

CLIMATE OF PALM BEACH, FLA.

PERSONAL OBSERVATIONS.

Precipitation:	Jan.	Feb.	Mar.
Average in inches, 18 years,	3.81	2.78	5.2
Wind: Average velocity in miles per hour,	10.2	10.9	11.2
Average number cloudy days, 18 yrs.	6	5	5
Largest " " " " "	15	13	12
Smallest " " " " "	0	2	0
Average " rainy " " "	10	9	7
Smallest " " " " "	4	3	5

1898, Jan. 9 to March 26, 51 days:

Minimum temperature (once),	50°
Highest	88°
At or above 80° in January,	10 days
" " " " February,	7 "
" " " " March,	14 "
" " " 70° in January,	14 "
" " " " February,	20 "
" " " " March,	26 "
At or below 60° in January,	0 "
" " " " February,	14 "
" " " " March,	0 "

1899, Jan. 9 to April 3, 84 days:

At or above 80° in January,	6 days
" " " " February,	16 "
" " " " March,	25 "
At or below 60° in January,	6 "
" " " " February,	6 "
" " " " March,	4 "

1898, number of days with temperature range between 60° and 80°, 51 "

1899, number of days with temperature range between 60° and 80°, 42 "

A STUDY OF FIFTY-ONE CASES OF DEBILITY IN JEWISH PATIENTS.

FROM THE OUT-PATIENT DEPARTMENT, MASSACHUSETTS GENERAL HOSPITAL.

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THE term "Hebraic debility" has been used for some time at the Massachusetts General Hospital to designate the condition of many of the Jewish patients coming to the clinics. These patients complain of "burning" and "sticking" pain, generally in the chest and epigastrium, but often all over the body. "*Es brennt mich*," "*es stecht mich*," and "*schmerzen überall*" are familiar expressions in their stories. The history of one of these patients has been summed up as follows: "She complains of backache and everything else." One of the physicians at the hospital was inclined to think that such symptoms were peculiar to Jews, that they were more than mere neurasthenic symptoms, and he suggested that I should study these patients by visiting them at their homes so as to get the details of their ailments and observe their modes of living.

MOST OF THESE PATIENTS ARE RECENT IMMIGRANTS. ALMOST ALL GET WELL.

I have studied 51 cases, confining myself to those in which the diagnosis of "Debility" or "Hebraic debility" had been made at the Massachusetts General Hospital. Almost all the persons whom I visited are recent immigrants, 44 from Russia and 4 from Austria-Hungary; all of limited means, several very poor; none having much education, some illiterate; the large major-

ity, 39, living in the North and West ends of Boston.

One of my earliest impressions in this study was that, with the exception of one, none of these people — and 38 of them were women — was sick when I made my visits. In fact, 24 declared themselves perfectly well at that time. All were engaged in their usual activities. Thus I found one of these women hoeing the little garden in front of her house, — she was living in Malden. One of the men, who up to recently had been a frequent visitor at the hospital, I found cleaning up his grocery store; he is a cigar maker and works at his trade all the week, helping his wife in the store on Sundays and in the evenings. Some, even, had to be reminded that they had ever been at the hospital, and it was only on questioning that I got their various complaints.

THE PREVALENT SYMPTOMS ARE PAIN, CONSTIPATION, AND APPREHENSION.

I have attempted in the accompanying table to give the symptoms somewhat in detail. Here I wish to emphasize three of them, — pain, constipation and apprehension. Of the 51 cases seen, only 7 did not mention pain. In more than half the number, the pain was located in the chest or epigastrium; a lesser number complained of headache or backache; a still lesser number of pain in the extremities or rheumatic pains; 12 spoke of pain "all over."

I found, however, that the term "pain" is used very loosely, especially by these Jewish people. Not only is their English vocabulary very limited, — 19 did not speak any English at all, — but their Yiddish is also very narrow. Thus pain may mean mere discomfort or distress, irritation or pressure, paresthesia or hyperesthesia. Even in their own language they misinterpret their sensations, more so when they have to express themselves in English. It has been supposed by some that the adjectives "*brennend*" and "*stechend*" are peculiar to the symptoms of these Jewish patients, that people of other races do not describe their pain sensations in such terms. I find, however, that they are used idiomatically in Yiddish. Moreover, I have heard not infrequently others than Jews describe their sensations of pain as "burning" or "cutting." Another error due to misinterpretation comes in the localization of the pain. The great majority of these patients speak of "pain in the heart," — "*es brennt mich*, *es stecht mich ins Herzen*." Often this may be translated literally into "heart-burn." Much more frequently, however, the term "heart" covers a larger region, including the whole chest and upper abdomen.

Constipation is very prevalent among these people, and I consider it, because of the pressure which it causes on the diaphragm and on the viscera, an important immediate factor in the etiology of their "pain" sensations. It was a symptom in at least 37 of the 51 cases. With the older ones it has been a matter of long standing; with the younger ones it has dated since their coming to this country. In the case of the

latter, it is due, of course, to the separation from home privileges and to the introduction to the sedentary habits incidental to employment in factories or stores. A typical story is that of one young married woman: "I was as strong and ruddy, when I came here, as all Russian girls are, but I lived with strangers, and worked from morning till night in a poorly lighted and poorly ventilated shop, with only a small, dry lunch for my mid-day meal. I soon began to grow weak; my eyes became dim, and my head commenced to ache, my teeth grew poor, and since then I have had stomach trouble." This constipation must be considered, however, not only as due to sedentary occupations and irregular habits, but also as a phase of the general muscular hypotonicity which has become characteristic of the Jewish people during the ages of persecution. It is presumably the same diminished muscle tone, causing displacement of the visceral organs and loosening of the ligaments of the extremities, in people who, during ages of extreme nervous tension, have developed an intense sensitiveness that accounts for many of the vague and diffuse "pain" sensations so common among Jewish patients.

I wish next to call attention to the element of apprehension which is very prevalent among these patients. Definitely I found that 14 of the 51 persons I saw, feared that they were suffering from cancer, consumption or heart disease. One woman told me that she heard people talk so much about consumption that she got it into her head that she also was suffering from it. Another, whose mother had died of cancer the year before, was very sure that the pain in her left side was also due to a new growth. Still another had on the day previous to my visiting her been to see one of the most prominent physicians in the city about her heart; she had already been to about all the clinics in Boston, and everywhere was assured that her heart was all right, but she thought that the doctors would always talk differently among themselves about her; this physician had also reassured her, and prescribed a laxative; still she believes that there is something wrong with her heart. To several of these people complaining of "pain in the heart" I put the question, "Would the pain bother you as much if it were in your little toe instead of your heart?" and in some cases I got the prompt reply, "Of course not; the heart is so much more important than the toe." The Jews, always a highly imaginative people, have been for centuries cradled in fear, so that it has become one of their keenest emotions, provoked by trifles.

THE ECONOMIC LIFE IN AMERICA IS MORE STRENUOUS THAN IN RUSSIA.

As to the duration of these ailments, I found that with 14 of the persons seen their symptoms came on before their coming to this country, and of these, half have felt worse since, while with 34 they came on in America. This is to be expected, considering the stress and strain incidental to establishing oneself in a strange land.

In the accompanying table I try to compare in a way the modes of living of these people here in America and in Russia. Though the figures show that in the old country half of the persons under consideration lived in small towns and only less than half in cities, I wish to point out that essentially they were all city dwellers. In the small town as well as in the city in Russia the Jews live under crowded conditions, and are employed in sedentary occupations. On the whole, I believe that when they come to the American cities they do not live in a more crowded condition, at least as far as the number of persons per room is concerned, than in their old homes. The weather in Russia is much more equable than here, but I was rarely told by any one that the change affected him or her. The patient's industrial life, however, especially during the early years after arrival, is lived under much greater strain here than in Europe, for though the income is increased, the standard of necessities is raised out of proportion to income.

This strain weighs especially on the Jewish woman, for here as well as in Russia she very frequently has to share with her husband the burden of supporting the family. In my series of cases 7 of the women were the sole supporters of their families. It is rare here in America that a Jewish girl is at home not working, a thing not at all unusual in Russia. Married women help along by keeping boarders, or by working shoulder to shoulder with their husbands in business, aside from their household duties. Many a home in the North and West Ends is to be found in the rear of stores. One woman living under these conditions told me that she was up from seven in the morning till one at night, running back and forth from the kitchen to the store,—it was a little lunch room. Another of these women I found, when I came to see her, had been out collecting bills,—her husband keeps a grocery store,—the whole of a cold winter afternoon, though she was pregnant and quite miserable.

IRREGULAR HABITS, IMITATION, TRADITION AND THE GREAT NUMBER OF HOSPITALS ARE FACTORS IN THE ETIOLOGY OF THESE DEBILITIES.

Of course, one is not to look for regular habits under such circumstances. Meals are had at any time, and are never given a reasonable length of time. Those who work in factories either get home to swallow their dinners in the few minutes that they have, or else eat a dry meal in the shop. As for food I have observed that much more meat is eaten here than in Russia, and less fat. Tea is taken in moderation, less than in Russia; but more coffee is used here. Alcohol is not a factor.

Of recreation there is little either here or in Russia,—on the whole more here, though in Russia the Sabbath is much more a day of rest. Of the 51 persons seen, only 5 had had a vacation regularly for several years; 5 had had it only once. One young man who keeps a candy store in East Boston had had a two weeks' vacation the

summer before, but when he got back he had so much to do that he thought he had lost more than he gained, and said he would think twice before going again. With the majority the only change in the routine of life is the walk to and from work, the visit to the butcher's or grocer's, or the chat with the neighbors on the doorsteps.

As I have mentioned above, 38 of the 51 cases studied were women. Moreover, as far as my own experience goes,—and my experience has been chiefly with Russian Jews,—as well as that of many that I have questioned on this subject, almost all married Jewish women, whether of the hospital class or not, some time or other get into a debilitated condition, and present symptoms similar to those of the cases here analyzed. They are temporary affairs, but recur; all due to the mode of living, exhaustion or worry. I have observed, however, that imitation and tradition play some part in the etiology of these debilities. The undercurrent of thought on this subject seems to be that from time immemorial women have been sick; it is a sort of privilege tolerated with them; it is even expected of them. "A woman keeps on dying all the week, but recovers on the Sabbath," and "A woman has ninety-nine souls," are two Jewish sayings which show that this feeling is deeply rooted. It is the subject for conversation when women get together; to be sick gives one a standing in such circles. Gradually it creeps into the young woman's subconsciousness, and she, too, begins to visit the doctor or the hospital.

I know, however, that the Jewish women in Russia do not complain as much as when they come here. They all boast of their strength and good health there, and of the amount of work they could do. The change is due, of course, to the strenuousness of the transitional period which they are living through. I wish to call attention to another factor, a minor one though it may be. One often hears of the great percentage of people seeking medical advice at the hospitals, but one seldom considers that many people seek medical advice *because there are hospitals*. In Russia the Jewish woman can hardly afford to consult a doctor for the least thing that ails her, and hospitals and dispensaries are very rare. In the American cities, on the other hand, it usually so happens that the large hospitals are situated in the very centers of the crowded districts, not to mention the many dispensaries and the lodge-doctor system. These help the Jewish woman to keep her attention on herself; she goes to the hospital or to her lodge-doctor for things which in her old home she had to overlook and forget.

THESE DEBILITIES ARE NOT PECULIARLY JEWISH.

My aim has been to bring out and emphasize several points which have become clearer by this study. Is there such a condition as *Hebraic* debility? Is there a debility peculiar to the Jewish people? I cannot think so. I admit that the symptoms considered are, in their grouping, expression and frequency, peculiar to the abnormal circumstances under which only a part of

the Jewish people live or recently have lived. There is not, however, anything essentially Jewish or Hebraic about them; there is nothing that makes them different from neurasthenic symptoms in other races. According to the testimony of physicians who come in contact with the prosperous and educated Jews, removed from those circumstances, their patients do not present the symptoms so commonly seen among the Jews coming to the hospital clinics. The same is true of the second generation of the Russian Jewish immigrants.

The Jew is markedly neurasthenic, but as the French author, Leroy-Beaulieu, says, "It is not to be attributed to his Oriental origin or to a peculiar anatomical structure. The predominance in the Jew of the nervous system over the muscular system is due to the mode of his secluded living, to the conditions of his existence, to his sedentary and city life, with lack of physical exercise and weakening of the muscles, to the emotions and cares of the occupations carried on by his fathers. For centuries he has owed his existence more to his brain than to his arm. Even now in Russia he succeeds in maintaining a miserable existence only by a miraculous will and industry." Here in America the effect which migration has upon the nervous resources of the Jew must be considered, and at the present time, also, the effect of the atrocities committed upon his "flesh and blood" in Russia and other black spots on the map.

In the Shattuck Lecture of 1899, Prof. J. J. Putnam, says, "This or that American or Irishman or Jew cannot be treated to the best advantage so long as he is regarded solely as an individual. His racial traditions and temperament should be taken instinctively into account." Because of the failure to do so, it seems to me, the treatment of the class of patients considered in this paper, both in private and hospital practice, is as unsatisfactory as it is. When a woman comes complaining of pain in the side or back, or of headache, or of any other such symptom, it is not enough to say, "Oh, well! She is a neurasthenic. Give her Mixture X or Tablet Y." The patient so treated will keep on coming to the clinic for some time, and then go to another, and so on. The physician, especially with these Jewish patients, must learn to appreciate their natural history, their temperament and traditions, their modes of living and suffering,—in a word, to understand them. Such an appreciation will lead to sympathy rather than to repulsion, and instead of taking half a minute, he will take three or five, reassure his patient, gain her confidence, and instruct her to control her "pain" sensations and to correct her diet and habits. A patient so treated, no matter how dull or ignorant, will show results; once or twice at the hospital will be enough for her; besides, she will become a missionary to her circle of friends.

I have mentioned before that the second generation of Jewish immigrants, relieved from many of the abnormal circumstances under which the parents labored, quickly get away from the

tendency toward debility. Moreover, these young people very frequently bring light into the households of their parents. I know personally of many instances where the parents have learned to lead more rational and comfortable lives through the influence of their children. It is through these young people, trained in American institutions and ideals, that the differences between the many elements of the population are to be removed.

SUMMARY AND CONCLUSIONS.

1. Debility is a common condition among the Jewish patients coming to the Massachusetts General Hospital; as a rule it is temporary, but is apt to recur.

2. The prevalent symptoms are pain, constipation and apprehension.

3. The etiology of these debilitated conditions is to be traced to the peculiar circumstances under which the Jews have lived and still live in eastern Europe. Here in America the economic strain during the early years after arrival is an important factor.

4. Debility is especially common among the Jewish women of the immigrant class, because the economic strain weighs very heavily on them. With them, also, imitation and tradition and the ease with which medical advice can be obtained are factors to be considered.

5. These debilities are peculiar not to the Jew, but to the abnormal conditions under which he has been living. As soon as he is relieved from these conditions his symptoms are not different from those of other races.

6. Finally, in the treatment of the cases considered it is well to bear in mind the importance of the old sentiment, "not the disease only, but also the man."

ANALYSIS OF CASES.

Number of cases seen,	51
Males:	
Single,	4
Married,	9
Females:	
Single,	8
Married,	21
Widows,	9
Diagnosis made at the Massachusetts General Hospital:	
Debility,	38
Hebraic debility,	13
Birthplace:	
Russia,	43
Austria-Hungary,	4
United States,	3
England,	1
City,	14
Small town,	35
Symptoms:	
Pain,	
Chest,	24
Epigastrium,	11
Headache,	22
Backache,	6
Pain in the extremities,	9
Rheumatic pains,	5
Pain all over,	12
Constipation,	37
Apprehension:	
Cancer,	5
Consumption,	5

Heart disease,	4
Palpitation and shortness of breath,	12
Hysterical symptoms, as anesthesia, globus hystericus, etc.,	9
Menstrual disorders,	8
Onset of symptoms:	
In old country,	14
In the United States,	37
With beginning to work,	9
With removal from country to city,	3
With sickness or death in family,	7
With homesickness,	2
Home in	
Old country:	
City,	22
Small town,	26
America:	
Greater Boston,	51
West End,	33
North End,	6
Suburbs,	12
Average number of rooms per family,	3
Very poor homes,	11
Food in America:	
Meals irregular or hurried,	37
Poor appetite,	18
Dry mid-day meal in shop,	9
Meals at restaurant,	1
Tea or coffee to excess,	4
Tea or coffee in moderation,	29
Work in old country:	
In factory or shop,	9
In business,	11
Housework,	20
Worked harder than in America,	12
Work in America:	
In factory,	10
In store,	5
Peddlers,	3
Janitors,	2
Keep store,	3
Housework,	16
Housework and store or shop,	5
Work harder here than in old country,	33
Women supporting their families,	7
Families depending on charity,	2
Recreation:	
Vacation regularly,	5
Vacation occasionally,	9

Massachusetts General Hospital.

CLINICAL MEETING OF THE STAFF, NOV. 22, 1906.

I. TWO CASES OF EXCISION OF ADENO-CARCINOMA OF THE RECTUM, WITH PRESERVATION OF THE SPHINCTER.

II. CANCER OF PROSTATE. COMPLETE PROSTATECTOMY BY LORING'S METHOD.

III. DIVERTICULUM OF BLADDER. EXTRA-PERITONEAL REMOVAL WITH SUTURE.

BY C. A. PORTER, M.D.

I. I wish to show two cases of adeno-carcinoma of the rectum, at present alive and free from recurrence; one seven years, the other five years, after operation. The first case I reported here two years ago, and show him to-night because he still remains well, at the end of seven years. The other case is as follows:

Arthur Moore, age forty-four, living in East Everett, was admitted to the Massachusetts General Hospital, Dec. 1, 1902, to the service of Dr. C. B. Porter.