

source of all the reflex irritation present, and advised in the strongest terms that the doctor should have him circumcised. Accordingly, he was taken home, and this was done, as was thought, but, unfortunately, it was performed in such an imperfect manner by the surgeon who attempted it that it resulted in no permanent benefit; for the prepuce was merely slit up along the dorsum of the penis, while the mucous membrane remained intact, and the glans was really never uncovered. Yet immediately after the operation, incomplete as it was, the stammering disappeared, and the child for the first time in its life was able to speak distinctly. The parents were delighted, and on account of the improvement which resulted so quickly they felt assured that their darling would soon be restored to perfect health. But, alas, their hopes were short-lived, and at the end of three months the child was as bad in every respect as he was before. It was on account of this relapse that they came to consult me the second time.

When I examined the penis I found that the prepuce was firmly adherent, as before, and that there was a long projecting piece of integument, which had been left by the operation. You remember that I then in your presence performed circumcision in the proper manner, just as I have done to-day, and as it ought to have been done at first. When the glans was uncovered, the father remarked that it was nearly twice as large as it had been at the time of the first operation, a few months ago; which shows that its regular development had been interfered with by the abnormally narrow and constricted prepuce. Four hours after the operation I called to see the little patient at his hotel, just as the family were on the point of leaving town, and when I entered the room he immediately called out to me, "How do you do, Dr. Sayre?" in the most unhesitating and distinct manner, and you will recollect that just before the operation he could hardly articulate distinctly. Finally, I wish to bring back to your minds to-day still another case, which was here just before the physician's child, and which was of a more aggravated character than either it or the one operated on this morning. This was a boy from Norfolk, Virginia, fourteen years of age, who had been brought to me first nearly two years previously, by Dr. Norcom, of North Carolina. Up to that time he had been supposed to be hopelessly idiotic; while he had never been able to feed himself, to speak an intelligible word, to walk, or even to stand up, so that he required the constant services of a nurse, both by day and night. As I found, however, that he was subject to continual priapism and that the prepuce was constricted and adherent, I believed there was still hope for him, and, accordingly, performed circumcision. Directions having been given for the frequent manipulation of the feeble muscles, and the application of electricity to them, in addition, he was sent home, with the request that he should be brought back to New York about once in six months, so that I could observe the progress in the case. From the first there has been a gradual but altogether satisfactory improvement, and for some time now he has been able to get about very nicely with the assistance of a wheel-crutch; while his faculties seem to have become developed, and he is able to speak with considerable facility. These cases, I think, will be sufficient to convince you of the very great importance of this matter; and if the consideration of them will enable any of you to discover the real

cause of the phenomena presented by patients suffering in this way, and to adopt the proper method of treating them, I will not have talked in vain upon the subject.

Original Articles.

THE STUDY OF PSYCHOLOGICAL MEDICINE.

BY WALTER CHANNING, M. D.

DURING the last twenty-five years great progress has been made in the care of the insane. Asylums are more comfortably built and furnished, and the patients are better clothed and fed. This improved condition of affairs is cause for congratulation; we should not however rest here, for not only is there much more work to be done in this direction, but the consideration and study of insanity as a science is still in its infancy. Having made our insane persons comparatively comfortable in material ways, we must next proceed to find out by definite, scientific methods the nature of their disease, as well as its causes and treatment. Among the various methods of acquiring this knowledge I propose in this paper to briefly consider the study of psychological medicine in medical schools and insane hospitals.

In medical schools in this country very little attention has been bestowed on the subject, and in England the system is so imperfect that within the last year a petition has been gotten up by prominent alienists asking that regular systematic instruction should be required in medical colleges.

The custom of giving lectures is becoming more common in America, and this is an encouraging indication, but the importance of the subject is not fully appreciated. The lectures given are good as far as they go, but dwelling only on the forms and direct treatment of insanity they can but very imperfectly accomplish what should be their object. It must be remembered that medical men are in some directions the teachers of their patients, and are in a position to guide and direct, and sometimes to form, the lives of many of them. They see persons at the earliest period of a threatened attack. Now by a correct knowledge of the varied causes of insanity and an appreciation of the great interests at stake in preventing its manifestations, they could wield an immense power in exercising a wholesome moral treatment. There is frequently a time when a threatened attack can be averted, but no one sees the indications of approaching trouble, no moral control is exerted, and the disease goes on developing. If the physician were a student of character, quick in his perceptions and in the habit of looking for and correcting peculiarities of disposition or character, he would at such a time take advantage of an opportunity now often lost. To turn his thoughts in this direction, a systematic course of training in psychology would be of the greatest benefit, and it should be taught as a fundamental branch in medical schools. Particular attention should be given to the metaphysical side of the subject, and our duty to the insane from a moral point of view should not be forgotten. Students should have psychological textbooks, go to compulsory recitations, pass an examination, and leave the medical school with some definite knowledge on the subject. As an important part of this system of instruction would be the frequent visita-

tion of an insane hospital and the clinical study of cases, I hope the time is not far distant when each insane hospital will have a certain number of internes. They can occupy the same position as in general hospitals, and perform much of the drudgery which absorbs the time of assistant physicians. Such a position would attract good men, if made desirable, as it might be, and would do very much toward creating an interest in physicians in the subject of hospital requirements. With the best judgment in the world, men who are practically unacquainted with hospital details cannot accurately comprehend such requirements. A short residence occupied by active work will do more to initiate a man into the peculiar workings of a hospital than years of casual visits. I hold that a judicious system of interne appointment would bring the public and hospital authorities nearer together, and remove the veil from some of the mysteries in which, in consequence of our present system, some of our hospitals are apparently shrouded.

The second subject which I propose to bring briefly under consideration is, as stated above, the study of insanity in insane hospitals. What might be called the medical treatment of insanity is limited; it consists chiefly in meeting conditions as they arise, and applying appropriate remedies. Moral treatment is what is peculiarly demanded, and this necessitates a careful study of each individual case and the bringing to bear of the most varied influences. Medical men are apt to be too overworked to have sufficient time to devote to the patients individually. The medical staffs are all too small, a fact partly due, no doubt, to the moderate amount of medical care required. We find our superintendents, custodians of their patients, immersed in business cares, and with little time for medical duties. The clinical and pathological study of cases they have no opportunity to pursue. That they have the *desire*, according to their individual bent for study, cannot be doubted. For the better understanding of insanity, therefore, our insane hospitals must have larger staffs, thereby allowing the physicians the necessary time, which they now lack. A spirit of enthusiasm and rivalry, even, might eventually be instilled into hospital men. For the study of the pathological development of insanity our medical officers have not yet, as a rule, sufficient education. There is no reason why they should not have in the future the whole charge of this subject, but at present it can best be done by expert brain pathologists. Brain pathology is still in its infancy, unsettled and unreliable. No matter how skeptical we may be as to its definite character, we should not be satisfied until doubt is out of the question. It may be said that on the whole most authorities regard insanity as a disease of the brain, but no one can as yet satisfactorily give the morbid appearances characteristic of its different forms, and there is therefore still a wide field open for original investigation. Now to make examinations of the brain which will be valuable, they should be conducted by a man very familiar, first, with natural brain histology, and, second, with the pathological appearances resulting from all forms of brain diseases. To this knowledge he should add the rare accomplishment of a thoroughly trained microscopist, and have unlimited patience and plenty of time to make examinations which are often laborious and fatiguing. Without this knowledge, without this training, his results may not be absolutely worthless, for all honest labor has a certain value, but as *scientific* results

they will not be reliable, and hence for all practical purposes useless. Anything short of such work can have no real scientific value. Amateur autopsies in insane hospitals are now occasionally reported, but even these are uncommon, and in some cases no microscopical examinations have been made, and the most trivial points have been unduly magnified.

If it were possible, each hospital might have for a certain length of time a special pathologist, who could make systematic examinations, found a pathological cabinet, establish good records, and give the medical officers instruction. In Massachusetts the following plan might be adopted: A man with the necessary high qualifications being found, he could be appointed state pathologist at a good salary for five years. Each of these years he could live at one of the hospitals, gradually establishing a uniform system of carrying on pathological investigations. His first year could be devoted to one hospital, where he would inaugurate his system. Having established his system in this hospital, the second year he could move to another, retaining general charge of the pathological work in the first hospital. At the end of five years the system would be established on a firm footing, and the pathologist's services might or might not be dispensed with. So much time is now devoted to pathology at medical schools that in the future a knowledge of this subject might be considered a necessity in applying for insane hospital positions.

RECENT PROGRESS IN URINARY SURGERY.

BY T. B. CURTIS, M. D.

POLYURIA ACCOMPANYING AFFECTIONS OF THE BLADDER AND URETHRA.

In certain diseases of the urinary organs which come under the care of the surgeon the amount of urine secreted is liable to be largely increased. The polyuria observed in such cases constitutes an important symptom, which often adds considerably to the sufferings of the patient, and sometimes obscures the diagnosis of the primary disease. It seems, however, to have almost wholly escaped attention, until brought to light by Professor Guyon, of Paris, in his clinical lectures, and more particularly in the essays recently published by two of his pupils, Masson¹ and Jean.²

The diseases in the course of which polyuria is apt to occur are the following: stone in the bladder occasionally causes it; urethral stricture is still more apt to do so; it may also accompany tuberculosis of the prostate and bladder; most frequently, however, by far it results from obstructive hypertrophy of the prostate. The daily total quantity of water passed in such cases is, on an average, about double the normal amount, varying from two to five quarts or more. The urine is sometimes quite clear and colorless, but more often it is whitish and slightly turbid, looking as if a little milk had been added to it. The reaction is neutral or alkaline, and decomposition is apt to take place rapidly after emission, with formation of abundant crystals of triple phosphate. The specific gravity is low, ranging from 1005 to 1010, rarely reaching 1015.

¹ Dr. Noël Masson. De la Polyurie dans quelques Affections chirurgicales des Voies urinaires. Paris, 1878.

² Dr. Alfred Jean. De la Rétention incomplète d'Urine, etc. Paris, 1879.