

attempt was made to pass an instrument through the pylorus.

Sections of the hardened specimen failed to show any pathological folds of the mucus membrane at the pylorus. There was no evidence of a previous ulcer. Microscopical examination of longitudinal and transverse sections of the tumor showed a marked hyperplasia of the muscle fibers of the circular muscle coat. (See Figs. 3 and 4.) Mallory's connective tissue stain proved the tumor was not due to an increase in the amount of connective tissue.

This case emphasizes certain facts with regard to stenosis of the pylorus in infants, namely:

The symptoms may vary much from those of absolute pyloric obstruction, and they do not necessarily begin at birth.

The peculiar meconium-like character of the dejections may be of great diagnostic importance.

In complete or nearly complete pyloric obstruction, operation seems to offer the only hope of recovery.

The operation must be done before the infant has become reduced to the last degree by starvation, therefore an early diagnosis is imperative.

Pathologically, the condition is an entity.

ON THE SEPARATION OF THE CRIMINAL CLASS FROM OTHER INSANE IN INSTITUTIONS.*

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MR. CHAIRMAN: The several subdivisions of the subject which your Board and the Committee of Trustees of State Institutions have chosen for discussion read as follows:

First. Does every insane person who is in the technical status of a criminal properly belong to the criminal class?

Second. Does every person who has committed a crime, but who is acquitted or not indicted by reason of insanity, properly belong to this class?

Third. Should an insane convict be transferred at the expiration of his sentence from an institution for the criminal class to one for other insane?

Fourth. Should an insane ex-convict be transferred to an institution for the criminal class from one for other insane?

Fifth. Should an insane person of criminal instincts and conduct who has never been in the technical status of a criminal be transferred to an institution for the criminal class from one for other insane?

Sixth. Should drunkenness be deemed a crime in this connection?

Seventh. Is there imperative need of removing women of the criminal class from the institutions for other insane?

Eighth. What further provision for the criminal class is required?

Ninth. Other aspects of the subject.

The issues involved in this subject may fairly be called living issues, because the several phases

of the subject have been agitated by the people and before the General Court intermittently, we learn, since 1864. Not a few laws have been framed since the State Asylum for Insane Criminals was created by the General Court in 1895. Public opinion has thus in a measure become crystallized into law, but we may fairly assume that the crystallization is not perfect or satisfactory to all concerned, else there would be no call for a renewed discussion before this conference. It may be that the lines of demarcation between the criminal and the non-criminal classes have not been well drawn, but it cannot be said that the lines have been drawn without due consideration and much discussion. I suppose it would be almost impossible to frame laws to separate so-called classes that would do exact justice to all concerned. It ought to be remembered in this connection that to classify men justly would require something more than finite insight. It might be strongly argued that a man's status, under the law, should not be a basis of classification at all. It might be urged that his conduct alone should classify him. If we had an institution for the dangerous and incorrigible class of chronic insane, it might be urged with reason that all other insane would fall into natural divisions and be properly cared for in the several state hospitals and farm colonies, without considering his past or present relation to the courts at all. Of course a large number, perhaps a majority, of the convict insane and some others of the so-called "criminal insane" would be properly cared for in such an institution. I am inclined to think this would have been a logical arrangement years ago, before the State Asylum for Insane Criminals and the Medfield Asylum were created. But we have reason to believe that such a plan has not, does not and may never satisfy the people.

In the popular mind, the man who has been caught in wrong doing and punished at least by being arrested is a creature to be shunned or a hero or heroine to be glorified, according to the nature of the crime and the point of view, and should, perforce, be considered lower or higher than one who has lived law-abiding, or, being bad, has been successful in not being found out. So it is that a class has been created and a separate institution demanded for their treatment when they become insane.

If Massachusetts were the only state, or if the United States were the only country where the technical relation of the individual to the courts is made a basis of classification, we might expect that the demand had been artificially created and would be short-lived. But we are forced to the conclusion that the demand for a classification based on the individual's technical status under the law is not transitory, and it seems pertinent for us to inquire how we should interpret the laws we have; wherein, if at all the laws do not represent equitable principles, and how we may use the elasticity of the laws in fairness and approximate justice to all.

It may be noted in passing that the printed law

* Read at the thirteenth semi-annual conference of the State Board of Insanity and Trustees and Superintendents of State Institutions of Massachusetts, May 16, 1905.

bearing on our subject is somewhat inconveniently scattered through several chapters of the two volumes of the Revised Laws of Massachusetts. Section 16, Chapter 218, of the Revised Laws, tells us that persons held for a crime, but not indicted by reason of insanity, may be sent to a hospital for insane or to the State Asylum for Insane Criminals at the discretion of the Court, according as his previous life has been law abiding or criminal or vicious. Here we have the first question of our subject answered in the negative by law, which, in the absence of competent evidence to the contrary, may be accepted as crystallized public opinion.

We did not make this law and we do not feel called on to defend it, but it may be proper to point out that it recognizes the fact, or assumes the hypothesis, if you please, that a man may commit a homicide or any lesser offence against his brother or against decency, when controlled by the obsession of a diseased or defective brain, without deserving the stigma of a criminal at all.

Sections 11 and 12, Chapter 219, of the Revised Laws, treats of persons found to be insane after indictment for some offence, and reads in part: "If a person who is under indictment is at the time appointed for trial found by the Court to be insane, it may cause him to be removed to a *state hospital* for such time and under such limitations as it may order."

Section 15 of the same chapter (219) treats of persons tried for some offence and acquitted by reason of insanity, and reads in part: "If a person is acquitted by the jury by reason of insanity, the jury shall state that fact to the Court, which if satisfied that he is insane, may order him to be committed to a *state insane hospital* under such limitations as may seem proper."

Section 16 of the same chapter (219) treats of a person indicted for murder or manslaughter, acquitted by the jury by reason of insanity, and reads in part: "The Court *shall* order him committed to a *state insane hospital* during his natural life."

It may be noted that these Sections (11, 12, 15 and 16), Chapter 219, Revised Laws, from which we have quoted, treating of persons indicted but not tried, also persons tried and acquitted by the jury by reason of insanity, all refer to "a *state insane hospital*," and do not mention the State Asylum for Insane Criminals at all. If we read no further we might well conclude, as some have thought, that the Courts were obliged to send these men to one of the six hospitals for the insane in the commonwealth; but Section 17 of the same chapter (219) continues to lay down the law and reads in part: "An insane male prisoner who is described in Sections 11, 12, 15 and 16 may be committed or removed to the State Asylum for Insane Criminals, instead of to a state hospital, if in the opinion of the Court, he has been a criminal or has been vicious in his life." Apparently with the view to make the law more elastic, lest an injustice should, perchance, be done by the Courts and to give full authority for the correction of any injustice,

laws have been passed giving the State Board of Insanity almost unlimited authority to correct any errors which the Courts may have made.

Section 42, Chapter 85, of the Revised Laws, reads in part as follows: "The State Board of Insanity may transfer to and from the state insane hospitals and the State Asylum for Insane Criminals any of the insane male persons mentioned in the Sections 12, 15 and 16, Chapter 219, and Sections 101, 102 and 103 of Chapter 225, if such transfer will insure a better classification of insane criminals."

Here we have plainly stated or clearly implied, in law, an answer to the second question of our subject. If it is held that these laws do not represent enlightened public opinion, the burden of proof is on those who would overthrow or annul them. I had no part in framing the laws, but more to the point is the fact that Judge Lowell and the Hon. Rockwood Hoar, both members of the General Court and both trustees of the Worcester Hospital for the Insane at the time, were each active in framing and passing the earlier of these laws, of which more recent laws have been largely further elaborations.

It seems to some of us that the principles embodied in Chapters 85, 218 and 219 of the Revised Laws are equitable principles and safe guides to action. We feel that the elasticity of these laws, with the discretion left to the Courts and the State Board of Insanity, is to the credit of those who framed the laws, and has not and is not likely to work injustice to any one.

Section 87, Chapter 87, Revised Laws, which chapter treats of the duties and powers of the State Board of Insanity, if taken by itself, and considered as independent of all the other laws bearing on the subject, would seem to give the State Board of Insanity authority to nullify all legislation on the subject. We do not suppose that the General Court intended Section 87 of Chapter 87 to repeal all these laws which specify those persons whose status under the law makes them proper persons to be sent to the State Asylum for Insane Criminals when found to be insane, and we do not suppose the State Board of Insanity so interpret that section; therefore, we have felt and do feel that with the possible exception of some provision for insane women of the criminal class, no further legislation to separate the criminal class from other insane in institutions is urgently needed.

Having been invited to assist in opening this discussion it has seemed fitting to dwell longer on the laws we have and the general principles involved than to argue at length on any single proposition. Something might be said in favor of transferring an insane convict to another hospital at the expiration of his sentence. It might be urged that when a man has served his sentence he is and by right ought to be no longer a criminal, nor forced to wear the criminal badge. It might be strongly urged that his innocent wife, sister and children have a right to demand that the stigma be removed. Practical considerations, on the other hand, might strongly urge against



FIG. 1. Cross sections to show the actual size of the contracted large and small intestines.

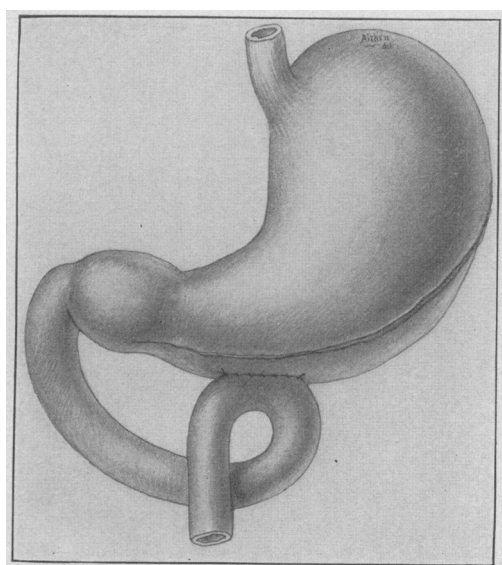


FIG. 2. Semi-diagrammatic drawing from post-mortem specimen to show the relative size of the pyloric tumor.

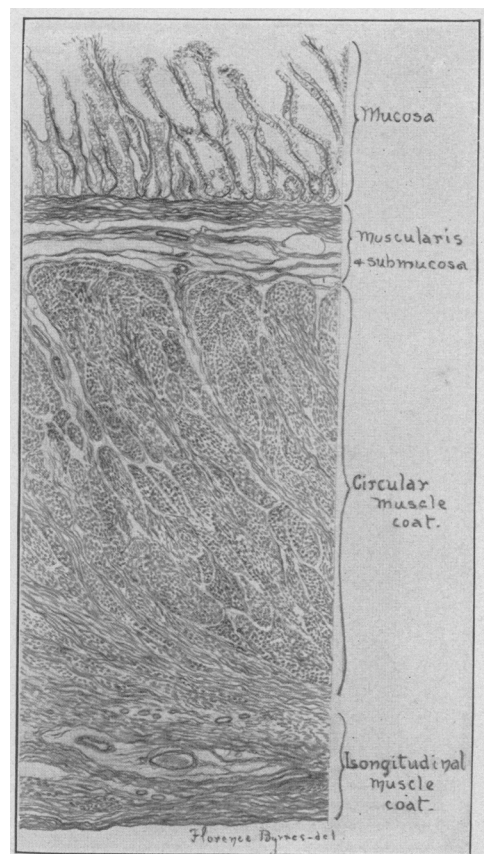


FIG. 4. To show the hyperplasia of the circular muscle coat.

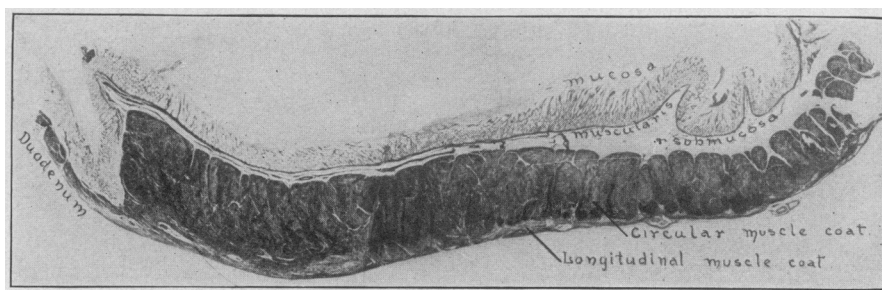


FIG. 3. Longitudinal section through the pyloric tumor to show the thickening of the circular muscular coat.

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.