For example, one of them walked into a dry-goods store, picked up a bundle in the presence of salesmen and walked out. In spite of this evident abnormality of the act it was difficult to convince his wife and his mother that the man was developing dementia paralytica. Fraud, forgery, abuse of confidence, assault, exhibitionism are all apt to be committed by a person with commencing paresis.

It is evident that civil capacity and legal responsibility should be considered as having no existence as soon as the earliest signs of paresis begin to make their appearance. Alterations of affective faculties, no matter how slight they may be, deserve to be viewed more seriously than their superficial appearance indicates.

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Sociologic Aspect of Insanity and Allied Defects.—A feature of imbecility not emphasized by humanitarians is the physical suffering entailed throughout life to the individual. Mental weakness implies low vitality with invited disease and chronic invalidism, the prevention of which is legitimate.—Hubert Work in *Am. Jour. Insan.*

SEX INSTRUCTION IN SCHOOL

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About five years ago a teacher in one of the Cincinnati schools applied to the superintendent to have a woman physician give talks to her girls on matters of sex. The request was an unusual one (at least it was at that time) though, unfortunately, the conditions that led to it are not uncommon. The school is in a slum district. The pupils had the usual qualities of American children; they were mostly pleasant, wide-awake and the like. The bad feature presented was the low moral tone. Not alone were there frequent manifestations in words and acts that betokened the impure mind, but also not a few among them were known to be immoral.

The children constituted the highest two classes in the school, the grades belonging to the intermediate or grammar school. They were from 12 to 16 years of age. The number of older pupils was probably due to the character of the neighborhood, that is, the presence of factories and saloons and many families of a low grade of morality.

The result of this application was a course of sex instruction given to both girls and boys by Dr. Nora Crotty and myself. Dr. Crotty gave fifteen short talks to the girls on cleanliness, character, heredity, anatomy of the pelvic organs, the menses, reproduction in plants and animals, infectious diseases, and womanhood and motherhood. I gave three talks to the boys and girls together on hygiene, habit and alcohol; and a talk to the boys alone on the origin of life.

The account of this course of instruction and my talks in full are given in a book of mine,¹ which appeared a few years ago. I wish now to speak only of the results of the instruction.

First, the atmosphere of the schoolroom became altogether different. The children were more cleanly. There were no more furtive smiles, secret messages and clique forming. The girls had a new sense of self-respect, and demanded respect from others, which had been sadly lacking. A striking fact was that the boys would have nothing to do with a new boy, and cut his acquaintance altogether, because he tried to pass around some obscene literature. Hitherto free circulation of this kind in the class among both boys and girls had been one of the sore trials of the teacher. All the children entered into new confidential relations with their teachers.

The influence of the instruction was also felt outside of the schoolroom; the children carried that influence with them. The girls seemed to watch over the girls of the lower grades. In a number of instances, by their reports to the teacher, they tried to keep younger girls from getting into trouble. The children showed their influence, too, in the disappearance of vile writing from toilet-rooms and elsewhere, which had been a source of great annoyance in this school, as it is in many others; and it did not reappear in the years that followed.

Possibly the greatest change in the children was noted in their own homes. Many parents, mostly mothers, came to school to thank the teachers for what had been done for their children. A father came to thank the teacher for, as he said, saving his daughter.

1. Zenner, Philip: *Education in Sexual Physiology and Hygiene*, Cincinnati, 1910.

The teacher also observed that the girls stopped going to places that had a corrupting influence.

Great as were the benefits to the children at the time, the important question is, Did the instruction have a permanent influence on their lives? To obtain as definite an answer as possible to this question I requested the teachers to ascertain the condition of those children at present, and it is because of the results of their investigations that I am making this report.

The two teachers of these classes, a man and a woman, were noble-hearted, whole-souled and deeply interested in their pupils. They have kept somewhat in touch with the children since those school days and they believe that they have their confidence so fully (this confidence had been especially given to them after the course of sex instruction) that they have been able to read deeply into their hearts and can give a true report of their thoughts, habits and lives.

The investigation was made four and a half years after the sex instruction had been given. The larger number of the children of those days are now young men and young women; some are in various occupations; a few are in college; not a small number are married.

The teachers succeeded in finding and learning the present state of from one-third to one-half of their number. The benefits from the course of instruction noted at the time have continued to a large extent; so far as these years have told us, they are lasting.

The teacher believes that the girls, with one exception, have lived clean lives and kept pure minds. As was to be expected the report of the boys is not so favorable; but, especially considering their history and environment, the number with good habits, clean lives and pure thoughts is remarkable. They make a much better showing than does the average of young men.

As in their school days, so, also, in the following years they have carried the good influence with them. They have been missionaries for the cause. They try to impart to others the lessons which were given them. They often speak of this course of sex instruction and say that they wish others could also have heard it.

There is scarcely any other result of the instruction more valuable than this, that the children should have become the protectors and guardians of others, instead of, as is so common, their corruptors.

The history which I have given shows what school instruction may do, and I believe is a strong argument for universal sex instruction in school.

There are many who do not believe in sex instruction for the young. They wish thereby to delay the awakening of sexual life. But they fail utterly in their purpose. With rare exceptions the child acquires knowledge, usually early, from bad sources and of a perverted kind. This knowledge, acquired secretly and brooded over in secret, is the very kind to hasten the awakening of the sexual life and to exert a bad influence over it. On the other hand, if the child be properly instructed, if it be given such knowledge as satisfies its craving and supplies its needs, it has the opportunity to grow up with pure thoughts and with its mind dwelling little on sexual matters, so that the awakening of the sexual life is rather delayed than hastened.

Again, there are many who believe that sex instruction should be given in the home and not in school. It is true that the right instruction at home is the best the child can have and that none other can take its place. The parent should know best the child's needs and how to fill them, and, furthermore, this instruction, rightly given, is likely to give the child such con-

fidence in its parent as will insure its future safety. This is no light matter. The young are constantly being contaminated by the young. A single child may ruin a whole school, but if one of the number should make an utter confidant of its parent this harm might be largely averted.

It is usually the mother who teaches her children, but when the father thus teaches and gains the confidence of his boys he may be an untold blessing to them.

Does it follow that, because home teaching may be of inestimable value, there should be no sex instruction in school? Surely not. There are to-day few parents who thus teach their children, and still fewer who do it well. While this number is increasing it will remain a comparatively small number, at least in our generation. So, if there be nothing else, the great mass of children will receive no right sex instruction. The wide-spread immorality among them, the grave menace to mankind of social disease because of which the great need of sex instruction has been so acutely felt, will not be lessened appreciably by that instruction if it be limited to the few who receive it at home. Nor is this a matter of indifference to this favored few. There is no greater life influence than the beliefs, sympathies and actions of one's associates, and children who have been rightly instructed at home in many instances will have their lives marred by those who have not received such instructions.

Even though sex instruction in school may mean so much we must still pay some heed to those who object to it. Undoubtedly the teaching may do harm. The mode of teaching may be such as to influence the child unfavorably rather than favorably, or the facts or ideas imparted may be such that the parents may rightly object.

There should be prepared and competent teachers for this instruction. The time may come when they will be prepared by normal schools and universities, but for this we have long to wait. In the meantime the aim must be to have teaching done which can do only good and not harm.

A method has occurred to me by which possibly this object can be attained. It applies to class instruction, but the greater part of such teaching that need be given in school can be given in the class.

The lesson in each instance should be a prepared one. The teacher, whether school teacher, physician or any other, should recite it to the assembled parents, with possibly the superintendent, a physician or other supposed expert in the audience. Only if it be satisfactory to this gathering should the lesson be given to the class.

Such a procedure would have various advantages. It would be a reasonable assurance that the teaching would do no harm. It would remove the antagonism of the parents to such instruction, which is now its chief stumbling-block. The teacher might receive suggestions from his audience which would help him to make the lesson more valuable. Finally, the lesson might be a great source of instruction to the parents, often enabling them to teach their children rightly at home. The method might have the drawback of calling the child's attention to the subject before the lesson is given, or of leading it to dwell unduly on it, but this should be avoided by care and tact on the part of teacher and parents.

To many the public discussion of sex matters is distasteful; and it is not without its possibilities of harm. There is but one justification for bringing the subject

into the lime-light—the pressing danger which silence has brought with it. The great menace of social disease has compelled the medical profession to discuss the matter with the people, to bring knowledge to them which will arouse them to action, lest it deteriorate the whole human family. If, however, sex instruction in school accomplishes what is hoped from it through the knowledge it imparts and the high ideals it creates, and greatly lessens sexual vice and sexual disease, there will be no need of constantly bringing these matters before the public, which will be another great gain to the credit of sex education.

INVOLVEMENT OF THE OVARY IN EPIDEMIC PAROTITIS

WITH A REPORT OF TWO CASES

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Although text-books in general mention the fact that involvement of the ovary is an occasional complication of epidemic parotitis, actual cases are apparently so infrequent as to have escaped the observation of many practitioners. Osler, for example, Flint, Kelly and many other authors of like wide experience state that although it may occur, it is extremely rare, an opinion also voiced by Hutinel,¹ who in his discussion of mumps and its complications cites but two actual cases.

Jules Comby, in his classical account of this infection,² has been able to collect records of but five instances in which this complication has been definitely reported (Rizet, two patients, one aged 29, the other 32; Meynert, patient aged 16; Boutillier, patient aged 6, and Vogt, patient aged 11).

Among other instances which I have been able to find in the relatively recent literature is that reported in 1853 by Meisnhardt, who had observed the condition in a girl of 16. This case, however, admits of some question because of the somewhat superficial method of determination and also because an abscess formed, supposedly in the ovary; this was opened and drained, and recovery followed. Inasmuch as this is the only instance reported in the literature in which metastatic pus formation took place in the ovary, although several instances in which suppuration has taken place in the male sexual gland are recorded, Meisnhardt's case cannot be definitely accepted, and the possibility of a concurrent appendicitis or salpingitis is suggested.

A. Snead³ reports a probable case in which it was asserted that there was uterine as well as ovarian involvement. In 1852 Fisher⁴ records a case in a girl of 17 years in which the left ovary became involved eight days after the primary onset of the disease. McNaughton also quotes Weil as reporting a case in a girl of 10 years.

Since McNaughton's last discussion⁵ of this subject in the course of which he records an additional case in a girl of 18, little concerning the complication appears in the literature, and search of the *Index Medicus* after this date shows no new cases. This, taken in considera-

tion with the relatively few instances previously placed on record would apparently indicate that the complication is, indeed, of great rarity; yet Troitsky,⁶ in a study of an epidemic of thirty-three cases of mumps occurring in a group of young girls, found the complication present in thirteen instances. Judging from a translation of Troitsky's article, however, a possibility of mistaken diagnosis in at least some of his instances would seem likely on account of the uncertain methods of diagnosis, which necessarily could be applied only in the young children of his group (from 9 to 15 years).

Renon,⁷ in reporting a case in a girl of 14 years, calls attention to the difficulty which may occur in the differentiation between this complication and appendicitis occurring in mumps. This possibility is perhaps further illustrated by Case 3 in Bunts' discussion,⁸ "Parotitis Complicating Appendicitis."

For the reason of this apparent infrequency and because of the possibility of diagnostic confusion, I wish to place on record very briefly the following two instances which have occurred in my private practice:

CASE 1.—The patient was a healthy multipara aged 28 years. The parotitis was unilateral, confined to the left side and not very marked. The chief secondary involvement was of the submaxillary gland on the same side. This case was characterized throughout by its high temperature which was associated with slow pulse (temperature of 104 with pulse of 100), lack of prostration and by the fact that seven days after the swelling of the salivary gland the ovary on the same side became enlarged, very painful and extremely tender, so much so that an initial diagnosis of salpingitis with ovarian tumor was entertained. This instance was further complicated by an old mitral endocarditis, the symptoms and signs of which became markedly exaggerated during the course of the infection.

The severe ovarian pain subsided somewhat after two days, and was followed by a menstruation ten days before its normal occurrence and rather more profuse than usual. At the conclusion of this flow the ovary was found much reduced in size and tenderness, though still painful and enlarged.

This patient has now been lost sight of, but she did not become pregnant during the five subsequent years, during which time she was under occasional observation.

CASE 2.—A married nullipara, aged 24, developed a double-sided epidemic parotitis of moderate degree. The temperature did not at first exceed 101 F., with a proportionate pulse-rate, and the patient was with difficulty persuaded to remain in the house. Five days after the appearance of the parotitis she was acutely attacked by excruciating pelvic pain on both sides. Local examination showed both ovaries to be enlarged to masses the size of a large hen's egg, exquisitely tender and very painful. The temperature had now reached 103 by mouth, and a proportionate pulse-rate was present. Two days later both mammary glands became greatly swollen, red, tense and very painful, the nipples became inflamed and the weight of the unsuspended breasts was so great that the patient was obliged to have them supported by dressings. Bandaging and the use of cold compresses caused rapid subsidence of the mastitis, and after one month's time the patient was entirely well.

This woman has since remained under occasional observation for over six years. Her menstrual epochs have remained regular, painless and entirely natural, she has presented no symptoms of ovarian disease and local examination discloses no abnormality, though both ovaries are easily palpable. She has not become pregnant, but this may be due, not to a hypothetic ovarian atrophy such as might from analogy be expected to occur as a sequence of so marked ovarian inflammation, but to the fact that her husband presents a case of incompletely treated syphilis. It is noteworthy, however,

1. Hutinel: *Med. Press and Circular*, 1911, xcl, 54.

2. Comby, Jules: In *Twentieth Century Practice of Medicine*, xiii, 583.

3. Snead, A.: *Stethoscope and Virginia Med. Gaz.*, June, 1851.

4. Fisher: *Mag. f. d. ges. Heilk.*, 1852, xv.

5. McNaughton: *Pediatrics*, 1903, xv, 263.

6. Troitsky: *Vratch*, 1902, I, No. 15.

7. Renon: *Bull. et mm. Soc. md. d. hp. de Paris*, 1903, Series 3, xx, 1361.

8. Bunts, F. E.: *Am. Jour. Med. Sc.*, 1904, cxxvii, 803.