

unusually high—103 to 105. The discharges were of the characteristic mucus and blood, and so frequent that he was constantly on the bed-pan—more than forty movements in twenty-four hours. Almost from the first he complained of pain over the region of the liver. The organ rapidly enlarged, and by the twelfth day the whole right side was edematous. Aspiration revealed the presence of pus and incision was made in the mid-axillary line, excising a portion of the eighth rib. Only a small amount of pus was evacuated. The patient never rallied from the operation, and died on the thirteenth day. The autopsy showed one small abscess with several necrotic patches throughout the substance of the organ, which would undoubtedly have formed additional abscesses had the patient lived.

*Case 10,741.*—G. M. W., a clerk, was seen March 7, 1900. There was no history of dysentery or diarrhea. The patient had been in the Orient five months, and in fair health until about four weeks before, when he rapidly lost weight without assignable cause. On admission to the hospital, March 7, he was much emaciated and of a peculiar dusky, jaundiced color. His temperature was subnormal and his pulse rapid and feeble. Pain over the liver was constant, with the point of greatest tenderness one inch below the costal margin in the mammillary line. The organ was very much enlarged, extending four finger breadths below the ribs. Under ether the aspirating-needle revealed pus. An incision  $2\frac{1}{2}$  inches long was made below the costal border in the right nipple line. The liver was found adherent to the parietal peritoneum. On attempting to open the abscess such free hemorrhage occurred that the wound was packed with iodoform gauze and partially closed with silkworm gut sutures. Further operative procedure was delayed forty-eight hours, when it was intended to open the abscess with the Paquelin cautery. However, on separating the capsule from the diaphragm, about one pint of pus was evacuated. A drainage of double tubing was instituted, and the patient left the table in a very weak condition and died forty-eight hours later. The autopsy showed multiple abscesses of the liver involving nearly its whole structure. They varied in size from one to five inches in diameter and contained peculiarly fetid pus. There was no previous history or evidence of dysentery, nor could the ameba be found. Apparently the case was one of multiple liver abscess following general hepatitis. The mesenteric glands were much enlarged and the spleen was septic.

*Case 220.*—Private C. F. B., Co. I, 4th U.S. Inf., gave a history of chronic dysentery of several months standing, but on the date of admission considered himself cured of that disease. His present illness began so insidiously that he could not state the time of its onset. During the preceding month he had lost greatly in weight and suffered from a constant steady pain in the epigastrium. On admission, the temperature was subnormal and his pulse rapid and feeble, with a dry brown tongue and mental hebetude, and his skin a dusky jaundiced color. The liver was much enlarged, extending fully three inches to the left of the median line and  $1\frac{1}{2}$  inches below the ribs. Aspiration at the eighth interspace, in five or six directions, failed to detect pus, so the needle was introduced into the left lobe from a point just to the right of the median line,  $\frac{1}{2}$  inch below the costal margin. Here puncture was successful and an incision was made down to the liver. The capsule and parietal peritoneum were adherent and a large abscess was opened and drained, with no irrigation. The patient rallied from the operation, but died on the fifth day. The autopsy revealed a large single abscess occupying the whole left lobe. It had perforated the diaphragm, and opening up the pleura had set up a septic pneumonia. Healed amebic ulcers were found in the intestines, but the ameba coli could not be distinguished.

**Migration of Needles.**—The *Medical Press and Circular* for April 24 reports the removal of about sixty needles from a domestic, aged 16, who says that five years ago, on a wager, she swallowed four or five packages. No inconvenience was noticed until recently, when the needles presented, usually by the head, in various portions of the body.

## THE PREVENTION OF INSANITY.

DANIEL R. BROWER, M.D., LL.D.

Professor of Nervous and Mental Diseases, Rush Medical College;  
Professor of Diseases of the Nervous System and Clinical  
Medicine, Northwestern University Woman's  
Medical School, Etc.  
CHICAGO.

The necessity for more radical measures for the prevention of insanity must be manifest to any one who will judicially consider the question of its rapid increase; for while there has been some attempt to minimize this important question, yet it is capable of easy demonstration that insanity has increased out of all due proportion to the increase in population in the last thirty or forty years. The statistics of Great Britain show that the proportion of insane to the whole population in 1860 was 1 to 523, and in 1890, 1 to 320; and in Illinois the proportion of insane to the population is about 1 to 400.

Preventive measures must come from the States. The learned and self-sacrificing profession to which we belong can show the way, but the state must compel people to walk therein. The state has assumed the care and maintenance of the insane; indeed, has made it a criminal offense for any one to restrain them without the consent of her courts. Inasmuch as the state has assumed this great responsibility, it is her duty, in the interests of altruism and of economy, to use every possible means for the prevention of insanity; to find out how this may be done; to educate the people as to methods of doing it and to enforce those methods. The state should, through her State Board of Health, furnish the people with information that they can comprehend as to the causes of insanity, and with methods that may be applied for its prevention; and the state should be as ready, with the same paternal power she uses in smallpox, cholera, etc., to enforce those methods that have the approval of the medical profession. The state should make her insane hospitals schools for the instruction of medical students in insanity. The state should, by competent authority, select by competitive examination senior students in medicine from our medical colleges, and place them in the hospitals for the insane as medical internes. At least half a dozen can be placed in each hospital for the insane in this state. These internes should remain at least one year, receiving board, lodging, and a small gratuity at the end of the service, and by this means at least thirty physicians every year, with mental attainments of a high order, will be sent forth with a good clinical knowledge of insanity, its prevention and its treatment, and become so many prophylactic centers in as many communities. But a few years would be necessary to have, from one end of Illinois to the other, an abundance of well-skilled medical men competent to solve this great problem.

The state should assist in providing treatment for carefully selected cases in wards connected with the hospitals now to be found in every city and almost every town in the state. Admission to these wards should be by the same rules as apply to any other disease. The family of the patient would make but little objection to the prompt treatment of the case in such a manner, while it would decidedly object to the patient being sent to a hospital for the insane by a jury trial at some distant point, and especially to-day when our hospitals have become political machines for the reward of political favors. The patients in these hospital wards, under such scientific treatment as they may promptly obtain, will recover in very much larger proportion than is

possible now, when the prejudices of the people, the court proceedings, and the management of these institutions are all barriers to their prompt and successful treatment. Provision for the treatment and care of the acute cases of insanity near their homes is very much better than the building of palatial institutions in favored localities in the state.

The time allotted to this paper will only permit a very superficial consideration of the prevention of insanity in detail.

At the head of causative factors must stand heredity, that great biologic law by which living beings repeat the character of their ancestors, the sum of ancestral influence directly transmitted, whether as a specific tendency, or as a deficient vitality, or both; "that tyranny of organization," as Maudsley puts it, in them from which no one can escape, that destiny which unconsciously and irresistibly shapes our ends, and some have sought to minimize it and to substitute for it what they call tradition. This heredity is not necessarily the heredity of insanity, for nervous diseases, as is well known, undergo transmutation in transmission, so that any neurosis may be the basis of insanity. Heredity as a factor in the production of insanity can be reached radically by only two methods: 1, the regulation of marriage; 2, the asexualization of the degenerates; or both. But in order that either one of these methods may be established, there must be a great deal of educational work done by the medical profession.

My attention was called a few days ago to a prominent stock raiser in Kentucky, who refused to purchase a bay stallion, a very valuable animal, because back in the fifth or sixth generation one of his progenitors had bred gray. This stock raiser married a woman whose brother at the time was insane, and whose father and grandfather died insane. Fortunately in this case, so far there has been no progeny. Some say that the regulation of marriage is an utter impossibility. Such people forget that in Illinois to-day marriage, to a very limited degree, is regulated, and all we need to do is to extend the regulating powers of the present law to make it meet the indications of the present conditions. Asexualization, as is known very well, can be accomplished without danger to life, without producing deformities, without destroying sexual desire, by ligating the Fallopian tubes on the one hand, and the seminal ducts on the other.

It is not necessary for me to emphasize the fact that a mother with this neurotic inheritance, when she becomes pregnant, must be carefully guarded during the whole period of gestation, placed under the very best hygienic rules and conditions, compelled carefully to avoid the use of narcotic drugs and stimulants; and when her child is born, if possible, a healthful wet nurse should be provided, and in its early days, careful training, so that as the child grows older he may have a robust body. His education should be largely directed to producing a body with fine muscular development; his intellectual training should be carried on with the greatest possible care, and an occupation should be selected for him which will be the least likely, by its extraordinary demands, to dethrone his reason.

It is unnecessary for me to consume time by saying that our educational system in the public schools, so far as the great bulk of neurotic children is concerned, is sadly deficient. We know the causative effects of syphilis, of tuberculosis, of infectious and miasmatic diseases, of the arthritic diatheses, of the effect of intoxicants, not only voluntary intoxication by alcohol and numer-

ous similar drugs, but by auto-intoxication through physiological instability, defective metabolism, defective gland secretion from the alimentary tract, the liver and kidneys. We know the effect of deficient alimentation, and for all these several important factors we are familiar with the preventive measures.

## WHEN SHOULD WE OPERATE IN APPENDICITIS?

DOUGLAS C. MORIARTY, M.D.

Senior Surgeon at the Saratoga Hospital; Attending Surgeon, St. Christina Hospital.

SARATOGA SPRINGS, N. Y.

So much has been written on the subject of appendicitis, that I have hardly the temerity to proceed and I am sure I would not have if it was not for the memory of many cases that I feel could have been saved and others "in futuro" that never will until some of the general practitioners rise above their prejudices. I believe it is the duty of all operators to agitate this subject until the correct position of operative procedures is thoroughly appreciated. If men who do not operate and meet these cases would have in mind septic ones and their serious termination—if not in death, they go on to abscess, drainage, ventral hernia, and a long convalescence—as well as catarrhal ones with their recoveries, then much will have been accomplished. To diagnose and correctly appreciate the uncertain cases is the most essential feature. Like other surgical conditions that invite procrastination, appendicitis may lead us to a serious or fatal termination. I purpose treating only one feature of the disease, and that the old one, namely, shall we operate in all cases, or shall we follow an expectant line of treatment? There are many able men in favor of both expedients.

*Important Factors.*—There are important factors in every case that the general practitioner should consider, viz.: Are the symptoms clear-cut and urgent? Is it a primary or recurring case? How far advanced is it? What is the opinion of the patient's friends or advisers? Has some one in the vicinity had a slight catarrhal attack of appendicitis, or other local disease with the character of appendicitis, which has ended in recovery without surgical interference, or has surgical interference in some neglected or fulminant case ended fatally? Either condition will have a material effect on the family and friends in deciding concerning an operation. Then there is the clinical experience of the one in attendance and the class of cases he has met, the question whether or not he does surgery, whether he is opposed to calling in a consultant, how many cases he has had and their outcome, and lastly, whether he concludes his consultant is advising an operation purely because he is desirous of performing it.

There is no fair comparison between the eminent specialists of the large centers, whose every utterance is law to so many, who have such a wide territory to draw from that their patients and even their professional brethren do not know of their results, and the practitioners of smaller places. We general practitioners are most excusable—with our limited opportunities—for the feeling of anxiety and apprehension that comes with each case of appendicitis, when we review the great variation in the views of our most eminent men. One will say, "Operate at once," another, "Be conservative and follow an expectant line of treatment that you may have the advantage of an elective operation," while still another equally eminent man says that operative