

(and twenty-one of the thirty dispensaries existing in this city to-day are of that class). Now then, by resolutions being passed and distributed by the medical societies of this city, deprecating them, the "dispensary evils" would soon be abolished, and thus the profession protected from the imposition now existing so extensively.

In our scheme we have contemplated the arrangement of three classes of cases:

1. The hospital cases.

2. "At home" cases which are now being cared for by the dispensary, which has received the small appropriation from the county (\$1,500 yearly for about 10,000 sick calls), barely enough to purchase the necessary medicines, and which apply through the county agent for medical attention. To reach this class of cases, the dispensary having charge of the west side of the city has divided it into nine districts—each district attended by one physician who is paid simply car fare from the dispensary.

3. Ambulatory patients who now rove around from dispensary to dispensary.

We would establish a bureau of clinical instruction with headquarters at the County Hospital. The function of this office should be to classify the clinical courses to be given, and to arrange the medical students into classes for methodic work. Small bedside classes, medical, surgical, gynecologic, dermatologic, obstetric, etc. Large classes in amphitheater, small classes in ambulatory patient department, and small classes for outside visiting departments. As to the ambulatory patients' department, or the dispensary department proper, I would adopt means of inquiry, with the object of excluding those who are not in need of charitable aid (and great care and kindness must be exercised in this department so as not to increase the mental suffering of those who are driven to accept charitable assistance). Complete histories are to be written in all cases and kept on file in the department to which the patient is assigned, and a record made on this history sheet of each visit made together with the treatment given.

Chicago has sent out to the world, chiefly to the great Northwest country, some 30,000 doctors to whom she never gave an opportunity to learn practical medicine by bedside study. Think of this great cosmopolitan city with her charity hospital, drawing its patients from two millions of people, and wonder why she does not reciprocate to the country which has so generously supplied her with the blood of commerce, by providing the country with the amplest opportunities possible for the education of its physicians. This she can do by opening the doors of her great institution for efficient clinical instruction.

AN AURAL MASSEUR.

BY EDWARD J. BROWN, M.D.

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At the present time an aural masseur which is practical, safe and not too expensive, would seem to be a much felt want.

As a very simple and reasonably effective instrument I can commend the Ziegler otoscope with stiff rubber bag attachment, which I purchased in Heidelberg six years ago. With a soft rubber tube for fitting the otoscope tightly in the external canal, any safe and desirable amount of exhaustion or pressure

may be secured. No competent aurist would ever think of applying such a force to the drum membrane without being able to note the effect. Having the instrument in position I have been in the habit of drumming upon the bag with the four fingers of the right hand, having found that by this means I could make from 500 to 600 distinct impressions upon the membrana tympani in a minute. The stiff bag is not a necessity, as I have found that an ordinary syringe bulb answers a very good purpose. With this instrument I have relieved a long-standing case of tinnitus aurium by six treatments.

A far easier instrument to use and so a more effective one, I have lately constructed with the aid of my friend and jeweler, Mr. Carl T. Thayer. This is a machine involving the piston action of the Chevalier Jackson masseur. It is made up of an inexpensive jeweler's lathe and a small pump attached to the table of a sewing machine. The eccentric is so great that the extension of the piston may be varied from zero to two inches, and the machine is so geared that with foot power alone from 2,000 to 3,000 movements of the piston may be easily made.

My object in this publication is not to exploit anything particularly original, but to make it possible for any aurist who desires a masseur that is neither "cheap and nasty" nor dangerous, to secure one without "mortgaging his farm."

THE NECESSITY FOR CONSTRUCTING ANOTHER HOSPITAL FOR THE INSANE IN ILLINOIS.

BY BOERNE BETTMAN, M.D.

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CHICAGO.

The need of another insane hospital must be evident to any one who has beheld the poor accommodations accorded to the insane detained in the county poorhouses. The best authorities the world over are unanimous in their opinion regarding the necessity of State care for these defective individuals. The four institutions which now exist accommodate 5,000 patients, fully 2,000 more are scattered throughout the State and should, in our judgment, find lodgment in State buildings thoroughly equipped for their care and treatment. For further particulars regarding the construction of building and the most advanced methods for the care and treatment of the patients and other matters relating to the subject of insanity, we refer to the excellent reports prepared at the suggestion of Governor Altgeld by the superintendent and medical staff of the State lunatic asylums. They have appeared in print under the heading, "Compilation of Special Reports of Superintendents of Illinois State Institutions."

Another institution with a capacity of 1,000 beds for the care of both chronic and acute cases requires the immediate attention of the Legislature. In order to obtain an adequate expression of opinion of salient features which are involved in the erection of such an edifice, the following letter was sent to authorities in this and foreign countries:

"The State of Illinois has about 7,000 insane in public and charitable institutions. Five thousand are cared for in State hospitals, the remaining 2,000 are in hospitals and wards of the poorhouses of the counties.

ANSWERS TO THE CIRCULARS OF THE STATE BOARD OF CHARITIES WITH

ANSWER FROM.	STATE CARE FOR ALL THE INSANE.	SPECIAL HOSPITAL FOR INCURABLES.	WHAT PERCENTAGE OF PATIENTS CAN WORK ON THE FARM.
Dr. Liebe, Bielefeld (German epileptic colony). F. Kölle, Zurich. (Epileptische Anstalt).	State care preferable under all conditions.	Not desirable, because it deprives the other hospitals of a working force (farm, shops, etc.) Two such institutions exist in the Canton of Zurich, besides one for acute cases.	Depends on the population and the prevalent forms of disease.
J. Morel, Ghent. (Highest authority.)	State care preferable if frequent inspections by competent inspectors are made, to stimulate the care of the patients and the work of the medical staff.	Opposed to the principle. Draws attention to the fact that a very great number of idiots and imbeciles can be taught a trade for help in asylums. Special institutions for idiots can suffice to provide the other institutions with clothes and food. Extension of workshops. Special hospitals for the chronic and insane epileptics recommended (compare his pamphlet).	Up to two-thirds.
Dr. Zinn, senior, Eberswalde near Berlin.	State care preferred.	Board opposed to incurable hospitals.	Between 40 and 60 per cent.
J. P. Byers, State Board of Charities, Ohio.	State care.	Less expensive hospital may be built for incurables.	From 50 to 60 per cent. employed at "something."
Henry M. Hurd, Supt. of Johns Hopkins.	State care essential. Refers to New York experience.	Less extensive buildings for incurables, but on the same plant.	10 to 15 per cent. male patients can work on the farm. 20 per cent. female patients can be employed in gardens, laundries, etc. 30 per cent. of male patients (estimate) could work on farm.
Dr. Wise, St. Lawrence Hospital, New York.	State care.		
Dr. Edwards, Kalamazoo.	State care.	Might be cheaper.	57.6 per cent. employed, 292 patients live on a farm 3 miles from hospital.
Dr. Edward F. Wells, Chicago.	State care essential. Cites experience in Illinois.	Not desirable. Cites experiences of New York, Massachusetts and Pennsylvania. If buildings for the insane are very cheap they are not safe, and if entirely safe they are not very cheap. Every advantage of economical provision and maintenance of comfort and occupation, which the chronic insane may have in separate asylums, may be afforded them in hospitals for all classes; and further, if any division of this kind will cost less for the chronic, it will add correspondingly to the cost for the care of the acute cases.	About 50 per cent. of the males. An equal population of the females may be employed in other directions. Useful employment is pleasurable and remedial—enforced idleness is a grievous punishment.
Dr. Hertinz, Alt-Scherbitz.	State care by all means. More economical and humane.	Acute and chronic cases to be cared for in the same institution but the chronic in separate, cheaper buildings with less expensive care.	70 to 80 per cent. occupied in colony.
Dr. G. W. Jacoby, New York.	State care only.	Cheaper but substantial hospitals for incurables. (New Pennsylvania hospital for the chronic insane.)	About 20 to 25 per cent. of male patients. 18 to 20 per cent. of female patients.

"Governor Altgeld decided in 1892 that the existing State hospitals should not be enlarged, but that a new hospital should be built. In order to avail ourselves of the most advanced thought and of recent experience, we beg to address to you the following circular containing a number of questions to which you will be kind enough to give us an answer from your personal experience:

"Would you prefer care of the incurable in county hospitals and poorhouses at the expense of the counties, to care at the expense of the State, either with mere State supervision or with concentration of those patients in State hospitals?

"Does the difference in the needs between curable and incurable patients justify the construction of a less expensive hospital for the chronic incurable?

"What percentage of patients do you judge fit for work on a farm (after the plan of Alt-Scherbitz in Germany)? First, male; second, female.

"Is a separate institution for epileptics desirable, and to what extent will it relieve the insane hospitals?

"Is the Scotch boarding-out system feasible in this country?
"What is, to your knowledge, the best plan for hospital of a thousand patients?

"1. For largely acute cases. (What percentage of those cases would require special medical care and nursing in real hospital wards and watch-wards, after the arrangement of Dr. Scholtz, in Bremen, compare *Allg. Zeitschr. f. Psychiatrie*, Vol. 50?)

"2. Hospital for chronic patients."

The answers to the above were pregnant with good advice and the results of years of experience. We submit a number of them in a condensed form. (See table.)

It will be observed that the prevailing thought is to improve the surroundings of the insane by placing them under State control. To construct the buildings after the pattern of Alt-Scherbitz which tends to

REFERENCE TO THE CONSTRUCTION OF A NEW INSANE HOSPITAL.

DESIRABILITY OF A SEPARATE INSTITUTION FOR EPILEPTICS.	BOARDING-OUT SYSTEM.	BEST PLAN FOR A HOSPITAL; STYLE OF HOSPITAL FOR THE ACUTE CASES.	REMARKS.
Desirable.	Alt-Scherbitz. All acute cases should have supervision and care of physicians.
Gives very good plan for an epidemic colony: 1. House for children with school. 2. Houses for patients able to work. a Male. b Female. Occupation in gardens, agriculture, bookbinding, carpenters, tailors, basket makers, carpet weavers, cobblers, etc. Trades with fire or building excluded. 3. Houses for insane epidemics. 4. Infirmary. 5. Farm, buildings. Morel is not too enthusiastic on this point. Difficulty in distinguishing epileptic insanity from insanity in patients with epileptic fits. Does not seem quite conclusive. Not favorable in America. Rather unite those patients and employ them like the idiots and feeble-minded in workshops, etc.	Colony. Recommends to follow the advice of Dr. Scholz as given in his pamphlets. Hospital wards for acute cases.	A book in the press on epileptic colonies by Dr. Kölle. Letter very important written in English.
Favors special wards for epileptics.	Not recommendable unless families of former attendants could be chosen.	Refers to his pamphlets preparing the construction of two large asylums (1,000 patients each) built according to his plans. No congregate buildings recommended.	Pamphlets sent.
The institution for epileptics founded 1893, at Gallipolis, will ultimately receive all the epileptic insane. Separate institutions for epileptics desirable as a relief to insane hospitals.	?	Pavilion plan.
It will relieve the hospital from an undesirable population having a bad effect upon the system.	Proved a fair success in Massachusetts because there are enough impoverished families of good breeding. Not a success in this country.	Central hospital with 100 beds for each sex for acute and hyper-acute cases. Remaining 800 cases in three groups of buildings. Infirmary one-story buildings; remaining two for industrial patients of each class.	Refers to his reports.
Desirable. Would relieve asylums of Michigan of 7½ per cent. Insane epileptics should be retained in insane hospitals. An institution—largely industrial in character—is needed for non-insane epileptics who are public charges. They require an especial care which cannot be given them in almshouses.	Not a success here. Neither desirable or successful in this country.	Buildings in four groups, viz.: Hospital group, for both sexes, to accommodate 20 percent of inmates; group for convalescent and mild cases, for both sexes (in widely separated buildings) with a capacity for 20 percent of inmates; a general wards group for males, and a general wards group for females, each with capacity for 30 percent of inmates. The wards should not be too large and should be arranged to facilitate efficient supervision. They should be on one floor—each complete in itself—and in two-story, fireproof, or semi-fireproof, pavilions. The cost should be moderate—neither cheap nor expensive—and certainly not extravagant.	Refers to papers on "Hospitals for the Insane—their Scope and Design," which was submitted to the board.
Special colony for epileptics rather desirable.	Boarding-out system questionable.	Cottages containing 30 to 40 patients. In chronic cases 70 to 80 may be housed in one building.	Refers to Die Kolonisierung der Geisteskranken in Verbindung mit dem Offen-Thur-System, ihre historische Entwicklung und die Art ihrer Ausführung auf Rittergut Alt-Scherbitz, von Dr. Albrecht Paetz.
Special institutions for epileptics to avoid deleterious influences of one class of patients upon the other.	Decidedly impracticable in this country.	(a) For largely acute cases, the "block" system with special observation and hospital wards best represented by the plan of one of the Riding asylums in England, and New Bloomingdale Asylum at White Plains, New York. (b) Hospital for chronic insane, cottage system as it exists in Alt-Scherbitz.	

overcome the penitentiary appearance and impressions so painfully pronounced in most of our institutions. To replace in most instances methods of restraint by the substitution of means of employment and outdoor pursuits which are prone to stimulate into healthy activity all of the functions of the body. Another noteworthy feature which of late years has come into prominence as a means of rendering more efficient the attempts at restoring the perturbed mind to its normal condition, is the establishment of a nurses' training school. The cure of insanity depends largely on influences exerted over the mind. The employment of drugs plays but a small factor in reaching the desired end. Everything depends upon psychic effects which must in a large measure be called forth by the individuals under whose constant

supervision the patients are placed. It will therefore be apparent that these attendants must be well instructed to perform their duties. The diverse nature of insanity demands a variety of methods, depending upon the individuality of the patient.

A great evil which exists in large institutions is the stereotyped and uniform regimen to which the mentally diseased are subjected. This is largely due to the insufficient number of attendants and to their lack of preliminary training. The system now in vogue in general hospitals, namely, that of educating a competent corps of nurses, should be introduced into hospitals for the insane. It would redound to the credit of the State, and by restoring to reason a larger percentage of the insane, probably would prove an economical measure.