

Brooklyn. F. Von Mangoldt has reported four successful cases where he transplanted costal cartilage into the larynx for the cure of severe stenosis and defects. Dr. Alapi has also reported a case of larynx stenosis cured by skin-transplantation by Thiersch's method. Dundas Grant calls attention to the fact that in a large number of cases laryngeal inflammation is associated with, or secondary to, nasal disease.

The osteoplastic opening of the mastoid after Kuster is still a very recent operation. That it will receive much encouragement at the hands of other operators I believe is doubtful: if used at all it will largely be limited to acute cases, requiring only the classical operation. His claim that the flaps offer a good opportunity for the tampon in case the sinus or dura mater is injured during the operation is not worthy of serious consideration. Many of our German confrères still practice the leaving of a large post-auricular opening after radical mastoid operations. Some are in favor of leaving the opening permanently; while others close it by a plastic operation after one or two years, provided there has been no return of the disease. This opening is very unsightly, especially in men, who can not cover these parts after the manner of women, and excepting in rare cases I fail to see the need of it. In 115 radical operations including the usual variety of cases, I have not found it necessary to leave a single one permanently open, and all have recovered with a canal larger than before the operation, permitting free inspection of every portion of the cavity. The transplantation of skin grafts into the cavity after the radical operation, either by Thiersch's method or pedicled flaps, shorten the process of epidermization very materially; but it still remains to be proved whether or not the hearing power of the ear is less than it would be by the old method; because a thicker epidermis may form over the stirrup and round window. Also whether, in certain cases, the leaving of the hammer and anvil in the radical operation will give better results, remains to be seen by practical demonstration upon a larger number of cases.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

ADDRESS BY CHAIRMAN.

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CHICAGO.

On assuming the chair of this Section I desire to express my keen appreciation of the honor conferred upon me and my recognition of the disproportion between officer and office to be filled. Knowing full well that neither unusual scientific attainments nor long years of service entitle me to this distinction, I none the less feel free to avow the liveliest satisfaction with my present position. However pleasant may be the approving eye of the public, however gratifying the laudation of medical students, and however dear the affection of grateful patients, surely sweetest of all is the confidence of one's associates: the men who know; the men who can estimate another at his real worth; who can recognize good work and detect superficiality at a glance; who peer into scientific lacunæ and are in a position to note professional backslidings as well as personal merit. When, therefore one is chosen by his confrères to preside at their deliberations, he should feel as does your chairman—grateful, proud and happy.

*Presented to the Section on Nervous and Mental Diseases, at the Fifty-first Annual Meeting of the American Medical Association, held at Atlantic City, N. J., June 5-8, 1900.

After a thoroughly honest and rather prolonged effort to prepare a statement of the recent advancements in the branches belonging to this Section, as required by the Constitution, I frankly acknowledge my inability to do so within the limits of an address restricted by law to forty minutes, but which should not exceed twenty. During the last year there has been no single pre-eminent discovery in our department. Advance has been general, accomplished by thousands of workers in many fields, and an attempt to cover this in a short address would either produce a puerile *index medicus* or result in invidious distinctions unworthy of a fair mind and misleading to the reader. Unwilling to deliberately perpetrate either fault, I have consigned most of my work to the much-cheated waste-basket, and shall confine myself to a few suggestions and remarks considered to be germane to this Section, its work and members.

I would first respectfully suggest that the name of the Section might well be changed so as to omit "medical jurisprudence" as an integral component. Early in the movement which brought forth the Section now known as that of Neurology and Medical Jurisprudence, the aim was to include nervous and mental diseases, but the officers and leaders of other Sections, recognizing that much of their best matter might be taken from them, opposed the proposition so strenuously that defeat seemed assured. Rather than capitulate, the promoters promptly executed an orderly and temporary retreat by accepting a Section on Medical Jurisprudence alone, since nobody wanted that, and it was willingly turned over to the neurologists, alienists and medical experts. This was in 1886. In 1890 their second forward movement accomplished the addition, or rather prefixion, of neurology, and for a decade the title has remained unchanged.

An examination of the records for the last ten years shows that in the work of the Section, medical jurisprudence has taken a relatively unimportant position. Of the total 444 papers announced, 64 may be reckoned as belonging to this department, but of these 39 related to the medicolegal relations of nervous or mental affections, and thus would naturally fall to a Section on Neurology and Psychiatry, leaving only 25, or 5.6 per cent. coming to this Section because it was that on Medical Jurisprudence. During the same time 125 papers on topics coming under the general head of Psychiatry, including inebriety, hypnotism and psychology, have been announced; that is, 28 per cent., exactly five times the number on forensic topics, excluding nervous and mental disease. Even without these figures, it must be perfectly evident to any one who has observed the matter at all, that the great strength of this Section lies in its neurologists and alienists—men who are only casually or secondarily medical jurists. In fact, I very much doubt if the subject of medical jurisprudence should be assigned as an entity to any Section of the Association. Would it not be more reasonable and successful to allow and encourage each Section to consider that particular phase of legal medicine which would naturally be of interest and profit to its members? The legal bearings of oöphorectomy are of importance to the gynecologist, while this special surgeon cares little about the forensic relations of cataract, and the neurologist can well afford to ignore both. Furthermore, while nosologically, medical jurisprudence may be said to be a well-defined department or branch, be it of medicine or of law, in the practice it has not attained to the dignity of a specialty in either profession. There are practically no physicians who confine their efforts to legal

medicine, and the subject is particularly connected with no special line of work. To repeat, then, I would submit to you the question of changing our name to "The Section on Nervous and Mental Diseases," or "The Section on Neurology and Psychiatry."¹

However ambiguous the paternity and connections of medical jurisprudence, there can be no question as to the standing of neurology and psychiatry—speaking of them combined as constituting a single branch of medicine. This specialty is the legitimate child of increased medical knowledge and the inevitable differentiation involved in evolution. At least, no one of those who know best can deny that the specialization of this part of practical medicine is absolutely necessary for the better understanding of nervous and mental diseases and for the best results in their treatment. Yet, strange as it may seem to most of us, there are many physicians who seem to think that, however interesting neurology may be as a study, and even useful in the discovery and elucidation of esoteric technicalities, it has no necessary place, and hence should play no vital part, in everyday practice and teaching—and this in face of the fact that most physicians, surgeons and specialists are almost obtrusively willing to acknowledge their ignorance of the nervous system and to deplore their inadequate instruction as students in its diseases. Since every neurologist and alienist knows this ignorance to be so ubiquitous as to be pathetic, and since he knows, too, that no professor of internal medicine is now thoroughly competent to teach nervous and mental diseases, is it not his duty to the public and the profession to see to it that his specialty is accorded proper recognition in the practice and in the schools? The ophthalmologist is not slow to insist that no general practitioner, that no general surgeon, is warranted in operating for cataract. With equal propriety the gynecologist frankly asserts that certain operations must be attempted only by the man of peculiar training and skill. No one will say that more time, talent or industry is necessary for the making of a good oculist than of a good neurologist; yet, while our eyes, thank God! are cared for by the oculist, the nervous system in the public, in the profession and in the medical school is largely attended to by any indifferent man. To be sure, in the schools may generally be found a clinical or associate chair, simply a sop to common sense, while from other chairs the neurologic teaching of a quarter of a century ago goes merrily on.

Any neurologist to whom it comes to quiz the graduating class of a medical college or a collection of practitioners, will find the trail of the serpent over them all—the serpent of ignorance let loose by professors of general medicine, gynecology, surgery and what not—who are allowed by medical faculties to dabble in subjects with which they are only half acquainted or of which they have no knowledge. Here is the whole explanation of the crude and misty ideas of neurology which hamper rather than help the young practitioner.

But while insisting on the absolute necessity of the recognition of neurology in schools, if the young physician is to have knowledge of nervous disease commensurate with his needs, it may not be amiss to remind the exponents of our department that the class-room is not a court for airing anatomical minutiae, unconfirmed discoveries and recondite theories, but is the place for the preparation of young men to assume the duties and responsibilities of the practitioner of physic.

Co-ordinate with the art of practical teaching is the art of practical practice, and back of both must be the art of practical investigation. If the position of the neurologist in institutions of learning is to depend on the utility of his teaching, his position in the active profession will rest largely on his usefulness as a practitioner, and there would seem to be some room for improvement in this respect. In some quarters it is almost the fashion to say that the nervous system is marvelous to contemplate and the neurologist a clever diagnostician and very erudite gentleman withal, but that he never cures anything. A most unjust sneer, because he is the means of curing many maladies, but even if he were not, he would still have ample field for usefulness in preventing and correcting the monstrous blunders of his detractors.

And yet, where there is so much smoke there must be some little fire. Are we not too much engrossed in the study of stains, tracts and symptoms? Sworn devotees of the healing art, are we not abusing our energies in the pursuit of new maladies and the mere vagaries of disease? Official healers of men, some of us become veritable pathomaniacs, blind to the patient, seeing only the pathologic process. To get a side light on this subject I have gone to a few of the leading neurological journals. In one year of the *Neurologisches Centralblatt* there appeared 70 original articles and 811 abstracts. Of the original papers only one may be counted as devoted to therapeutics; of the abstracts, 49. In the *Deutsche Zeitschrift für Nervenheilkunde* for a year were 48 original articles, not one of them on treatment. Two volumes—about two years—of the *Archiv für Psychiatrie und Nervenkrankheiten* contained 61 original contributions, of which one was on a therapeutic subject. The *Archives de Neurologie* for a year presented 37 papers, 2 on treatment. In two volumes—two years—of *Brain*, I found 54 originals, none on a therapeutic topic. The *Journal of Nervous and Mental Disease* for a year contained 46 originals and 222 abstracts. Of these, no original was devoted to therapeutics and only 25² of the abstracts were. That is, in six of the leading neurological journals of the world only 2.2 per cent. of the original contributions related to the cure or alleviation of disease, and counting the abstracts, largely taken from journals not neurological, the proportion of therapeutic topics reached only 5.4 per cent. Do not these figures show that in our eager search for knowledge and praiseworthy desire to be scientific, we are neglecting our more utilitarian function?

The proposal made by your chairman of 1897,³ that the secretary should be continued in office for two years or more, seems to be a wise one—although it ill becomes the present chairman to say so—and I wish to add a suggestion or two which seem to me to be along the same logical line. As a secretary is sure to profit by his own experience and by familiarity with the men interested in the work of the Section, so may he profit by the experience and personal knowledge of previous officers and of strong men of the Section. I freely confess that as secretary and as chairman, I have been keenly alive to the responsibility of the position, and have been most uncomfortably conscious of my incompetency to make perfect preparation for the meetings, and thus attain ideal results. Even the Pope, graduated into his position by virtue of pre-eminent genius and after years of laborious apprenticeship, prayerful education and ripe

1. This suggestion was carried out, and the name changed to Section on Nervous and Mental Diseases.

2. Twelve of these I contributed.

3. Dr. W. J. Herdman, Ann Arbor, Mich.

experience, is considered to be infallible only after mature consultation with the college of cardinals. Hence, it seems to me eminently fit and practicable, as conducting to wiser decisions, more effective policy and particularly to compactness of organization, that before the adjournment of each meeting there should be a consultation of the incoming officers with the executive committee and a few of the wiser and more experienced members. Not only would such consultations contribute materially to the success of the following meeting, but a repetition of them, I am sure, would materially aid in making this Section one of the strongest in the Association, and the minutes of such committee meetings, carefully made and preserved, would be invaluable to incoming officers year after year.

And this leads me to another point. When, raw and callow, I first assumed the duties of secretary, I was astonished to learn that not a line of record, correspondence, instruction, precedent, hint or suggestion descended to me from my predecessor. For fourteen years motions had been made, amended, lost, carried and had quietly slipped into oblivion, leaving no trace behind. Policies had been endorsed and rejected, resolutions adopted, committees had been appointed, had reported and been discharged, and not a minute made. I submit to you that this is a slipshod way of conducting affairs and not calculated to breed good executives.

Without your sanction I have ventured a small beginning. As retiring secretary I transmitted to Dr. Pearce the complete correspondence of two years, with a short series of programs, upon which were marked those men who had been present to read papers. You know there is a certain small contingent of members who are always willing to announce papers and as regularly default. They are to be religiously shunned, but the secretary can not do this unless he knows who they are. I have also purchased for the Section an indexed blank book, in which the secretary may make such records and entries as may seem proper and advisable. And as a token that, although our place of meeting and officers change annually and our active membership is more or less floating, our organization is yet permanent and we a unit, I beg to present to the Section a plain gavel, suitably marked, which I hope may descend from chairman to chairman through many successive years of ever greater prosperity of the Section on Neurology and Medical Jurisprudence.

Original Articles.

POST-FEBRILE INSANITY AND ITS TREATMENT.*

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All disorders that affect general nutrition of the body may affect the mind. The brain, the organ of the mind, is sensitive to nutritional changes, and when these are profound they may permanently affect the mind's nature. The imperceptible fluctuations of brain nutrition have concomitant fluctuations of mental action, and these physical processes, if carefully studied, reveal to us that there is physical basis to mind. The physiology of mind need not be discussed here nor need we wander into the psychologic labyrinths to study the relationship of body to mind. It is only necessary to state, what-

ever is the organic process of mental action, its basis is, like that of other elements, in the cell. The brain-cell has its organization and its nutrition; perversion of either causes disturbance of function. This disturbance when changing the routine and characteristics of an individual mental life, we sometimes call insanity. But do not let me have you infer that insanity is alone perversion either in organization or nutrition of brain-cells, for that would imply that mind essentially was the direct function of the brain, when in reality mind is a constitutional function, a function of the organism as a whole; that is, that every organic function of the body has representation primarily or secondarily in the whole we call mind. Hence, in dealing with mind disease we are dealing with the body in disease. This fact should impress the metaphysically inclined alienist with the thought that to treat the mind we must treat the body, and he who would succeed as an alienist must first, last, and all the time be an internalist, in touch with the progress being made in internal medicine. Especially is this necessary in handling the mental disorder, post-febrile insanity, which we are now to consider.

In view of the foregoing remarks, there is a cardinal principle in internal medicine which we may take for our text, because of its applicability, and that is, "that disposal of the waste products is essential to the health of the cell." Healthy metabolism is the keynote to bodily health. Burchard has shown that abnormal metabolism always precedes infection and what renders possible the development of disease is not the chance meeting of man and microbe, because we are constantly assailed by pathogenic bacteria, but it is due to the diminished resistance—the modification antecedent to nutrition—the failure of nutrition; in short, abnormal metabolism which permits infection to enter, to remain undisturbed and to grow and multiply. The morbid opportunity is grasped, and nutritive activity being perverted, infection results. The study of infection is one of the recent triumphs of modern medicine and should concern every physician, for the possibilities of practical application derived from the patient and exhaustive researches of the laboratory worker extend to every department of medicine. Welch says, "there is now tolerable unanimity of opinion as to the meaning attached to the terms infection and infectious diseases. Most recent authorities understand by infection the condition produced by the entrance and multiplication of pathogenic micro-organisms within the body. An infectious disease is one which is caused by the invasion and reproduction within the body of pathogenic micro-organisms."

We will not, however, attempt to discuss immunity and susceptibility, and while we will not deny the importance of a thorough understanding of the biology of bacteria, yet we are concerned principally in the effects of infection. Every infection should interest us, and the perplexing problems of infection to-day should be studied that we may contribute our mite to their pathology. Again, as alienists and neurologists, we meet with the clinical results of infection, showing the rôle which the nervous system plays in this field of study. Ernst¹ quotes the conclusions of the exhaustive review made by Mills along this line. They are as follows:

1. Specific infection must be included among the causes of mental diseases and of symptoms which precede, accompany, or follow febrile or other infectious disorders.

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¹ Twentieth Century Practice, xiii. 200.