

his removal. As the law stands, his case can be judged on its merits. If his offence was a first offence, if he was a criminal by accident or passion, rather than a vicious criminal at heart, the State Board of Insanity have authority to transfer him to another hospital, and, in my opinion, it would be an unjust and narrow spirit who would protest or stay their hands. We believe the same principle should guide in deciding the case of the ex-convict. There are ex-convicts and ex-convicts. The excellence of the law, as it now stands, is that an impartial board, having full authority, may judge each case on its own merits. Some insane ex-convicts should be transferred to an institution for the criminal class and some should not. I am well aware that expediency might demand a rigid uniformity of action, but the moral and ethical view of the question does not seem to show that uniformity here would be always just or best.

Concerning persons "of criminal instincts and conduct who have never been in the technical status of a criminal," I am strongly persuaded that it would be assuming a great and unwarranted responsibility to put the badge of criminality on one who has never been adjudged a criminal by the Courts. I believe the public would support the contention of relatives, who must share the disgrace, that the assuming of such an authority was a gross injustice and a high-handed outrage. I suspect the Courts would resent such action, and a suit for damages might not be a remote probability.

If it be not expedient for every institution to care for its own bad patients who are not and never have been criminals, then it is clearly the duty of the state to provide for such at one of the asylums for non-criminal insane. Else the distinction of criminal and non-criminal insane should be entirely abandoned.

We believe that chronic drunkenness is very demoralizing and that a man arrested and held for drunkenness should be considered as if held or convicted for any other violation of law. But drunkenness, never stamped by the Court as criminal, is only a vice and should not be labeled as crime by state officials or medical men.

As to the imperative need of removing women of the criminal class from the institutions for other insane, I cannot speak with conviction or feeling as I think some others present can. We only know that the conditions are very unfavorable for such an annex at the State Farm. We now have a population of over 1,700. The prison department for men is much the larger with the insane hospital, — holding still to its old name of asylum, — an alms department for men and a general hospital department for men, ranking in the order named. Our institution has about reached the limit of our heating plant, and our fields and woods are full of paroled men prisoners. There are serious constitutional objections to engrafting an hospital for the insane on to a prison which becomes more evident as the graft grows larger. To engraft an hospital for insane women on to a penal institution for

men is incongruous to say the least, even if one male graft has taken and grown without destruction of the parent vine. Would it not be better to use a cottage at Medfield or Worcester Asylum where large departments for women are already organized? Is it not true that nearly all these so-called criminal insane women are fairly quiet and good workers? Is it not true, as we have heard stated, that there are more men than women of the criminal insane type in the state hospitals of the commonwealth? Is it not true that these men are held because they are at least not objectionable patients? Have we reason to suppose that the superintendents of other hospitals would wish to have all or nearly all their women patients who are under the technical status of criminals transferred to the State Asylum for Insane Criminals, supposing we should go to all the expense of a new institution outside of the sphere of influence of a man's prison for their care? Would it be just to those whose terms of sentence have expired to transfer them? How many of them are exerting a baneful influence where they are? How many are there who could not be well cared for at the asylum in Medfield or Worcester without the patients of these asylums feeling any baneful influence? We raise these sub-queries in no factious spirit of opposition to a separate hospital for women of the criminal class. If it be best and most expedient to add another department to the already too numerous departments at the State Farm, we are open to conviction and will accept any new honors that may be thrust upon us with becoming meekness, and if the time should come when Standard Oil stock holders shall have reached the "technical status" of criminals, we will cheerfully call for an appropriation to build suitable accommodations for their insane, but we do not think that criminal "instincts" should entitle them to special and separate provision.

## THE ACTIVE TREATMENT OF MUSCULAR RHEUMATISM.\*

BY BENJAMIN BRABSON CATES, M.D., KNOXVILLE, TENN.

WHETHER muscular rheumatism is a "local manifestation of a general toxemia," which, being interpreted, means, the general toxemia induces a localized angiospasm, causing ischemia, which is the cause of pain; or, due to a defective metabolism; or, superinduced by improper elimination of the waste products of the economy, owing to a sluggish circulation, has not been definitely agreed upon.

Nevertheless, if a quickening of the circulation will stir up the blood, clean out the choked flues, and burn up the noxæ, it is both logical and reasonable to assume that whatever brings this condition about will place the system in the best possible condition to resist the onslaught of disease.

\* Read before the Medical and Surgical Society of the Tennessee Medical College, Jan. 3, 1905.

Now, each case of muscular rheumatism, as in other disease, is a law unto itself; that is to say, some will have it as the result of meat diet, so it is said, causing the fatuous "uric acid diathesis"; some as the result of improper clothing, exposure to draughts, sitting in damp clothing, or, mayhap, all these things together act as contributing factors.

One thing has made quite an impression upon me in persons the subjects of muscular rheumatism, and it is this: They nearly all have torpid livers, heavily-coated furred tongues, offensive breaths, constipation, and frequently headaches; in other words, they often show the classic signs of a condition we are wont to term "biliousness."

Another thing you will frequently notice is that chronic rheumatics are often heavy eaters. They eat fast, chew their food improperly, are sluggish in thought and action, and complain much of indigestion.

Now, without pausing to discuss further the merits, or rather the demerits, of muscular rheumatism, I shall pass rapidly on to the main point in our discourse, and that is, the active treatment of muscular rheumatism, merely calling attention to an important fact, learned by experience and observation, that it is not what a man eats that hurts him, so much as how he eats it.

Formerly in my practice, I relied, to a large extent, in treating muscular rheumatism upon anti-rheumatics, but after long-continued use of these remedies, with little good, so far as curing the trouble was concerned, I often found I had upset the patient's stomach to such an extent, I consider the remedy worse than the disease.

For this and other reasons, I became discouraged with *drugs* in the treatment of muscular rheumatism, and abandoned them for more strenuous measures, with gratifying results. In other words, I threw physic to the dogs.

Now, what are these strenuous measures? In the first place you must yourself learn that muscular rheumatism is a condition calling for surgical measures, that is to say mechanical therapeutics, and not a disease. In the second place, you must inform your patient this condition is oftentimes obstinate to treatment, that he must be dealt with along strenuous lines; no half-hearted measures will suffice if he expects relief. That immoderate eating and drinking, in fact, any infraction of nature's laws as to improper clothing, etc., or abandonment of his regular exercise, will soon remind him of a return of his former trouble.

In order to illustrate my point, let us take up a case and study it. Mr. A. comes to you and says he wants to be cured of muscular rheumatism; he has been to a number of physicians for the same trouble and had no relief.

You go over Mr. A.'s case thoroughly, examine him carefully and find out exactly where his trouble lies. This is necessary in order that you may know what muscles to exercise, and in order that you may do this, your patient should be stripped. In making your examination, you

notice Mr. A. has pain, especially when he makes certain movements; his eyes are dull, his breath is fetid, his tongue is heavily furred, he has frequent headaches, and he is afflicted with constipation.

For sake of illustration, we find Mr. A. complains of pain in his shoulders, elbows and wrists, loins and down the thighs. Any movement of these joints is very painful.

Having now gone over your patient thoroughly, located exactly the points of interest, you revolve in your mind the course you purpose following. Of course I am going on the theory you have absolute control of your patient; that he will obey implicitly every order you give. If he does not agree to do this, give up the case.

The course you purpose following is the proper exercise of the affected muscles by the use of the proper agents, and to this end you resort to the use of Indian clubs. Indian clubs are better than dumb bells because you may get a better swing of the muscles, and again with the clubs the muscles are exercised in a gentle, natural way without throwing them into a state of clonic contraction.

Before resorting to these movements, it is best to commence by giving your patient a free mercurial purge, preferably of blue mass and follow it up by castor oil and some good stomachic.

In teaching the exercise of these different muscles, tell your patient when he attempts them on his own account, which must be every day, and a certain length of time, he must not use clubs too heavy, generally one to two pound clubs are heavy enough, also it is best to strip naked — using a bath towel around the loins — so the muscles being untrammelled may have full swing.

The best time to exercise is on getting up in the morning and the best gauge of the length of time is to stop as soon as the muscles feel tired. Generally ten to fifteen minutes will suffice.

After the exercise comes a plunge into a bath tub of cold water and a vigorous rubbing with a rough bath towel, till the skin glows.

To make a long story short, I will say the successful treatment of muscular rheumatism hinges on two things, to wit: The *proper* mastication of one's food, and the proper exercise of one's muscles, using only those methods that call into play movements most nearly akin to the natural play of the muscles, and to that end I shall direct a few remarks.

First, as to one's eating: It is a fallacy to say that one cannot digest a certain kind of food. One's stomach can digest anything one can masticate. At times the physician must be didactic in giving instructions along this line. It is a difficult thing for one who has always been used to bolting one's food to eat properly; it takes several months of close attention to eating to learn to masticate one's food properly, and without one's attention being constantly on the food being masticated.

The first thing to do along this line is to examine the patient's teeth for defects. If any

defects are found have them repaired at once. If, as often is the case, the patient has no teeth, have him get a set. It is not worth while to fool away time giving digestants when the teeth are out of order. Teach the patient that the stomach and intestines have no teeth and are only for digesting food. Teach the patient to chew the food slowly and freely until the tongue can feel no lumps in the bolus. In other words, chew the food until it is like wax.

In regard to rules for exercising the muscles with Indian clubs, it may be set down that there are no rules, save for the physician to discover the offending muscle or muscles, and then to teach the patient how to use the clubs so as to exercise the muscles at fault.

To illustrate: I will suppose one has lumbago and sciatica, and also rheumatism affecting the muscles around the top of the shoulders. The patient having stripped, with a bath towel wrapped around the loins, stands face front, holding the clubs, with the feet widely apart — notice the position and the object — throws the entire weight of the body on the right lower limb, the face following the direction of the clubs, at the same time extending the clubs far to the right and above the head; now the patient may, if he so desires, without changing his position in making this movement, let the clubs fall backward over his shoulders, and in so doing act powerfully on the deltoids and scapular muscles, and still holding the clubs in this position by dropping the shoulders with the clubs pointing downward and backward, act also on the pectoral muscles, the weight of the clubs drawing the shoulders backward; then bring the clubs down in front in a broad sweep towards the floor, shift the assumed right position to the left side. The patient then in slow and measured time keeps up these side movements for two or three minutes. Now, in the same position, feet apart, he turns his face to the right, with arms extended above the head, he makes a profound salaam, bringing the clubs to the floor; then rising to the erect position, he throws his body and head as far back as possible, at the same time bringing the clubs back over his shoulder in a broad sweep to the rear; these forward and backward movements of the arms exercise the deltoids and scapular muscles attached to the humerus; repeat these movements for two or three minutes. Then face to the front and repeat the right lateral movements for two or three minutes. Then face to the left and repeat the right and front movements. In this way all the muscles at fault, as well as those not offending, are exercised equally. This done, lay aside one club and swing with right hand from right to left in broad sweeps, in front reaching as far as the arm will go, by swaying from one lower limb to the other; with each swing incline the body slightly forward. Let the body and face follow the movement of the arm. Repeat this movement for two minutes. Take the club in the left hand, and repeat with left hand for two minutes the same movement as was done with right arm.

Without changing the position, the face looking straight ahead, with right hand bring the club in a broad sweep down in front, at the same time bending the body far towards the floor; then assume the exaggerated erect position with head thrown back, and as you do so, bring the arm in a broad sweep over the shoulder towards the rear; repeat these movements for two minutes. Then shift the club to the left hand and repeat these same movements for two minutes. In other words, one exaggerates the movements the blacksmith assumes when with a heavy hammer he strikes the iron at white heat.

Now, any one at all familiar with his anatomy can at once see the vast advantage of these exercises in bringing into active play the muscles at fault, in muscular rheumatism involving the lumbar and shoulder muscles, while the muscles of the back, abdomen and thighs share equally in the good coming from healthy exercise.

Again, the question may be asked how to exercise the muscles in sciatica? By alternately flexing the thighs on the abdomen for two or three minutes, as if one were trying to step on a platform as high as one's head.

A rigid adherence to these rules will not only cure the most obstinate case of muscular rheumatism, but will develop the muscles, bring back the bright eye, banish indigestion and constipation, give elasticity to the step, and soon your patient, unless he has his daily exercise and cold plunge, will feel uneasy all day long.

## Medical Progress.

### REPORT ON PROGRESS OF SURGERY.

BY HERBERT L. BURRELL, M.D., AND H. W. CUSHING, M.D., BOSTON.

#### A TEST OF CONDITION: PRELIMINARY REPORT.

AN important and suggestive paper on this subject has been written by C. Ward Crampton,<sup>1</sup> who states that "there does not exist to-day a reliable test of condition, although its need is felt in very many quarters. The physician would be glad to know accurately what the real condition or relative degree of health is in the patient who comes under his care for the first time. It is of the utmost importance for him to know to what extent the trouble complained of affects the general health and vitality. It would give him a real guide on which to base his advice to the overworked or run-down in prescribing a treatment of tonic, rest or exercise. It would give him a real method of determining the increase of health resulting from such treatment."

The value in surgery of such a test of condition of a patient is obvious. Dr. Crampton has suggested an ingenious theory founded on observation. Its real value will have to be determined. He states, "In brief, the test consists in the comparison of the systolic blood pressure and the heart rate of the recumbent position with those

<sup>1</sup> The Medical News, Sept. 16, 1905, p. 529.