

repose enjoined should be absolute. Nothing so favors the safe contraction of a well-emptied uterus as deep and tranquil sleep. In not a few instances, when the uterus has remained for some considerable time of small size and well contracted during the period of enforced quiet, the preparation of the bed, the application of a bandage, some change of position, however carefully conducted, will cause it suddenly to double its size and to attain a marked elevation and prominence. So that in cases of hæmorrhage I have heartily approved that advice, which has neglected for hours every one of these important attentions, lest the mere fact of disturbing the patient should involve the loss of all that has thus far been gained.

Obviously what has been said is open to the criticism that life is short, and that care that is not ordinarily essential should not be required. Shall a man always stay at home because in any walk out a coping stone may fall on his head and kill him? No, indeed! and yet in the matter under consideration this argument may be pressed too far. The few additional hours which careful preliminary watching, acceptance of responsibility and attendance from the first warning of labor, waiting a somewhat longer period after the birth, take from the time of the general practitioner are few in number with most of us, and ought to be little weighed, in view of the great additional safety of the patient. However we may dream of overwhelming obstetric engagements the physicians are surprisingly few in any country who attend two hundred labors a year. Few men in middle life count as a rule thirty cases in a twelvemonth. No words of mine are needed to portray the stake which families under our care have in the prevention of danger in childbed. To see taken away from hearth and home the one being in whose safety more than in that of any other the happiness of all rests, to be responsible in any degree for a breach that is never filled, is bitter work. Gladly should we bend all our energies, spare no time, count trouble light to prevent that.

A CASE OF PYLEPHLEBITIS.¹

BY J. L. HILDRETH, M. D.

Mrs. P., age forty-four, tall, large, and fleshy, was first seen by me January 26th, after having had a severe chill. Three days before she had been to Boston in a snow-storm, and got very tired and cold. For three weeks before she had not been well, having frequently, after taking food, nausea and sometimes vomiting; she also had spoken of chilly sensations and of some pain in the bowels; her friends had remarked that she did not look well; her sleep had been poor, and in the morning she was not rested; headache and loss of appetite she had complained of. The exposure in the snow-storm seemed to hasten the sickness that was coming upon her. At the time of my first visit I obtained the following history:—

She was born in Massachusetts, always had been strong and robust, and generally during the past three years had weighed about one hundred and ninety-five pounds. She was married at twenty, had borne two children, both boys, the youngest twenty-one. Since her last confinement had scarcely been sick. Among

her friends she had been a wonder, never complaining of aches or pains, and in every way had seemed so well and strong. When first seen the chill had passed off, and she was vomiting, having severe pain at the pit of the stomach, and loose discharges from the bowels, with intense headache; pulse 124, temperature 103.2° F. She was so fleshy that any critical examination of the abdomen was impossible; pressure over the epigastric region was painful, and over the whole bowels there was some tenderness. Morphia and mint-water was given, and hot fomentations applied over the stomach and bowels. In the evening pulse 136, temperature 104° F.; headache severe; vomiting only partly controlled; pain at pit of stomach had not been relieved; the general appearance was of a person suffering from some severe malady. The morphia was ordered to be increased, and twelve grains quinine to be given in divided doses as soon as the stomach would retain it.

January 27th, second day of her sickness, recovered from the first chill; passed a comfortable night by taking two grains morphia; quinine had been given and retained; slept four hours, and had only one loose discharge; headache better; pulse 126, temperature 104.4° F.; pain at pit of the stomach and in the head, the only pain or discomfort complained of. In the evening was more comfortable; less pain; had slept some, and there had been no vomiting or passages from the bowels; pulse 118, temperature 104.8° F.

January 28th, third day. About midnight had a chill, but not severe; slept but little; after the chill great thirst; some vomiting, and one large, loose discharge from the bowels; pulse 136, temperature 104.6° F.; still complains of the pain at the pit of the stomach, and says it has extended to either side. In the evening pulse 140, temperature 105° F.; very restless; great pain; some nausea; takes little but hot brandy and soda water, milk and lime-water, and pounded ice; quinine and morphia continued.

January 29th, fourth day. More comfortable in the morning; pulse 130, temperature 103.1° F.; slept about three hours; takes the milk and brandy freely; no vomiting or diarrhoea; no headache, but is conscious of a pain at the pit of the stomach, and flinches at slightest pressure over any part of abdomen; bowels considerably distended; skin and conjunctiva slightly tinged with yellow. In the evening less pain; pulse 116, temperature 102.2° F.; taken less morphia by one half.

January 30th, fifth day. Very comfortable in the morning; decidedly jaundiced; no nausea or vomiting, and is able to change her position considerable; pulse 108, temperature 101.4° F. In the evening pulse 102, temperature 101.2° F.

January 31st, sixth day. In the morning pulse 108, temperature 101.1° F.; slept poorly; great deal of headache and pain at pit of stomach; about eleven in forenoon had another severe chill, followed by profuse perspiration and weakness, so that brandy and soda water were given in large quantities. In the evening pulse 106, temperature 104.6° F.; intense thirst with considerable nausea and occasional vomiting.

During the three days following this third chill she remained about the same, pulse varying from 120 to 130, and temperature from 103° to 104.5° F.; there was but little nausea, and large quantities of milk and brandy and soda water were taken, with morphia enough to control the pain; quinine was given, about sixteen grains a day, in anticipation of another chill; jaundice nearly disappeared.

¹ Read before the Boston Society for Medical Observation, May 16, 1881.

February 4th, tenth day. In the morning another chill, but less severe than either of the three that had preceded. In the evening comfortable; pulse 122, temperature 104.1° F.; complains of pain extending all across the body from right to left hypochondrium, thinks it is worse in right side; unable to make any careful examination of the part on account of the pain and great tenderness upon pressure; decubitus flat upon back, and can scarcely be moved except to be raised straight up.

February 5th, eleventh day. Passed a comfortable night; pulse 102, temperature 100.1° F. She says it is the most comfortable day since the sickness began. The tenderness in right side and across the stomach to left side nearly gone; has some appetite, and wants to be dressed and sitting up, and to have the same food as the family.

For the three days following there was little change in her symptoms; some pain and tenderness remained at the pit of the stomach and in either side, but she ate well, slept a good deal, and took ordinary food with considerable relish. The pulse and temperature remained about the same; quinine and opiates given in much smaller doses.

February 9th, fifteenth day. Another slight chill in the evening; two hours afterwards pulse 128, temperature 103° F.

February 10th, sixteenth day. Another chill, but not severe.

February 11th, seventeenth day. Chilly sensations, not amounting to a decided rigor; at this time she began to complain of pain through the whole of the left chest; had a slight cough, and said a full breath gave distress from the armpit to crest of ileum; decubitus was altogether up left side, and she complained of so much soreness and tenderness that for three days she was hardly moved; there was considerable dry cough and shortness of breath with slightest exertion; temperature was nearly normal in the morning, but generally 102° to 103° F. in the evening, with profuse sweating whenever she fell asleep.

February 14th, twentieth day. Was able to raise her up sufficiently to examine the chest; the lower left back was dull, respiration absent, and vocal fremitus marked.

From this time till February 20th the cough and dyspnoea increased; there was increased soreness over the whole of the left side; appetite poor; some vomiting, and profuse perspiration when asleep.

February 20th, twenty-sixth day. The dyspnoea increased so much that, with the assistance of Dr. Stevens, I aspirated from the left chest twenty ounces of bloody pus, with an odor intensely fetid. The removal of this fluid from the chest gave great relief. Dyspnoea afterwards was slight, and cough nearly absent. The appetite returned, and she was able to be dressed and sit up nearly an hour each day, but this temporary improvement lasted only a few days, the dyspnoea and cough soon came back, sweating was profuse, sleep fitful and disturbed, pain and soreness over whole chest greatly increased, and March 5th I again aspirated, removing only about twelve ounces of the same fetid pus mixed with blood. During the interval of time between the first and second aspiration there was a great deal of sweating, so much at times that the nurse was obliged to be occupied nearly the whole time wiping the face and hands and arms and limbs. Whenever she slept the perspiration would run down

the face so as to wake her up. The pulse varied from 90 to 108, but the temperature was generally at normal or a half or one and a half degrees below. She took nourishment well, bowels fairly regular, and nearly every day was sitting up from fifteen minutes to an hour.

From this time to March 10th, which was the forty-third day of her sickness, there was little change except an increase in the dyspnoea.

Dr. Ellis saw her then, and a permanent opening was made in the left side below and about a hand's breadth behind the nipple; twenty ounces of pus of the same general character as that obtained by the first aspiration was removed. Following this there was no particular change in the symptoms except that she grew weaker, and death took place March 19th, the fifty-second day from the first chill.

Autopsy. Body that of a woman about forty-five years of age, rather large and fat. The skin has a slightly yellowish tinge. Right side of heart moderately full of blood, left side contains less blood; valves everywhere perfect; interior of this organ smooth, and everywhere of the same color; muscular substance is softer than usual, and pale. Right lung fills the cavity of its side of the chest, and is nowhere adherent, dependent portions of a dark-red color; it is everywhere crepitant, and apparently healthy. The left lung is bound to the side by a fibrous band running from front to back, about in the centre of the lung, dividing the pleural cavity in two nearly equal parts; the upper cavity is smooth and glistening; the part of the lung in the cavity is healthy; the lower cavity is lined with a rough, ragged, and dirty deposit, it contains about a pint of dirty pus which is inodorous. There is an opening into the cavity through the walls of the chest, between the eight and ninth ribs, that readily admits the finger.

Spleen a little larger than usual, and quite firm.

Kidneys larger than usual, and have a swollen look, capsule slightly adherent, cortical portion thicker than usual and much paler, the medullary, the whole organ is a little soft.

Intestines, stomach, and mesentery glands healthy.

Liver enlarged, pale, and soft. The acini can be readily made out, the cut surface is generally of a grayish color, with darker spots about the central vein, giving it a finely marbled appearance; on the upper surface a rounded elevation, about the size of a filbert; this opened is seen to be a collection of pus; the base of this cavity, about a half inch below the surface of the liver; there is no hardness about this point. The portal vein is apparently of a normal size and thickness, the part of it below the liver contains a mixture of pus and blood, the part in the liver in all its branches contains nothing but a creamy-yellow pus.

IMPORTANT POINTS.

The important points in the case seem to be these:—

A woman, apparently in perfect health, is about three weeks suffering from nausea after taking food, with occasional vomiting, and seems generally unwell. Three days after exposure has a severe chill with severe pain at the pit of the stomach, nausea, vomiting, and diarrhoea, followed by severe fever and great prostration. In a few days another chill with the pain extending to right side, in a few days more it extends to left side, and during the whole of the remaining sickness, pain, soreness, and tenderness upon pressure is

never absent, extending from the right to the left hypochondrium. About the sixth day jaundice makes its appearance, but gradually disappears, and is nearly gone at the end of the fifteenth day. Pain in the left side came on about the twenty-fourth day, after a severe chill; fluid was present so as to cause dyspnoea and require aspiration in seven days, a permanent opening about the forty-third. Sweating was marked during the fourth and fifth weeks with a temperature, as indicated by the thermometer, from one half to one and a half degrees below normal considerable of the time. The last two weeks there were chilly sensations most of the day, but not a distinct chill.

The autopsy showed no trouble in the abdominal cavity which could have been the starting-point of the inflammation in the portal veins. The use of quinine had no effect in controlling the chills.

Urine. The urine was examined several times by Professor Wood, each time with nearly the same result. It always contained some albumen, a few granular and blood casts, urates in great quantity, its color was of a deep red, evidently concentrated, and generally had a peculiar odor, perhaps it might be called strongly urinous. I thought the fetid pus from the side resembled it somewhat. Professor Wood suggested acute parenchymatous nephritis similar to that dependent upon blood-poisoning.

RECENT PROGRESS IN MENTAL DISEASE.

BY CHARLES F. FOLSOM, M. D.

Lecturer on Mental Diseases, Harvard Medical School.

In the pathology of mental disease, although careful investigations are yearly adding new facts and confirming previous observations that there are always well-marked and definite changes in the brain in insanity of which paralysis is one of the symptoms and in chronic dementia, and that generally mental disease is associated with recognizable morbid conditions, which become more manifest the longer the duration of the disease, it must still be said that, except in dementia and paralysis, we know very little of the pathological conditions of the brain *giving rise to* insanity beyond the fact that they probably are chiefly cortical and diffuse rather than local.¹ In doubtful cases, therefore, there are no purely physical symptoms (pulse, temperature, etc.), which furnish strong presumptive proof of that loss of self-control which constitutes the chief distinguishing feature of insanity.

In the classification of mental diseases, the disposition to place ætiology, symptomatology, and metaphysical distinctions on a lower footing than pathology and clinical history is more and more manifest — a subject which is considered at some length, with a comparison of the systems of classification, in the JOURNAL of July 22, 1880.

In the medical jurisprudence of insanity recent cases indicate that the strictly medical-expert theory is gaining strength, especially in this country, to the manifest benefit of the criminal class, but with a more than possible danger to society, whose interest naturally lies in the direction of maintaining the highest standard of responsibility consistent with justice, safety, and humanity.

¹ For a fuller discussion of this point see the JOURNAL, July 15, 1880.

The chief advances of late years have been due primarily to efforts for better treatment — in this country directed toward following the Scotch and English methods of less restriction, and in acceding to the popular demand for more elegant hospitals, and to the wishes of the superintendents for greater ease in administration. If we may judge by the last edition of Dr. Kirkbride's book,² our changes in asylum construction during the last twenty-five years, from the patients' point of view, consist in better ventilation, heating, and opportunity for classification, and more room, air, light, cheerfulness, and means for amusement. The same statements hold good, to a less degree, however, of France.

There is great misapprehension in the United States as to what has actually been done elsewhere in giving excessive liberty to the insane, arising from the fact that people who have had very few opportunities for observation and experience, and who generalize somewhat hastily from scanty knowledge, give their conclusions to the public through the daily press with a self-confidence that begets in the minds of the community unjust condemnation of institutions, in regard to which they hear little but disparagement, and because exceptional authorities, somewhat dogmatic even if of advanced views, who advise very wide departures from the common practice, are quoted (not always correctly) as if they so fully represented all the intelligent medical opinion on insanity that those disagreeing with them were simply ignorant or knaves. As a matter of course the friends of other asylums, here and abroad, in self-defense, go to the opposite extreme and exaggerate correspondingly the comparative merits of their own systems, while the community, having no government lunacy commission to which it can refer for impartial information, being naturally distrustful of public officers, and having no means of testing for itself the truth or falsity of charges against them, believes what is asserted the most loudly.

After some careful study of this matter in Europe in 1873, 1874, 1875, 1878, and 1880, I think I am safe in saying that the public asylums of Massachusetts, with which I am most familiar in this country, are in all ways superior to the vast majority of those in France except in the matter of scientific study and experiment, while mechanical restraint is so generally adhered to throughout the new republic by the best authorities, with only here and there a rare exception, that at a recent meeting of the leading psychological society in Paris, after full discussion of the subject during four sessions, all but one of the members present were strongly in favor of mechanical restraint in the treatment of the insane. The Germans do not provide their patients so many personal comforts nor such pleasant hospitals as we give ours, but surpass all other nations in scientific research, while they are rapidly developing the non-restraint system, in some places even more absolutely than is done anywhere in England or Scotland.

The readers of the JOURNAL are already, in a general way, acquainted with the vast advances which have been made in some European asylums, more particularly in Scotland, but it is only fair to say that our attention has been drawn chiefly to hospitals which are landmarks even in their own country, and that it

² On the Construction, Organization, and Management of Hospitals for the Insane. By Thomas S. Kirkbride, M. D., LL. D. Philadelphia. 1880.