

be noted only by the initiated. It is chiefly that lack of will-power and judgment which not only precludes the attainment of success in life, but which also renders them an easy prey to the designing and the vicious.

To this class chiefly belongs the moral imbecile ; as a child we find him the *bete noir* of the nursery, the terror of the neighborhood ; in youth often conspicuous in the police courts ; difficult to control within the walls of an institution, in the world doubly so, he must there inevitably join the ranks of the habitual criminal. The absence of moral nature—what we term not immoral, but amoral—is often united with extreme mental precocity which, together with a pleasing exterior and engaging manners, renders him a dangerous member of society from which he should be forever secluded.

One of the saddest features of our work is the denial we must give to the oft-repeated question of sorrowing mothers : "How soon will my child be cured?" The incurability of imbecility is for the world as great an enigma as is the existence of the moral imbecile. We may train, strengthen, develop what is there—but as Wilbur so forcibly puts it :

"We do not propose to create or supply faculties absolutely wanting ; nor to bring all grades of idiocy to the same standard of development or discipline ; nor to make all capable of sustaining creditably all the relations of a social and moral life ; but rather to give to dormant faculties the greatest possible development, and to apply these awakened faculties to a useful purpose under the control of an aroused and disciplined will."

Census reports show imbecility steadily on the increase, and that to-day there are nearly one hundred thousand mental defectives of this class in the United States. Provision has been made for the care and training of eight thousand, but of these, five thousand are unimprovable—incapable of training and are by their infirmity naturally set apart from harm to themselves or others. The three thousand improvable must be kept from ever polluting the life of the nation by taint of blood or irresponsible crime.

ABSTRACTS.

On the Relations of Physical Disease and Mental Disorders.

In the eighth annual report of the St. Lawrence State Hospital, Dr. J. M. Mosher states that the study of the relations of insanity with so-called physical disease, results in the conclusion that the distinction between affections of the mind and body are more apparent than real, and that successful treatment of mental disease depends on medical methods.

Disease of the nervous system, if due to gross organic lesion, are followed by definite symptoms, but their early stages

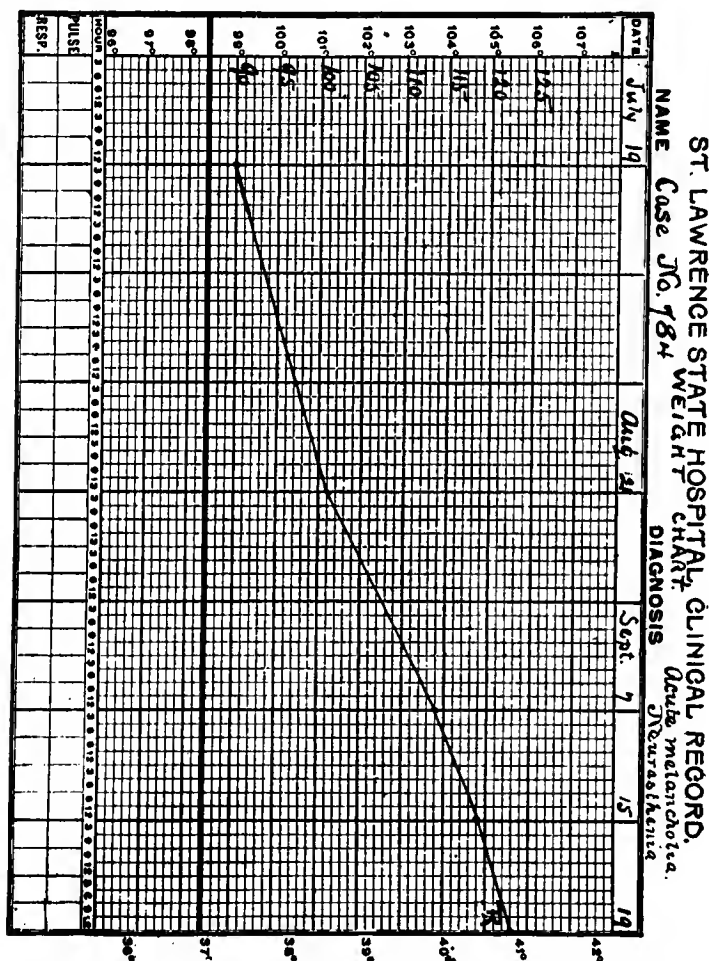
may be marked by temporary symptoms, such as disorders of special senses or speech, numbness, vertigo, emotional disturbances, or presentiments in the mind of its own obstruction. In the case of a woman, aged 57, admitted to the hospital suffering from acute mania, an attack of apoplexy from which the patient died, was preceded by persistent delusions that her legs and the legs of other people were made of straw and wood, and later by hyperæsthesia and pain in the knees and ankles.

Neurasthenia is closely associated with insanity and its effects can be noted even in chronic cases, but it is especially frequent in the early stages of insanity. Physical symptoms, such as lack of control of nerve force, failure of co-ordination, increased excitability with quick exhaustion are followed by such mental symptoms as lack of power, of attention, and changes in bodily sensations causing a felling of ill-being, soon followed by introspection, apprehension, restlessness, worry, suspicion, and delusions. A woman, aged 50, was admitted to the hospital, who had had a fall three years before, striking on her face, soon after which she became insane. She was treated in another hospital and was discharged improved, but had subsequent periods of excitement, accompanied by profuse expectoration, abnormal sensations and paroxysms of irritability. She was feeble and emaciated when admitted to the hospital and was kept in bed, fed freely, and given iron and gentian. She complained of pain and various peculiar sensations for several weeks, and the salivation continued, but she soon became cheerful and was discharged recovered a little over two months after admission, having gained twenty-three pounds in weight.

Diseases of the digestive system are frequent complications of insanity, and their treatment is necessary to the cure of the mental symptoms. Dyspepsia, functional derangement of the liver, and constipation are common in the acute forms of insanity. Recovery from melancholia has followed the removal of impacted feces, and auto-intoxication in this condition is sometimes followed by active mania or melancholia or delirium with rapid emaciation and exhaustion. The treatment of these cases consists of the disinfection of the primæ viæ, rest, an abundance of digestible food, and stimulation. Depressing hypnotics are not indicated, but sulfonal or trional may be cautiously used. A case is quoted which resulted in death, in which the autopsy showed a peri-encephalitis and in which the stomach and intestines were inflamed, while the kidneys showed acute degeneration.

Among the diseases of the circulatory system, arterial sclerosis and valvular disease of the heart are most commonly associated with insanity. In the former, the diagnosis is made by the hard pulse and firm vessel-wall, the hypertrophied heart and

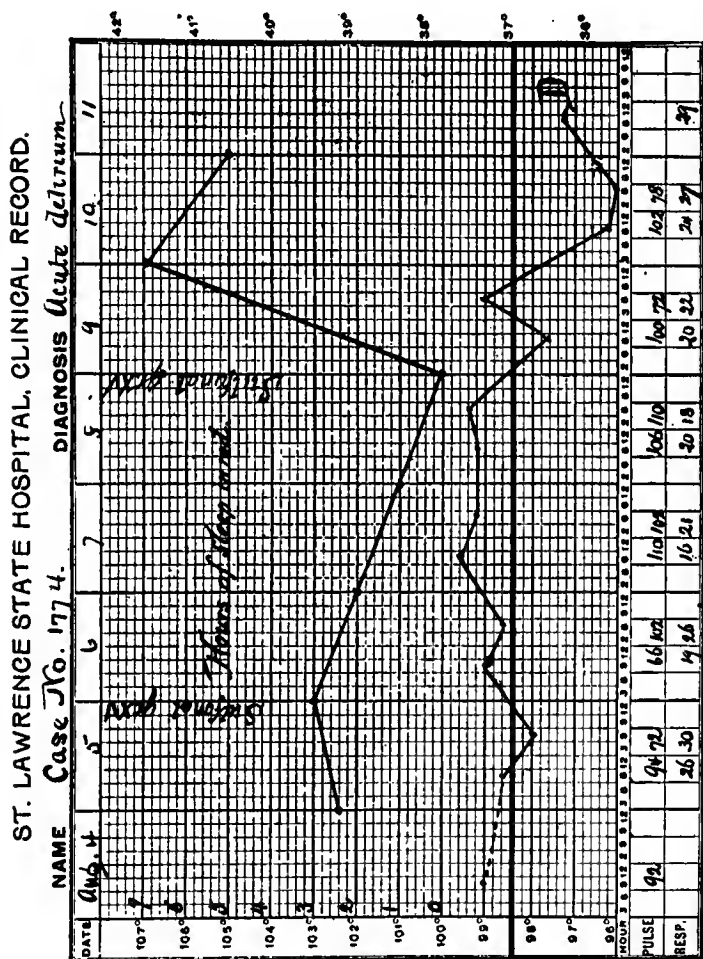
the aspect of premature senility. A woman, aged 71, expressed delusions of persecution when admitted to the hospital and heard voices accusing her of improper conduct. The apex of the heart was in the nipple line, and there was a blowing



systolic murmur loudest at the apex. Digitalis, whiskey and iron lessened the severity of the mental symptoms.

The uncertainty as to the relationship between kidney lesions and mental symptoms is due in part to the neglect of systematic urinalysis in hospitals for the insane and in part

to the neglect of mental symptoms by general practitioners. Osler is almost the only author of a work on practice of medicine, who gives insanity a prominent place among the mental symptoms of uræmia. A man, aged 65, was admitted to the



hospital May 18, 1894, with a feeble pulse of 96, but with high arterial tension. The temperature was 99.2°, and the tongue was brown and dry and the pupils were contracted. The heart was hypertrophied and the impulse was forcible. The urine contained albumen and casts. He had been insane for a

month, had been comatose for a time, had been incoherent, restless, and at times cataleptoid. Occasionally he had been violent and he had passed fæces and urine involuntarily. He was given diuretic, tonics and laxatives and was discharged in less than three months without any symptoms of insanity.

Diseases of the respiratory system associated with insanity are usually due to tuberculosis, which has caused a large number of deaths in hospitals for the insane. The establishment of the fact that tuberculosis is infectious, has changed opinion in regard to its relationship to insanity somewhat, but it is a fact, long noted, that insanity and phthisis frequently exist in the same family while they may or may not co-exist in an individual member of it. The case of a young woman admitted to the hospital in November, 1895, illustrates the frequent association of tuberculosis and the monomania of suspicion. She had consolidation of the right apex, a cavity in the left, and an open sinus from the sternum. She was restless and suspicious and removed the dressings from her wound and resisted the care of the nurses because of indefinite fears of injury. The excitement subsided in about a month, and was accompanied by a disappearance of the active pulmonary symptoms.

Among the constitutional diseases, diabetes is illustrated by the case of a woman, aged 56, who was admitted to the hospital with little medical history, except that she had paroxysms when she was violent, destructive and homicidal; and that she had delusions of persecution. It was found that she had glycosuria and on an anti-diabetic diet she improved rapidly so that she was discharged recovered from her insanity four months after her admission.

ROBERT COOK.

Mental Stupor as a Pathological Entity. By James R. Whitwell, M.B., West Riding Asylum, Menston (*Brain*, Spring No., 1895). Dr. Whitwell contributes another portion of evidence toward the support of the seeming rapidly growing conviction that we shall soon have definite pathological changes for given mental states. His theory, and the evidence can be best stated in his own words:

"From a clinical and pathological study of a series of cases of so-called mental stupor, I have endeavored to point out that there is some considerable weight of evidence in favor of the view that these cases, or certain of them, may be due to a want of normal proportionate development in the circulatory and nervous systems; that want of the due ratio in the time of development of these two systems, leads to nerve cell malnutrition or dystrophoneurosis, and consequent imperfect mental action; that, in fact, while the brain reaches the degree of development normal to the age, sex, and physique, the blood-vessels and frequently also the heart, remains in its puerile con-