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"Quantam ego quidem video motus morborum fere omnes a motibus in systemate nervorum ita pendent ut morbi fere omnes quodammodo Nervosi dici queant."—CULLEN'S NOSOLOGY: BOOK II P. 181—EDINBURG ED., 1780.

THE
Alienist and Neurologist

A JOURNAL OF
Scientific, Clinical and Forensic

*NEUROLOGY AND PSYCHOLOGY,
PSYCHIATRY AND NEURIATRY.*

Intended Especially to Subserve the Wants of the
General Practitioner of Medicine.

VOLUME XXXIV.

CHARLES H. HUGHES, M. D., Editor and Publisher.

3858 West Pine St., ST. LOUIS, MO.

1913

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THE
ALIENIST AND NEUROLOGIST

VOL. XXXIV.

ST. LOUIS, FEBRUARY, 1913.

No. 1.

WHERE FANCIES FLY WITH PAINTED WINGS TO
DAZZLE AND MISLEAD.*

By

MARTIN W. BARR, M. D.,

ELWYN, PA.

Chief Physician to the Pennsylvania Training School for
Feeble Minded Children.

FEBRUARY 16TH.

MRS. MacKenzie had an attack of acute mania during the night. This morning she greeted me with: "Go home and brush your clothes, you untidy creature, you are covered with lint." And so I was. "Shut up, you talk too much with your mouth," was her reply to the nurse's remonstrance.

Upon Miss Levy wishing she could leap from the window and break her neck, Miss Ogilvy in her usual practical way, immediately began to plan how she might accomplish her object.

At tea Mrs. Tulloch advised Miss Ogilvy to eat some fruit for the sake of her brain. "Yes," interpolated Mrs. Warfield, "when I don't eat, you may be sure I am very sick mentally."

*Continued from November, 1912.

Why does one always say "Down in Maine?" Miss Leigh asked. "Because," quickly returned Mr. Archer, "it is down on the map."

Asking if both Byron and Mrs. Shelley were not "queer," he added: "I do not agree with the chief physician's diagnosis of my case. Why? Because he has known me only a few years and I have known myself all my life."

FEBRUARY 17TH.

Miss Ogilvy is busy arranging a diet for herself. Thus: "If I eat the legs of a chicken, my legs will be correspondingly strong; if the wings, my arms will be."

Mrs. Warfield, very talkative to-day, rambled on: "You know I lived in Colorado nine years ago. I lived there for three years. I did not like the people. They would not call on me and I thought them haughty. One night in summer, in July or August, a storm came up naturally. The clouds gradually accumulated over Mr. Karkeek's ranch. I was weeding vegetables in the garden just at sunset. The storm increased from seven o'clock until eleven; it being terrific at eleven. For two hours I was as frightened as any woman could be, and my boy slept through it all. The rain sounded like pitchers of water being poured on the roof. The lightning was very intense; no one could see between the flashes. The thunder was not so loud as I have noticed. It was a grand storm, but perhaps you might have been disappointed, you are so fond of grandeur. But to me it was fine. The water flowed like a river past the house, and left the ranch nothing but a sand hill.

"It was an arid waste and the cows were starved out; there was no grass, and the poor things had nothing to eat. I called up my boy, six and one-half years old, that he might see it. He was quite a big boy for a little fellow, and I wanted him to see something for a change. Think of being called from your slumber, and seeing a river foaming where there was a garden the day before! It was a cloud-burst. I lost everything. Hard work has killed my intellect." I took æther at the dentists, and it has never gotten out of me. I took it to relieve the pain. I thought it wonderful. I did just as he told me. He said: 'breathe harder.' That music over

there is a strange sort of a funeral march. I can read it off, but have not seen it for three years. My husband became insane, and died so in an insane hospital.

“I have a *haematoma auris*—an insane ear. I was a society woman once. My memory is groping in the disused garrets of the past.

“I heard Rubenstein, Von Bulow and Ole Bull play; I saw Dickens when he was here. I met Longfellow one day. His house is open to the public, but I would advise you not to go. It is so common to go there. Once when I was in the west a coyote sat on his haunches quietly looking at me. I wondered if he would have come in, if the door had been open,” and her voice trailed off.

FEBRUARY 18TH.

Mrs. Warfield had a frightful attack of mania, during the night. Broke a tumbler and tried to swallow the pieces. Took a brass screw out of her window frame, and did swallow it. Then tried to dig her eyes out with her fingers.

This morning Miss Vaizey put her bare arm out through a crack of the door, and Mr. Cobham covered it with kisses.

Mr. Archer happened along and saw the performance, and in telling of it, said: “I too had the opportunity but would not.”

Mr. Buckheath went to walk, and met a friend, “D——it,” he said, “Now she will write home and say, ‘I met poor Percy Buckheath, and his attendant.’ How it galls me. They all think I am crazy as a bedbug. I cannot be created again. The chief is phlegmatic, and wants to make me like he is. It can’t be done. I cannot change my nature. They say when the chief was at college, he went through the whole course without ever smiling.”

Mrs. Smith and Mr. Archer were in the parlor this afternoon. “Oh,” she exclaimed, “Mr. Archer, I was born with a wonderful capacity for enjoyment and happiness,” and receiving no reply, she went on in a dreamy tone: “Life is not worth living—I wish I were dead. I have nothing to live for.”

“You have your husband and children,” I suggested. “Yes, but my husband is so common-place. My father was rich, and I made a mistake to marry a poor man—I see it now.”

I should have married an old man and been his darling. I wanted to be petted. My mind was not strong enough, nor my nervous system suited to the life of a man of moderate means. I am too nervous, and my husband never understood me at all. When I lived in Canada all the swell people with their prayer books, and flowers and cards and glasses, would call on me and sit for twenty minutes or half an hour, staring at me and talking stupidly about the weather or the theatre, or something. I felt sometimes as if I must strike them or scream, or run. They were so artificial. When they would go, I would run to the kitchen and talk to my servants. They would tell me the truth.

"When we came back to the city, I had trouble with my servants, and finally lost my mental balance and became insane. The servants were pert, pretty young things, and my husband said I was jealous of them and I did not know how to manage them."

Here Mr. Archer looked up, with: "Mrs. Smith, that is not right. Your conversation is becoming coarse and immoral. I do not like the way you speak of your husband. You speak of him as if he were an insect."

"Well," she replied, "we each ran our own machine."

"Heavens!" he exclaimed, "Why the woman talks as if they were bicycles or sewing machines. Mrs. Smith, you talk more silly nonsense in less time than any woman I ever knew. If you lolled at home as you do here, I don't wonder that your husband fussed at you. Not a bit. You have your husband and four children and you should be thankful for them, and say for these small blessings, Lord make me truly thankful."

"Are you tired of my peculiar style of wit?" he asked, as I rose to go.

FEBRUARY 19TH.

The monthly ball is just over, and surely such a gathering was unique. Wealth, position, fragments of talent and wit, remnants of great beauty—all overshadowed by the cloud of mental disease—were there to be seen *en masse*, presented as moving pictures in the hall of phantasy.

As I entered, Mrs. Smith inviting me to dance, caught and whirled me until I was dizzy.

Mrs. Warfield jumped and pranced. During an intermission, I asked her how she felt and she replied: "It would be preposterously ridiculous to say one felt anyway but well, when one takes so much exercise. We breathe oxygen and hydrogen. The gas is constantly going up and it has a sleep-giving effect. And when one is not sleepy, one is comfortable. No pain nor ache. This is the Gooda—a gas. It has to be watched that it may be protected and given to the pains. Therefore it has mind and thought. It wants to protect people from fright and pain. I have seen the Gooda move along my finger. It looks like flesh—almost transparent—melted ice or beautiful saliva. It is viscid. It is so wonderful, it is best to say little about it. God is good and God is in my life. I found this out when I was a little girl. I found it in the Bible. Then mother took me to Boston and the dentist gave me gas and that entered into me." All this in one breath, for which when I thanked her, she replied: "you are quite welcome; and it is very gentlemanly in you to appreciate me. I am a patient of God. Oh see!" she continued, "Miss Ogilvy's dress. The combination of pink, green and black is lovely, but she is rather slouchily arrayed."

"Yes" returned Miss Ogilvy, overhearing her, "I have on a beautiful dress, but confidentially I do not know to whom it belongs. I fear I have appropriated some one else's. I found it in a box directed to me, so I put it on. Wouldn't it be odd if the person who owned it, came in and ordered me to take it off? I am not sure of anything in this world, and am not surprised at anything. And now I find I am covered with cats. Will you kindly excuse me while I brush them off."

In the lancers, Mrs. Petre pinned a white carnation in my coat. "See" I said, "I wear your colors." "Yes" she replied, "I had some, and my nurse insisted in putting them in a sugar bowl. That was not a proper place for them, and so to get rid of them, I gave them all away. This one had a short stem, but I thought it would do for you. Besides you are the merest acquaintance. I might do better for you, if you were a friend.

Miss Leigh asked how long it took her to make a friend.

"Ten years," she answered.

Mrs. Frere then observed: "But one becomes better acquainted in this place in a month, than outside in a year."

"Yes, but Dr. Barr has only been here three weeks," replied Mrs. Petre.

The Virginia Reel, closing the evening, was bizarre beyond description.

No one remembered it, but everyone danced it, and like the race in Alice's Adventures in Wonderland—each got up and sat down at will.

Mrs. MacKenzie stopped to make faces at Mrs. Tulloch; Miss Levy stood in the middle of the floor wailing, she was so stupid, she wanted to die; and Miss Ogilvy continued at intervals to shake off the cats.

Mr. Buckheath and Mrs. Frere would stop to flirt in the corners, till routed by the vigilant eye of the head nurse. Miss Gautier, gorgeous in lavender satin, old lace and antique cameos, in loud tones, compared this with a ball at the Tuileries, and herself to the Empress Eugenie.

Mr. Ransom, with Mr. Hewett in his arms, galloped round and round, overturning everyone in their path-way; while Mrs. Smith discoursed on the vulgarity of it all.

FEBRUARY 20TH.

Miss Ogilvy again lost her identity, and could not find herself.

Told of once going to the wedding of a Miss Ogilvy, who had married an Englishman of rank; and of later attending a Miss Ogilvy's funeral; therefore she could not determine to her satisfaction, whether she had been the bride on one occasion or the corpse on the other.

To-day Mr. Archer repeatedly urged me to tell him of the pranks of the various insane people I had met.

Miss Maitland was weeping because she wanted to go to Heaven, but hoped she would not have to wear a crown, as the nurse's caps here were bad enough; and she hoped she would not have to play a harp because she detested harp-music.

FEBRUARY 21ST.

Miss Vaisey, while visiting a friend last night, sat next a strange man at the dinner table, who remarked that he had never seen an insane person, and would so like to see one.

Relating the circumstance, she said: "He did not know I was insane, and I had a notion to tell him I was. I did tell him that insane persons were just like anyone else, except that they were exaggerated in one way or another. The mistake the insane doctors make, is that they look at everything from an insane standpoint, and if one is a little eccentric, they think he is insane."

Mrs. Warfield was sitting in the sun this morning, admiring her rings: "When I lived in the west, before the cloud-burst, I used to wash the dishes in my diamond rings. How they did sparkle. It was a compensation for the dirty work."

Mr. Hood was admitted to-day. All the other patients, much interested, were eager to know if he was nervous—if he was in bed—what was the matter with him?

Mrs. Smith was as usual writing the names of her friends on the margin of a picture, and among others, that of Mr. Archer. She told him she liked him because, like herself, he was "the dribbled out remnant of a great family."

In the afternoon going to a matinee, she suddenly without warning, began to call to the actors on the stage, using the most vulgar and abusive language.

Mr. Cobham, under the delusion that he was the president of all the railway systems in the United States, to-day distributed "passes for life" freely. Mr. O'Dunne, petitioning him, he gave him one for fifty years.

"But this is only for fifty years!"

"Yes," he replied, "but it is for life. You are an old man, and besides you are such a miserable looking creature, that you will not live out your fifty years. So be satisfied."

FEBRUARY 22ND.

Mr. Bentley met me with: "Is it not a fine day for the birthday of Washington? I am glad Mrs. Washington had a safe delivery. Washington was delivered all right. So was I. But I—brought up at a mad house."

Mrs. MacKenzie showed me some silk lace she was crocheting for a petticoat. "See" she said, "I have done all this because I have not been excited for seven days."

Mrs. Warfield played "The Virginia Rosebud" and apologized for her rendition of it. Then after playing "Auld Lang

Syne" she said: "I met him going down Washington street one day. He's crazy, and a Polonaise by Beethoven." I asked who she meant, and she replied, "You."

FEBRUARY 23RD.

Mrs. Warfield began to ramble on with: "Why did you pass candy last night to those people? It was too exciting for their brains and I know a lot of them that did not sleep for it. Look at Mr. Hewett. He is as thin as a rail. Sometimes I hate him because he is so hateable. I looked at you this morning and thought you looked like me. I am so interested in the wild animals in the west. The coyotes. I saw a bear and an antelope. I was with a lady and her husband. The antelope saw us and then darted away. The houses looked so beautiful against the horizon. The sun was hot, and the sand was hot too. We had a thunder storm for sixty afternoons in succession without cessation. The mountains were beautiful with the tops covered with snow all the year around."

Upon my asking Mrs. MacKenzie if she knew any Scotch songs, she became so excited that she insisted upon dancing the Highland fling. When quieted, she mentioned a number of songs and dances and talked very lucidly. As I rose, she said with a laugh: "Ye can't find many old women as well mannered as me; and me crazy too. Just think on it."

Mr. Archer has slight choreic movements, which attracted the attention of Mr. Hood, who inquired: "What makes you blink and wink so?"

Quick as a flash, he replied: "Why the light hurts my eyes." A few minutes after, upon Mr. Hood's observing: "I don't like the screens they put around my bed. It reminds me of a pig in a pen," Mr. Archer retaliated with: "You are very complimentary to yourself. I had thought of the comparison, but did not like to speak of it. I am glad you put my thoughts into words."

FEBRUARY 24TH.

Mr. Hewett observed, during my morning visit, that he was afraid he had melancholia, then began to read his prayer-book.

Miss Levy sighed: "I was so sorry to awake and find my-

self alive."

"Well," retorted Mrs. Frere, "did you expect to awake and find yourself dead?"

"No, but I am wasting time, money—everything here."

"Not everything, I see that you are not wasting away. Your cheeks are too red and round for that," returned Mrs. Frere.

After breakfast Mr. Archer, referring to Mr. Hood, called him peculiar. "I think that fellow is queer. He has no idea of the fitness of things at all. Doesn't even know how to eat."

"Doctor, how do that young man's peculiarities manifest themselves? What visible sign does his insanity take?" inquired Mr. Bentley.

Later he saw him while playing billiards, suddenly cease to play, put up his hands and toss his hair. Then he refused to go to walk, or to dress for gymnastics. Claimed that all the other folks did as they pleased, and he should do the same. Paced to and fro in his room. Laughed and complained of feeling "dazed." When told that the gymnastic teacher was waiting for him, he replied: "Let her wait. If I am not there, school can begin without me. It always does." No amount of persuasion could induce him to go. When offered a sleeping potion, refused it saying: "If I cannot sleep I will knock this fence (screen) down, pull over the bed, cry fire and pull the parrot's tail." Becoming more excited, he burst into tears, sobbing: "But I don't know why I am crazy; I can't help it." Later when in bed he said: "This is a queer place, my first meal at table was worth a dollar to hear the funny talk. I laughed until I was black in the face."

FEBRUARY 25TH.

Just before dawn, Mr. Hood called his nurse, asking if it was cold. Stripped naked, he sprang suddenly upon the man and began to beat and choke him. When he threw him off, he splintered the upper panels of the door with fist and feet, and sprang into the arms of two waiting attendants, declaring he intended to kill his own attendant. Once overpowered, he went quietly back to bed, and asked for a drink of water, saying: "I do not know why I did all this." In the scuffle, one of his eyes was blackened, and he said: "Some one black

my other eye or I will do it myself. I would have killed some one, if I had not been stopped. I thought they were going to flood my room. I was in the den and heard the lions growling. I did not mind them, but was afraid of the water. I did not see any, but I felt it." In the midst of the melee, Mrs. MacKenzie poked her head out of the door and called: "The gentlemen are up, I had better get up too."

"The fools are up," answered Hood, "at least two of them."

Mr. Ransom upon hearing the noise, said: "He is just like me when I am wild."

Mrs. Warfield remarked at breakfast: "The fun last night was due to gas. I think he must have had sufficient to last him to life everlasting. He must have taken a great deal, and it is a most horrible thing to take."

"Perhaps they were moving," said Mrs. Frere.

"Well if they were they must have been moving very rapidly judging from the noise. Why they must have gone at the very acme of speed."

Miss Vaisey threatened to fine Miss Levy twenty-five cents for every remark she made about herself.

"Oh don't," she answered, "my father is not rich enough for that. He can only pay for things in reason."

FEBRUARY 27TH.

"My doctor—my court physician," cried Mr. Koplik, "I am going to give a grand entertainment—the finest exhibition of legerdemain that ever was seen; and my dearly beloved doctor, you will be there. You shall have a front seat and will be my honored guest. A little licorice please."

Mrs. MacKenzie's greeting was, "Good morning, doctor. You are like a bad shilling, always turning up. I wish I could get well and go home to glory and my Heavenly home. I had a jolly time last night. I laughed and laughed until I thought I was crazy."

Mr. Ransom, believing he has been appointed in charge of Mr. Hewett, tells him, to his intense annoyance, when to sit and when to stand.

Miss Maitland, while driving, passed a store kept by one Peter Fae, and stopping to ask if he was any relation to Margaret Fae in Mrs. Barr's novel of "Jan Vedder's Wife," was

much offended when he laughed and said "No."

Mr. Buckheath, an expert at cards, was teaching me whist, and notwithstanding his careful instructions, I carelessly played my ace before my king. Whereupon he leaned over the table and shook his finger at me with: "Young man, do you know there are men in Europe going about without dinner or bed, because they played their ace first?"

The next deal, holding queen, king and ace, again I played my ace first. Once more he leaned across, to say patiently: "Young man there are men in Europe going around without gloves and stockings, because they played their ace first."

The third round, holding the four face cards, I again led the ace.

"There! Now I will not have to run around Europe without dinner and bed, gloves and stockings!"

With a profound sigh he leaned back in his chair and replied: "My dear sir—if you play like that you are never likely to see Europe."

FEBRUARY 28TH.

Mrs. Frere remarked: "I told a white lie to-day. White lies and conventionalities are the hedges which separate human beings from savages and keep them from being brutes."

Mrs. MacKenzie after a gentle reproof from the head nurse, spent the afternoon muttering to herself:

"Ours not to make reply"

"Ours not to reason why."

"Ours but to do and die"

"Nurses to right of us"

"Nurses to left of us"

"Nurses in front of us"

("They are ubiquitous")

"All volley and thunder."

"Stormed at with tongue and mouth."

"Badly we meet defeat."

"I am the poetress laureate of the whole world!"

Mr. Hewett, after reading the Bible all day, towards evening became restless and uneasy, and suddenly, with a water pitcher, struck his attendant over the head, exclaiming: "It serves you right."

Mrs. Tulloch, in a state of depression, first talked to herself, asking questions and answering them herself. Next imagined she could not speak. Thought she was a pony and then a duck. Next tried to choke herself with a handkerchief, saying she was going to her own funeral and wanted to throw herself under the horse's hoofs. Her nurse found a note on her dresser: "If there is money enough left by selling my clothing, watch and chain, I would like a little head-stone with 'Mama' on it. It matters not where I lie. I have no home, no friends, no husband, no children—save in dreams. I will write no more letters—it does no good. I am in everyone's way. I am so homesick, but I don't think I shall ever see home again. I am insane and never will be well. I have begged and prayed for death. I do not know how I got the name of Tulloch. First I got it by falling off the fence. No, I will explain. I am either sane or insane. If I am sane, I can explain things—if I am not, I cannot. I dreamed my husband was crucified. I never will get over the crucifixion, for I am afraid I have killed him."

Mr. Cobham, greatly excited, boasted he was the greatest portrait painter in the world; could paint anything. Ordered that his dinner be sent to his room, or he would tear the house down.

In the afternoon, came to the parlor clad only in a shirt, drawers and stockings. Next he appeared in evening dress, talking grandiloquently of his friends as "glorious, magnificent, sweet and lovely." Expatiating at length upon inventions he claimed to have made, he gradually grew sentimental, telling of his "loves" in the past, and how a famous authoress whom he had jilted, giving her name and history, had in revenge portrayed him as the villain in one of her most popular novels. Expressed himself as much interested in the insane people about him; wanted to get photographs of them, and to write their peculiarities on the backs of the cards.

Said most men would be disheartened or discouraged by being insane, but on him it had the opposite effect. It braced him up.

At supper the conversation turning on platonic friendship, Miss Ogilvy observed: "When I eat off plates, it is

platonic, and as Mr. Pate sits opposite, we must be platonic friends." As she and Miss Levy were returning from a drive, the latter called to me: "I don't believe I am improving. I am hopelessly insane."

"Yes, you are improving" I replied, "isn't she Miss Ogilvy?"

"Yes, I suppose she is," was the answer. "She has only wished she were dead three times during the last half hour if you call that improving—well—yes." Later upon my telling Miss Levy that she had a good command of language, Miss Ogilvy interpolated: "Yes, she has. It is wonderful—the many different ways she talks of dying and committing suicide. It is ingenious to say the least, but it does grow monotonous."

"Yes," assented Mrs. Frere: "She has a depressing influence over one; she has no animation; indeed she reminds me of a tomb-stone."

Miss Levy appealed to Mr. Archer for sympathy with: "I wish I was not crazy. I am so tired of it." To which he promptly replied: "And so is everyone else."

"I am just crazy mad" said Mr. Bentley, "because my cup is cracked. I am not used to drinking out of such common china. I found my pitcher set in my basin too, and I am not accustomed to such vulgarity. It reminds me of a country hotel." Upon my trying to quiet him, he retorted "I've been to church conventions, and heard the finest speakers in congress, but you cap them all."

Miss Vaizey was busy all day with her manuscript, a novel which has since been published and was a season's success; no one, except the few initiated, dreaming that it was conceived and written by one insane. She gave me a volume of her short stories, in which she wrote the following lines:

"COMMUNION"

I would not in my verses celebrate

The narrow record of one selfish love or hate,

But seek to voice the universal soul

That blends all human life and passion in one whole,

So that in crowds or deepest deserts thrown

The most unfriended heart is never quite alone.

Mr. O'Dunne, in a talkative mood, told of how he never allowed his four sons and three daughters to receive company or have friends of the opposite sex; adding that he kept a small whip, and waiting outside theatres or churches, if he saw them accompanied by the interdicted friends, he would lash them all the way home, every stroke drawing blood, so he said. Blood-thirsty little Irishman, how he did gloat and laugh at my horror!

MARCH 1ST.

Mrs. Petre, labouring under the delusion that some one enters her room at night and paints her face, is printing the following notices, which she pins on her door and scatters over bureau, chairs and bed.

"NOTICE!"

"Fifty dollars fine for ruining me—my eyes, my ears, my hair and my complexion. Pay me. Mrs. Petre would like to be paid."

Mr. Cobham sat to-day quietly reading. Spoke only when spoken to. Toward evening became irritable and excited and said six bottles of beer would put him right. Told of living unhappily with wife. Is going to get a divorce and marry Miss Vaisey.

He expects to make hundreds of thousands of dollars out of his various inventions: a rubber device to prevent the rattling of carriages and cars; a table with a stove under one end, which will keep food warm while people sit at the other; a breech-loading cannon of peculiar design, which he claims has already been offered to the British war office.

Mr. Buckheath, wildly insane and entirely nude, crying: "Doctor, I am filled with remorse at my past life; my cries are those of a lost soul, who has deliberately broken up families. When I heard husbands weeping for their lost wives, I laughed in glee and gloried in my relations with women. Faith is what I want. Everytime I open the prayer-book I see something to rebuke me." He opened his book, gave a cry, and staggered back, pointing to the Collect of Advent. 'Almighty God give us grace that we may cast away the works of darkness, and put upon us the Armour of Light,**** that in the last day when He shall come again in His glorious majesty to judge

the quick and the dead, we may rise to the life immortal.' When he finished reading, he broke down and wept like a child.

Mrs. MacKenzie, in a state of wild excitement, and furious at her nurse, who had done absolutely nothing to offend her, called out: "I am ashamed to have you speak before this educated gentleman. The idea of your speaking to me, a lady of my education and money. I can eat at the first table. Dr. Barr, order Mrs. MacKenzie's carriage and the Spanish horses and I will go home. Mrs. Nurse, if you were quiet and peaceable and gentle, I would like you better."

MARCH 2ND.

Mr. Cobham this morning, quite brilliant, failed for once to attract the attention of Miss Vaisey, who very sad, was absorbed in enacting the heroine of her novel, posed in the attitude of Evangeline.

"Never shake hands with me Doctor," said Miss Ogilvy, "because if you do I might want to marry you."

Miss Gautier, much amused, whispered: "I wish you better luck than to marry a crazy old thing like that."

"Miss Ogilvy!" said Mr. Archer: "you speak in airy persiflage."

Miss Leigh asked: "What great moral lesson does a weather-cock on a church steeple teach us? Can't you guess? Why that it is a vain thing to a spire."

MARCH 3RD.

Mrs. Warfield said mysteriously: "Robespierre was here last night. You know he was the leader of the French Revolution. He did not stay long because he met the head nurse and she was too much for him. He was so kind and pleasant to her that she might have been kind to him in return. Maybe she was, but this morning she is as cross and ugly as ever. She is part Indian and part Maine, and can you find a more vulgar combination than that? I should like to murder her, but she is as quick as a flash. If I took up a dumb-bell in the gymnasium to throw at her, she would'nt let me have it. Last night I thought I died in convulsions. If I had died it would have been perfect bliss. The Supreme Being—God—is an odd person. If you don't do as he tells you, you get in a scrape—and scrapes are so disagreeable. I wish I could endure my-

self and be good."

"You ought to use your prayer rug more," I suggested, to which she replied: "You need not expect any praying from me. I never pray except when I am frightened or want something. The head nurse and housekeeper would never get over it if I did. They would think me horrible."

Mr. Buckheath also has taken a dislike to the head nurse, Says: "When my friends come, she reminds me of a Greek root, and flops down on me like a tad-pole. The old harpie. I heard the old cat tell a patient she would like to spank her and I was disgusted."

"She certainly has an original way of expressing herself," I said.

"Original!" he replied, "I should call it aboriginal, for the old rip is not yet civilized."

Last night Mr. Bentley announced; "The time has come for me to die," and began to pinch his throat, but he pinched too hard and soon desisted with: "No, I guess the time has not come quite yet."

Miss Levy wailed: "I do so want to die." "Well," replied Mrs. Tulloch: "I'll help you. I have a little paint box that you might like to swallow, and it will do the deed."

Miss Maitland saw some horse-chestnuts and wondered if they would hatch out little horses and if they would be dead or alive.

Mrs. MacKenzie met me with: "I am an educated person and the Queen of Europe." Then pointing to her supper: "Isn't this a frugal supper for a Queen?"

Miss Amherst was moaning: "Get a coffin and screw me down. That is the best thing that could happen to me. It must be so pleasant to lie down in the ground and hear the rain patter on one."

Mrs. Frere remarked: "It would be rather close breathing though."

Miss Vaizey very wild. Saw (in a vision) the man to whom she was engaged five years before eloping with another woman. Says she feels as if the covering of her brain were torn off.

Mr. Cobham also excited, is making a scrap-book. Wrote

poetry in morning, which he tore up in the evening. Said he and Miss Vaizey would soon be married, and then write and illustrate a book which would bring them an immense fortune.

MARCH 4TH.

"What is the sign when one's nose itches?" asked Mrs. Smith of Miss Maitland.

"Why you will kiss a fool, meet a stranger, or be in danger."

"I do not like that. Miss Levy kissed me, and Mrs. Frere called me a fool." Mrs. Frere apologized most humbly but she refused to be pacified, whereupon Miss Levy put in: "Well, I don't know that she was far wrong if she referred to me."

MARCH 5TH.

Mr. Bentley called Mr. Buckheath a "*rastaquouere*," and when asked what it meant, replied: "It is a slang Parisian word meaning a foreigner who makes a great show of wealth and about whom no one knows anything."

"Why is a cat better than a swallow?" asked Mrs. Frere: "Well I'll tell you. Because it takes many swallows to bring a summer; and only one cat to make a spring."

MARCH 6TH.

Asking Mr. Hewett if he was going to church, he blushed and smiling in a sad way, answered: "No, I shall wait a few days. It is too soon after my attack of—nervous confusion."

"Ah!" said Miss Ogilvy, "I wish I could go to the childrens' service. Perhaps my poor deluded brain might be able to comprehend a simple service."

"What do you want?" was Mr. Sawyer's greeting. "What do I want?" I replied: "Why I came to bask in the sunshine of your smiles." "Well bask," he said, pushing me into a chair, "I am smiling" and he gave a most fiendish grin.

"Why you are the living picture of Benjamin F. Butler—spoons and all," laughed Mrs. Petre.

MARCH 7TH.

The head nurse blowing her nose quite loudly to-day, Miss Leigh called out: "Don't be alarmed. It is only Gabriel blowing her horn. I have dubbed her 'Sister Gabriel' because she is always blowing her own trumpet."

Offering to shake hands with Mr. Hewett, he refused with: "No I will not—I am tired of it." "You are very peculiar,"

I said. "Certainly I am," he replied. "I would not be here if I were not peculiar."

Mr. Buckheath in a jolly mood said: "Mr. Archer looks like Isaac Walton, the father of anglers," and sang to him as the milk-maid does in the *Complete Angler*: "Come live with me and be my love."

Then he quoted from Andrew Lang:

"Old Isaack, in this angry age of ours,
 This hungry, angry age, how oft of thee
 We dream, and thy divine tranquillity.
 * * * *

Ah! happy hours! we cry—Ah! halcyon hours!
 Yet thou, like us, hadst trouble for this realm
 But naught could thy mild spirit overwhelm.
 Oh, Father Isaack, teach us thy content,
 When time brings many a sorrow back again!"

Miss Vaizey told me at length of her frequent visits to the house of a great English poet, and of the practical suggestions he had given her in regard to writing; and also read to me a number of delightful letters of advice.

Miss Gautier passed a wild night. This morning claimed her name was not Julia, but Frederick, that they called her Julia because her sister Julia, an idiot, had been sent to an institution, where she was trained and became able to marry. Then she (Miss Gautier) took her sister's place at home, and everyone thought she was her sister.

MARCH 8TH.

To-day Miss Gautier is better. Gave me many points on French Court etiquette and showed me with great pride, a diamond ring, the setting three inches long, made from a shoe-buckle formerly worn by the "DUC DE LA--" to whom her father was first gentleman in waiting.

Mr. Cobham, in a state of exaltation, was painting industriously all day, painting out as fast as he painted in, talking all the time.

At dinner, speaking of alligators, Miss Ogilvy remarked: "I must be one because my name is 'Allie' and I wear gaiters, therefore I must be an alligator."

Mr. Bentley said he intended giving his attendant a little money, and when I asked if he would not give me some, he said: "No, you go work for it. You are a young, strong man. Shame on you, to beg of a poor, old insane man."

MARCH 9TH.

"Good morning, Mrs. Warfield," I said, "What have you to tell me good this morning?" "God is good," she replied sweetly, "now, always and forever."

All too soon, came to a close my days of service at the hospital, and this character study I had found most interesting. The patients were all drawn up in the hall to wish "farewell and God-speed," each in characteristic fashion to one they were never to see again. And so I passed from their midst, bearing with me a strange memory of these "dead who do not die, but who may not live;" these victims of the misfortunes or the failings of themselves or of others. Truly the consequences of our acts are eternal for as Kipling and Goethe have both emphasized:

"We are after all but the sum of our ancestors, plus our own individuality;" and, "Deck yourself in a wig with a thousand locks; ensconce yourself in buskins an ell high; you still remain just what you are."

Of some I have since heard:

Mr. Koplík died of cerebral hemorrhage. Miss Levy finally succeeded in leaping from a high window to find the rest she longed for. Mrs. Frere recovered and returned to her home; as did Miss Leigh, now living happily with her mother.

Mr. Cobham and Miss Vaizey have realized their aspirations, both intellectual and sentimental; he as a fair artist and she as a writer of fiction. They are happily married, and prove congenial mates, fortunately without children. Now and again he seeks a sanitarium, and occasionally his wife takes her turn at retirement. He still has his amours, but his wife does not mind, and they are good artistic chums.

Mr. Archer, "Isaac Walton," still lingers fat and content to live the life of ease.

Mr. Buckheath, now living abroad, is happily married

to an ordinary woman, not of his class, but who succeeds in making him happy in a quiet home.

For those who remain, the years begin to throw long shadows eastward, and the time is near at hand when they will soon push aside the gates of life and enter into the fullness of joy along the path that leads to happiness for-ever-more. Heaviness will endure for the night, but with the dawn they will have crossed the threshold to the joy that comes with the full morning-tide.

IS GENIUS A SPORT, A NEUROSIS OR A CHILD
POTENTIALITY DEVELOPED?*

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try Kent-Chicago
College of Law.

A congenital sexual twist of another type appears in a great student of Ruskin. Oscar Wilde was born in Dublin October 16th, 1854. His mother hoped before he was born that he would be a girl. Her disappointment was great; she treated him as a girl and kept him in dresses as long as it was possible. A portrait of Sir William Wilde, Oscar's father, according to Sherard, reveals "an extraordinary mixture of intellectuality and animalism, of benevolence and humanity with bestial instinct." The face is not unlike that of the son in which the contrasts were equally marked. His "forehead and eyes were those of a genius or an angel; his mouth was ugly, almost abnormal." Wilde was brought up in luxury, although

*Continued from *Alienist and Neurologist*, Nov. 1912.

his parents did not belong to the wealthy class; still they were comfortably off and his home in Dublin was attractive, even luxurious. Oscar took kindly to luxury. In his more opulent days he spent hundreds of pounds a year in cabs. At one period he used to take a cab by the day, and the first address that he gave daily to the driver was a florist in the Burlington Arcade. Here he bought himself a boutonniere at half a guinea, and another at half a crown for his cabman.

According to Sherard,† Wilde escaped that taint of precocity for which the English dictionary had another and less euphonious term and, until his inherent perversion broke out (but probably because of it) he escaped the air of his father's house. Here high thinking did not go hand in hand with plain living. The house was a hospitable one; it was a house of opulence and carouse, of late suppers and deep drinking; of careless talk and example. His father's gallantries were the talk of Dublin. His mother, although of spotless life and honor, had a loose way of talking. One of her sayings still remembered in Dublin gives an echo of her revolt against the accepted and the commonplace. "There has never been a woman yet in this world who would'n't have given the top off the milkjug to some man if she had met the right one." The mother's salon, the father's consulting table, were frequented by boozy, boisterous Bohemians, of whom Dublin furnishes such strange specimens. How free was the conversation may be gathered from a remark which Oscar Wilde once made to a fellow undergraduate at Trinity college. 'Come home with me,' he said, 'I want to introduce you to my mother. We have founded a society for the suppression of virtue.' It is obvious from this phraseology that an atmosphere of mixoscopia existed. Had it not, the term conventionalism would have replaced virtue. Here Wilde, as a youth, differs from Macaulay, in finding the agreeable, unvirtuous; Ruskin's association with Wilde was a natural result of the attraction of conventionally unconventionalals with a Narcissian sexual trend in each. The mentality which created Dorian Gray, had much in common with that of the victim

† Sherard: *Life of Oscar Wilde.*

of the chastity of impotence, the denouncer of vivisection and of the United States.

At school Wilde was a remarkably brilliant scholar in everything but mathematics. He was not very popular with his school fellows, one of whom says that "he used to flop about ponderously." He never played games and objected to cricket, "because the attitudes assumed were so indecent." This remark seems to imply the mentality of the invert. His manner was reserved and he kept aloof from other boys. In his school days Wilde showed his fondness for eccentric attire, and even then wore his hair long. Despite Sherard's opinion, something was decadent about Wilde when a school-boy. At Oxford Wilde came under the influence of Ruskin. He was one of the "ardent young men" who gathered around Ruskin in his practical demonstrations of the Gospel of Labor. Though Wilde hated exercise and held games in abomination, he broke stones on the highway and had the honor of filling Mr. Ruskin's special wheelbarrow. Being interested in art, Wilde dabbled a little with the paint brush in his undergraduate days, but nothing that he did was worth while or has been saved. Notwithstanding his aversion to games, Wilde was physically strong. While a young man in London he assisted a man, a friend, to escape from the police, and in the furtherance of this object exercised great physical strength, holding a door against a number of constables, while the fugitive was clambering out of the window to safety. In Paris he once desired to learn rapier, so that he might be able to impose silence at the point of the sword on the slanderers who were attacking his reputation.

Aesthetism, a naturally fetichic product of Narcissan homosexuality, Sherard regards as a pose. "There is no doubt that Oscar Wilde's early eccentricities created an erroneous impression concerning his capacities, which for years militated, and in certain quarters still militates, against the reputation which his high genius entitled him to enjoy. Fame is not to be violated with impunity, and when the claims of the Pont d' Arcole were denied, could the peacock's feather and the sunflower prevail. The pose, such as it was, was eminently successful. If notoriety were sought after, it was gained to

the fullest extent. Punch celebrates week in and week out, the eccentricities of the school. The part played by DuMaurier and Burnand, Mr Hamilton's book, shows: "All the time when Oscar Wilde was thus mumming and masquerading, the bitterness at his heart was great. Knowing what was in him; feeling the flame of the genius that burned within; conscious of the part that he might have been playing on the stage of the world, to none more than himself can his notoriety, acquired as it was and kept alive by such means, have appeared despicable and a matter for regret."

If Hichen's story, "The Green Carnation" were well based it was much more and had its foundations deep in homosexuality. Green is said to be peculiarly favored by inverts.

Green however, was the color of the Duke of Artois, who afterwards became Charles X. It is still worn by the descendants of Mahomet. While the Koran denounces homosexuality, there are some suggestions of it in the paradise provided for the true believers. The acceptance of green by the Irish seems to have been largely an 18th century matter. It is by no means improbable that the Fians or fairies had a greater influence over the Gael, who remained in Ireland, than those who settled in Scotland, since green was tabooed as the color of the fairies to the latter. For the opinion that the Fians, Fens, Fenians and Fairies were a mixed Caucasian-Mongoloid race allied on the one hand with the Ainus and on the other, with the Laps, Fins, Picts, Quens and Eskimos, MacRitchie has advanced exceedingly strong evidence. Green was the favorite color of these races in Ireland and Great Britain. The Picts were called *virides* or green men from their favorite tattoo. The Irish Gael had not the prejudice against green as a heathen color, which the Scotch retain since the leprechaun is a fairy dressed in red. St. Patrick was more tolerant of non-essentials than the later Roman missionaries, who created that prejudice against hippophagy as a survival of Odin worship, which still persists among English-speaking peoples. That homosexuality is frequent among descendants of the Feno-Gael cannot be said. It was notoriously frequent among the Normans, who crushed out Celtic civilization and Celtic Christianity. Their appreciation of green may have

dominated the Irish Gael in the same way that their type of Christianity dominated the Christianity of St. Patrick and St. Columba. Certainly, green was not the color of the standard of the last great elected over-lord of Ireland, Brian Borhoime.

The New York inverts and perverts who go in the underworld under the title of "fairies," wear an ornate red necktie to characterize them. Quite a number of these are Germans and Hebrews however. In Philadelphia perverts are "brownies".

The principles laid down by Oscar Wilde in his highest contribution to literature, "The Soul of Man Under Socialism," significantly demonstrate elements which underlie aestheticism: "A man is called affected nowadays, if he dress as he likes to dress, but in doing so he is acting in a perfectly natural manner. Affectation in such matters consists in dressing according to the views of one's neighbors, whose views as they are the views of the majority, will probably be stupid." Practically, this is the sentiment which emerges from the gnarled cant of "Sartor Resartus."

The individualism, however, of Wilde is infinitely higher than the authoritarianism of Carlyle. There is a primitive skatalogic tendency which Zola has depicted in *La Terre* which coarsens all its touches and which underlies the so-called popular influence on Art. This is peculiarly well put by Wilde in his discussion of English-speaking journalism, the most emphatic expression of this element in public opinion. "Public opinion, according to Wilde, tries to constrain and impede and warp the man who makes things that are beautiful in effect and compels the journalists to retail things that are ugly or disgusting or revolting in fact, so that the English-speaking peoples have the most serious journalists in the world and the most indecent newspapers."

(TO BE CONTINUED.)

NOTES ON THE HISTORY OF PSYCHIATRY. VIII.*

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THIS installment continues the translation of Falk's Psychiatry of the Ancients. Notwithstanding the recent appearance of Kirchoff's chapter on the History of Psychiatry in Aschaffenberg's new *Handbuch der Psychiatrie*, this chapter of Falk still remains unique among historical contributions. Kirchoff's chapter falls far below it in insight and value and makes this English translation all the more desirable.

Our previous installment brought us to the work of Oribasius.

ORIBASIUS—Among the fragments of Oribasius, which we possess, we find the VIIIth book of the *Synopsis*, which deals with the head and nerve diseases, also with melancholia. (We also find a prescription for pediculi. Opt. XXVII.) He is essentially a compiler and generally quotes his authorities (as Philumeno on apoplexy,) but in this chapter he gives no names, although we find the Galenic doctrines concerning the nature and the treatment of hypochondria.

Again we find the recommendation of the use of hellebore. With great circumstantiality he explains in *Medin. collect. lib. VIII, cpt. I* the particulars of the hellebore cure. He recommends its use as the moon is waning. Further he adds that the treatment of melancholia is the same as that for insania. Philumeno had praised bryonia root in their treatment. He briefly takes up the subject of lycanthropy, but in the meantime makes the remarkable insertion of the treatment of those whom love has depraved to grief, insomnia and refusal of food. He recommends distractions of all kinds,

*Continued from page 322, Vol. XXXIII, Aug. 1912.

bathing and the like. That he not only has pure and modest love in mind, I should like to note that he reproaches the way of living of certain ones and describes as characteristic the hollow, tearless, but sensual eyes with everlasting tremor of the lids, which alone are in motion, whereas all remaining organs grow weak. Otherwise somatic remedies are alone discussed for the well.

Oribasius is the first who says nothing of phrenitis. However, he speaks of his "inflammatio cerebri" ex Philumeno, in which fever, continuous headache, redness and swelling of the entire face and head, also of the lids, occurs. If we are inclined to interpret this as erysipelas it is very striking that he also speaks of a brain erysipelas by which burning, headache, a pale, cold face and a hot tongue have been observed.

Finally he describes hydrophobia in which the patients are quite mute, yet recognize their relatives and refuse nourishment.

Recent authors have written concerning the educational rules of Oribasius for the strengthening of the body and mind of the youth.¹

AETIUS—Another compiler, Aetius of Amida, devotes likewise in his *Tetrabibl. II. Sermo II.* a paragraph to the different head diseases, and no doubt in similar combination as Oribasius. But he makes a distinction between phrenitis (Posidonius,) and inflammation and erysipelas cerebri, and seems to regard delirium as pathognomonic of the former condition. Utilizing Galen's psychology, he distinguishes three kinds of phrenitis, accordingly as only the imagination, or only the reason, or the memory—these, however, with the loss of such faculties—are involved. In the first instance the anterior part of the brain, in the second the middle, and in the last the occiput is the site of the lesion.

Loss of memory can also arise apart from phrenitis through acute disease, old age and excessive study. What he writes concerning the therapy of phrenitis and imbecility (*fatuitas*) is Galenic.

1. Frederich, *Literar Geschichte*, etc. pg. 75. Sprengel, *Op. cit.*

We have already reported concerning the book of Rufus on melancholia.

"Insania" is described by *Archigenes* and by *Posidonius*. As in all of the hitherto described diseases, here also the brain is the suffering part, as either too much blood, as in drunkenness, or yellow bile flows to the organ. In the first case there is extravagance as the patient imagines he sees something funny, and sings. The patients also believe that they hear music, being misled by the buzzing in the ears. In the latter case the patients are anxious, sad, irascible and finally break out in wild delirium, during which they may become very dangerous, believing, as they do, that those about them are enemies. Sometimes both forms occur simultaneously. By a moderate diet the brain is often cleared of its overflow and amelioration or intermission of the excitement sets in. Sometimes insomnia appears periodically (*per cuicum quendam irruit insania coacervato videlicet quod morbosum est. Opt. VII.* "Insania" here is exactly the same as mania of the earlier authors). It preferably attacks the avaricious, hard tempered individuals, drunkards and such, in whom the habitual secretions are suppressed. The treatment is purely somatic.

Both compilations are of value for medicine in that they make us acquainted with what has been lost in the originals. The study of these interesting chapters of both authors is not quite fruitless for us since they contain Galenic as well as Hippocratic doctrines on the etiology of mental disease.

ALEXANDER OF TRALLES—A rich personal experience speaks from the writings of Alexander of Tralles. Alexander has been considered the greatest of the physicians of the ripest period of Greek and Latin natural sciences. So far as psychiatry is concerned he has however simply taken over what his predecessors have given him without increasing it. Yet it is probable that quite independent of Caelius Aurelianus, perhaps also unacquainted with the writings of Celsius, he made several good and striking observations, for which, according to his own statement, his wide experience offered abundant opportunity.

In Chapter XII of his Book I, we learn nothing noteworthy regarding phrenitis. He also explains an inflammation of

the brain and its membranes as induced by yellow bile, whereas lethargy is due in quite a similar manner to mucus.

We here find the humoral pathology in full bloom, just as it is in melancholia, which is distinguished from phrenitis only by means of its chronicity and lack of fever.

Melancholics are sometimes cheerful, others very violent, others quite idiotic. (Cum torpore molto se segnitie, quos Graeci vocant "moroi." Dementia or melancholy with stupor?) Some are afraid of death, others desire it. Again others believe they are able to prophesy the future. Some have quite free intervals in which they can attend to their business, others are continuously absent-minded. He distinguishes between forms of melancholia in which there is too much blood, in which the blood is mixed with yellow bile, and in which the blood is mixed with black bile. The first form occurs particularly in people who have led a life of grief and sorrow, also following severe attacks of hemorrhoids. In the second case the patients develop raving attacks with great ease. Purgatives and baths are warmly recommended. Scammony is well adapted as a laxative, and it is easily given in wine or in raw egg. (Patients should not be forced to take it against their will.) Stimulating laxatives, such as hiera, do harm in that they may induce attacks of great violence.

The humors are harmful because they fill the brain with bad vapors and spoil the animal spirits. Melancholia due to black bile in the blood is the worst of all. These patients are very depressed and finally develop very crazy ideas. They believe they are other persons, even lifeless objects, as is seen in many examples. To take away such illness psychic remedies are advised, especially suitable clever deceptions, such as have been understood by skillful physicians, and were successfully used by the author. He relates one of his own experiences in which a wife became melancholy during a long absence of her husband, but as he unexpectedly entered the room she fell upon his neck and from that time, without any other remedy, recovered. Such sudden changes of mind are proper for those who through grief and sorrow have developed the disease.

But if the disease has become deeply rooted neither reflection nor any other tricks are of value. Very often the disease is incurable. One may then try hiera, and if the patient seems to improve after its use (one can determine this by a lessening of the anxiety or by the patients becoming more quiet) it may be repeated several times. Lapis Armeniacus has seemed to be of service and is to be preferred to the old fashioned veratrum. His method of giving these drugs is explained in detail.

Alexander naturally maintained the well settled opinion held by all the great physicians since the days of Galen that the brain was the seat of the soul and of mental disease. The lever of all mental activity was the pneuma. Since his etiology included somatic and psychic causes, his therapy was a mixed one. However, the choice of psychic remedies, and the presentation of his entire method, is by no means as clever, nor as thorough, as are those of Caelius Aurelianus. His somatic therapy, to which he however ascribes the most important role, he seems to have elaborated quite independently. Numerical increase of remedies is no great progress. He acknowledges the unfavorable prognosis in some cases. Superstitious remedies, which he advises for other diseases (Sprengel, *Op. cit.* Bd. II) are not found in this paragraph.

PAUL OF AEGINA—A third compiler, Paul of Aegina, only needs to be mentioned in brief words. He does not give anything new. He repeats almost word for word the opinions of his predecessors, especially Oribasius. His therapy is somatic. In the treatment of love sickness, which, classed with the brain diseases, he holds is not absurd, (*Ad cerebr. affectiones etiam amores adjungere nihil absurdi est quum curae quaedam axist nt. lib. II cpt. XVII*) he considers mental entertainment in addition to good nourishment to be suitable.

ACTUARIUS—And now it may be permitted us to close the chain of the most important medical authors with the name of a man whose sphere of activity was occupied much later than that of Paul of Aegina, but one who however is of great interest for us as he supported with success the doctrines of the great philosophers and physicians of antiquity, especially in the field of psychology. It is Johannes, also called Actuarius,

who lived in the thirteenth century. Thierfelder (L. c.) acknowledges in him the greatest psychologist of the middle age. Although the study of the documents of Actuarius² make me feel that this praise is somewhat excessive, yet it cannot be denied that the descriptions and method of writing in his psychological work is truly attractive and noteworthy. I do not think it necessary to develop his psychological views here in extenso, as it does not come quite within the scope of our inquiry and furthermore Hecker has already given³ in a clear and precise manner the thought of his psychology. I will only call attention to the fact that among the activities of the mind, according to Actuarius, phantasy localized in the anterior and memory in the posterior part of the brain, they could be disordered separately, as for instance in people who have had a great deal of distress. But if reason, which resides in the mid portions of the brain becomes sick, both of the other parts of the brain are likewise affected. The mind now suffers because the *πνευμα ψυχικον*, which is the cause of the same, has its seat in the brain, and since it is very thin, it extends its arms like a polyp through the entire brain and destroys it. This takes place since the juices already mentioned may bring about excitement or depression according to their abnormal composition.

Since the *πνευμα ψυχικον* is thinner and dryer than the pneumata formed in the liver and heart, and which govern the vegetating functions, the proper remedy to preserve the mental health is to carefully regulate the bodily fluids, to live moderately and to strive to cultivate the intellect by means of music. Fully developed mental diseases are best combated by diet and by drugs, especially with purgatives and narcotics. (lib. II. cpt. XVII.)

In order to properly appreciate Actuarius, it is sufficient to bear in view that his thorough studies of the old established doctrines were made at a time when scholasticism had begun to cloud the comprehension and the doctrines of philosophers and physicians.

2. (Physici et Medici Graeci minores Alexander Tridentinus. De Spiritu Animali. 1567. Latin Translation.)

3 (Geschichte der Heilkunde, Th. 11, pg. 355)

Now that we have passed in review the series of authors and physicians and we have had the opportunity of becoming acquainted with the transformations in the comprehension of mental diseases, it seems necessary to recapitulate the most important points which can be gained from the preceding considerations.

Mental disease is as old as disease in general. The oldest sagas, the children of the phantasy of the people, describe several cases of transitory or fatal mental disturbances. The history of psychiatry proper, so far as classical antiquity is concerned, begins with Hippocrates. Most of the later physicians have more or less taken his teachings as examples, although modifying the same in many relations as a result of their experiences. Some have shown a greater variety of forms of psychic illness, others have developed more minutely the psychological processes obtaining in mental diseases, while still others have considered therapy in greater detail. None of the authors mentioned have adopted the opinion of his predecessors unconditionally and without criticism. Even the compilers of later times do not seem to have simply repeated the ideas of the older physicians and masters, but have compared them with the results of their own experiences. Each, with the poet, has sought from the inheritance of nature to acquire something of his own.

The multifarious correlations of body and mind, in health and in disease, have naturally not escaped the ancients and they have quite naturally explained them in such a way that they located the mind in a special organ of the body, and between the mind organ and the remaining parts of the body they assumed a more or less close relation.

Which part of the body was to be taken for the organ of the soul had been already correctly determined by a Pythagorean. Hippocrates has further explained that all the mental processes took place in the brain and drew therefrom the first conclusions regarding pathological conditions. His immediate successors did not follow him unconditionally in all his statements. Plato puts the "divine soul" in the brain only, the passions and desires were assigned to the heart and abdomen. Aristotle places all of the intellectual faculties in the heart,

but sees in the brain a sort of control apparatus for immoderate activities of the heart. Asclepiades differs entirely from Hippocrates, as he apportioned no distinct organ to the soul. According to Celsus, who is a follower of Asclepiades, it is seen, especially in his therapeutic teachings, that Asclepiades referred the seat of all abnormal action to the brain. Galen warmly accepted the old Hippocratic doctrine, and though he seems to be inclined to the Platonic doctrine that the liver is the seat of desire, yet nevertheless he develops very clearly the results of experiments and experience that the brain is not only the central point for sensation and for involuntary movement, but it is also the location of the mental processes of man. It was also he who made the effort to make a psychological analysis of the mental faculties of man. His ideas later found an interesting development by Johannes Actuarius. Galen, but still more Aetius, also tried to locate the different psychical qualities in different parts of the brain. From the time of Galen on the brain occupied its important place in the medicine of the ancients. It was also Galen once more who showed that these correlations between the brain and the rest of the body take place through the intervention of the nerves, and that those organs rich in nerves, such as the abdomen, were in close physiological and pathological connection with the brain. It must be noted that the old physicians never expressed themselves concerning the further relation of the psychical activities to the brain, and the relation of mind to matter in an extreme sense. Nowhere do we find in them such a crass materialism as is seen in the sayings of Lucretius. It may here be recalled that Lucretius claims the frequent occurrence of psychic disturbances as evidence for the mortality of the soul. The soul is, as he says, only a portion of the organism such as the hand or the leg.

Even the later schools, such as the pneumatics and the methodists, who seemed rather inclined to accept a material point of view for the psychical processes, do not entirely reject the possibility of a dynamic principle, and Galen, who however was no enemy of theoretical speculation, nevertheless came out with much emphasis that all such theses and hypotheses were of no value in practice.

According to their physiological point of view, the old physicians had a correct insight into the nature of mental disease. Already Hippocrates opposed the opinions of former physicians as well as those of his contemporaries, as he does not admit these affections to have a transcendental origin, but tries to see in them natural processes, as in all other diseases. They are diseases of the brain, he states, and all of his successors shared his opinion. Even if Celsus does not apportion these diseases to any definite place, yet nevertheless in his therapy he uses such remedies as act on the brain, many being locally applied to the head. Caelius Aurelianus has spoken most definitely upon this point. Mental diseases, he says, although not in the same words, are diseases of the brain which show psychic symptoms in the greater number of cases, but not always. Like all diseases they come within the domain of the physician's care. Thus far no philosopher has been able to bring about a complete cure.

It did not escape any of the students that to the psychical anomalies in these diseases multifarious somatic symptoms might be allied, partly as coeffects of the original brain affection, partly as further consequences of the abnormal mental condition. From the time of Hippocrates on, every one had called attention to these concomitant bodily symptoms. That they indeed have always laid the chief importance thereby upon the psychic manifestations is seen, among other things, that, as will be shown, they observed in a disease, in which in addition to the disturbance of consciousness there were many abnormalities of the vegetative sphere, a mental disease quite in the sense of to-day.

Of these bodily symptoms the nervous ones were the most prominent, and the ancients thus recognized also the close relation between mental and nervous diseases. Hippocrates had already referred to the close connection between epilepsy and mental diseases, to which Aristotle called attention. Later on Aretaeus developed in the most striking⁸ way the relation between these two processes, and all those who devoted a special chapter to mental diseases have, with the exception of Celsus, followed or preceded it by a chapter on nervous and brain disease showing principally bodily symptoms, and

in a more definite manner, Aretaeus pointed out the complication of mental disease with spasms as well as paralyses. Hippocrates especially mentioned the connection of the mental diseases with spasms and other nervous troubles, which had their origin in functional disturbance of the female sexual organs and therefore had been designated by the ancients as Hysteria.

So far as the mechanism or origin of mental disease is concerned, they had of course only hypotheses. Hippocrates upheld the theory of constitution and temperament, which played a great role in his physiology and pathology, as applying also to the psychoses, in that he assumed them to arise from disturbances in his hypothetical juices. All others have more or less advocated this theory, and especially Galen, who supported it with great dialectic, and the belief became so universal as to be taken up by the laity, as can be seen in the poets and dramatists. It is all the more striking that we find no trace of this doctrine in the work of Caelius Aurelianus, whereas even physicians of later activity, even Johannes Actuarius, eagerly followed this hypothesis. It is naturally abandoned at the present time, although certain expressions, showing their early origin, have been retained, largely for the sake of convenience. However, with reference to the significance of this ancient theory, I would like to refer to the words of Damerow (in the already mentioned critic of Friedreich's book, *Zeitschr. f. Psychiatrie*, XXIII. 5): "The derivation of most of the forms of mental disease from bile and mucus is certainly something very poor and tedious, but, not taking them too literally, it is undeniable that the forms of insanity originate from their corresponding temperaments as organic bases."

With respect to the elemental psychical disturbances in mental disease, Galen sought to develop these anomalies of thought out of the normal activities described by him, and later compilers have reproduced his representations, whereas Johannes Actuarius has modified the opinion of Galen somewhat. To all authors from Hippocrates on it was clear that insanity consisted very largely in disturbance of feeling, mostly of a sad nature.

Hippocrates had discussed in a few words—the later authors very completely—that in contrast to depressed and exalted moods and their resulting judgments and conduct in normal people, such moods may constitute the foundations of disease when a slight cause has sufficed to bring about a long continued action or increased activity, or when without external cause they originate from within. Also in the anomalies of the will in the mentally diseased the ancients clearly saw that the weakness of the will, as well as the marked impulse to activity, even to acts of violence, especially those dangerous to society, were evidences of disease.

It is of interest to note that Aristotle remarks that not only the violently maniacal but also the epileptic are dangerous in this regard.

Suicide and refusal of food in the mentally diseased, and their origin in most cases from melancholy have been much discussed by the ancients. Even Hippocrates speaks of the analgesias and hyperaesthesias of such patients. He had also recognized the significance of hallucinations. He himself has only referred shortly to these deceptions of hearing and sight. Later authors have occupied themselves more in detail with these manifestations. Nowhere do we find the expressions "illusion and hallucination" in our authors' works, the words *phantoma* and *imago* are in general use; nevertheless *Asclepiades* clearly differentiated both ideas. Hallucinations, in a narrow sense, alone seemed to him to be of central origin. Further instruction is obtained neither from him nor from other authors who have paid but little attention to them.

As to the causes which the ancients suggested for mental disease and of such effects, which were not transcendental but originated like any other disease, and as to the classification of these afflictions, we shall return later.

So far as the pathological-anatomical knowledge of the old physicians is concerned it is not surprising that they cannot enrich our knowledge. It is known that in antiquity hardly any dissection of human bodies took place (perhaps however more often than is usually believed.) But how can we expect any information from the ancients about the anatomical processes in the normal or morbid activities of the mind, when

even our present complete anatomical methods leave us in doubt? Asclepiades first, and mostly all of those following him, describe phrenitis as a disease of the membranes of the brain, whereas in the remaining psychical illnesses the brain itself is attacked. How they supported their statement does not appear in the text, and I have already tried to prove that we are not permitted to consider phrenitis as a meningitis alone.

Hippocrates also states that anemia of the brain can cause mental disturbance. Though this statement concerns chiefly acute processes, it is evident that it is not based upon observations made at the dissecting table, and though to him, as well as to later physicians, the concomitant, sometimes causative, affections of the abdominal organs were not unknown, this coexistence must have been comprehended through observations on the living. And even if they do not mention many complications seen in the living, we can draw no conclusions from that fact.

Regarding the prognosis of mental diseases the ancients agreed upon the severity of the condition; the acute forms (one must bear in mind that phrenitis represents the majority of these) are always critical, though not always fatal, and the fever and delirium accompanying the acute diseases share in the prognosis of the fundamental disease. The chronic psychoses are tedious at best, but even they may have a fatal termination, as for instance during an attack of frenzy. The frequent relapses were first pointed out by Celsus; Aretaeus adds that the prospect of recovery diminishes with the number of relapses.

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(To Be Continued.)

HALLUCINATIONS, THEIR STUDY AND SIGNIFICANCE IN PSYCHIATRY. AS TAUGHT BY
PROF. TH. ZIEHEN, IN BERLIN.*

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AN hallucination is a sensory perception without an external stimulus—for example, the hallucinant sees forms in the clear and cloudless sky and hears noises in absolute quietude.

In the discussion of hallucinations we must take into consideration the following points:

- I. The quality and the intensity of the hallucinations.
- II. Feeling tone of the hallucinations.
- III. Localization of hallucinations.
- IV. Sources of origin.
- V. Influence of the hallucinations upon the outflow of the association of ideas.
- VI. Theory of the seat and origin of the hallucinations.
- VII. Diagnosis of hallucinations.
- VIII. The occurrence of hallucinations.

I.

QUALITY AND INTENSITY OF THE HALLUCINATIONS.

Hallucinations arise in all sensory areas and show definite characteristics within each of them.

Visual hallucinations or visions occur in the most manifold forms. The simplest consist in the seeing of sparks, lights, the appearance of flames, fogs and shadows. The most complicated present, with all detail, entire landscapes and persons. Sometimes the patients see themselves in the most variable situations (so called autoscopic hallucination.) At times, they are completely colorless, "shadow or silhouette

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like" as educated patients express themselves. At times, especially in alcoholics and epileptics, they show the most vivid and glaring colors. The definiteness of the outlines also varies much in different cases. At times they appear more flat, as "paintings" or "pressed into the bed covering;" at other times as plastic as the actual reality. The number of objects hallucinatorily seen varies very much. At times the whole field of vision is filled with a swarm of forms (animals) especially in the alcoholic psychoses. In other cases, especially in the hysterical psychoses, a multitude of forms arises exclusively in one half of the field of vision, usually directly in that which corresponds to an hemianoptic defect. Still more frequently the hallucinatory forms appear more isolated. These individual hallucinatory forms have at times "giant size" e. g., in the epileptic psychoses. In other cases the visions represent "miniature pictures." Most frequently they are of natural size. At times they appear directly before the eyes of the hallucinant, at times at the farthest distance. When one of my patients held her hand in front of her eyes, the visionary forms appeared in the palm of the hand diminished in size. The actual objects are at times completely concealed by the visions; at others they appear "through the visionary formations." "If the visions were false," said one educated hallucinant to me, "they would have no shadows." In rare cases one observes that the hallucination presents a reduplication or multiplication of an actual object (hallucinatory or illusionary diplopia and polyopia).

Auditory hallucinations or akoasms in their most elementary forms consist of all kinds of rustling, hissing, ringing, thundering, whispering, speaking, etc. The more complicated akoasms consist of words. At times the hallucinant hears them in their natural tone; at others high-pitched or low-pitched. Frequently he differentiates, according to the tone color of the voice, various persons speaking to him. He also differentiates the voices of men, women and children. At times he hears individual words—e. g., calls for help, at times whole sentences, even speeches and conversations. At times, the akoasms are shrill and loud, more frequently they are faint and as the patient expresses himself, even "almost inaudibly

faint." An educated patient told me for example—"The voices are not even as loud as when a flame crackles, at most as loud as the moving atmosphere of the room and yet sensorially perceptible." If one requests the patient to imitate the hallucinatory voices with his own voice, they not infrequently explain that it is impossible for them, "the voices had an entirely supernatural tone." In other cases the hallucinatory voices resemble real voices in every detail, and enable the hallucinant to imitate them with more or less accuracy. Occasionally, instead of spoken words, melodies without words, and even whole orchestras are also heard. At times the akasms are located in the far distance, at times the patient states that the voice screams or whispers directly in the ear. Rarely the patient expressly states that he hears the voices in one ear, but usually he hears them symmetrically throughout in both ears. Frequently it happens that the voices appear intermingled in striking contradiction; thus for instance, the patient hears abusive and flattering words intermingled, etc. (contrary or antagonistic hallucinations).

Hallucinations of taste in the limited sense of the word are very seldom isolated. Physiological psychology particularly teaches that only four qualities of taste exist: viz—bitter, sweet, salty and sour, and that the so-called "taste" of many eatables is due to the fact that in the posterior part of the oral cavity, food particles evaporate, and so reach the nasal cavity, where they induce perception of smell. In psychopathology it is customary to include these perceptions of smell which accompany perceptions of taste with the taste perceptions in a broader sense. The close blending which takes place between these perceptions of smell and the special perceptions of taste, justifies the combination, and also explains that in cases of illness, the corresponding hallucinations arise joined together. Such hallucinations of taste in a broader sense are very frequent. The patients state that they suddenly perceive a taste of faeces, or blood, etc., in the mouth.

Isolated hallucinations of smell are quite frequent. Odors of tar, sulphur, smoke, corpses, faeces, perspiration, cholro-

form, and on the other hand, of roses and other flowers, appear with more or less intensity.

Hallucinations of touch occur over the entire surface of the skin (tactile hallucination). Frequently the tactile perceptions are also located within the body (mucous membranes, etc.). At times the patient receives a sudden blow or stab, or a kiss or an invisible caress, at times he perceives over the entire body-surface a net of spider webs, particles of glass in the bed, or electrical currents, or the running about of invisible animals or "dwarfs." The multiplicity of these tactile hallucinations is exceedingly great, and in no way exhausted by this enumeration. A patient with persecutory delusions perceived while out walking, as if an invisible person preceded him and continually stepped upon the patient's toes with his heels. The same patient frequently felt upon his oral mucous membrane as if a viscid broth was being smeared upon the same. One hears frequently that "the mouth is full of hair," "the skin becomes raised in folds." Other patients feel as if human bodies (especially of children and persons of the opposite sex, often also animals) are placed beside them in bed. "I am entirely embedded in warm meat," one hallucinant related to me. Generally to the hallucinatory tactile perception an hallucinatory heat and cold perception is also superadded. The tactile hallucinations in the sexual field also claim a special significance. It reaches here a complete cohabitation hallucination, i. e.—there arise hallucinatorily all the numerous tactile perceptions accompanying cohabitation, often inclusive of the accompanying tones of feeling. The superstitious beliefs of middle ages spoke of succubus and incubus in such patients, in that they underwent an invisible cohabitation with the devil. All kinds of abuses of the genitals are also perceived hallucinatorily.

Hallucinatory organ-perceptions are also closely related to the tactile hallucinations. Insane patients often complain of peculiar perceptions in this or that organ of the body, especially so of peculiar displacements, movements and transformations of the viscera, without it being possible to show

by the most painstaking examination, any form of peripheral source of irritation.

Kinaesthetic hallucinations are hallucinated perceptions of movement. The perception of the passive and active movement of our extremities is very composite, apparently it originates predominately from the joint-sensibility. Like every other perception, these perceptions of passive movement can also arise hallucinatorily, i. e. —without any external stimulus. Thus many patients declare that they suddenly have a feeling as if their arms were raised, or their legs stretched, etc. Farther on it will be mentioned what peculiar influence these hallucinatory movement-perceptions have upon the movements of such patients. At times such hallucinations of movement also occur in the field of the muscles of speech. By the contraction of the muscles of our lips, tongue, palate and thyroid in speaking, the sensory nerve terminals likewise are stimulated, and so produce perceptions of movements, as with other movements. These speech-movement perceptions are also occasionally hallucinated. The patient then has the perception "as if he were speaking a definite word."

The vestibular hallucinations are closely related to those just mentioned. By the vestibular nerve, we perceive the position of our head in space. Hallucinations also occur in this field of perceptions; the patient feels as if he is suddenly lifted in the air, turned toward the right or left, etc. "My head is continually distorted, and because of it, I feel distinct dizziness," complained a patient.

COMBINED HALLUCINATIONS.

Sometimes the existing hallucination confines itself to one sensory area, often however, hallucinations associated with several sensory areas unite to simulate a real object. At times it happens that the visionary forms are speechless, at most the lips move noiselessly, and the voices remain indistinctly audible. About as often, however, visions and akoasms combine, i. e.— the visionary form speaks audibly to the patients, the voice "appears" to him. At times also a tactile hallucination is superadded thereto; the patient

feels that the form that is visible to his eye and speaking to him also touches him. One of my patients said "The milk tastes of phosphorus, it shines extraordinarily." Just such combined hallucinations are scarcely distinguishable by the patient from the reality. Very frequently also, hallucinations of movement associate themselves with other hallucinations, especially with tactile; the patient not only feels as if his head is moved involuntarily, but he also feels the touch of the hand which carries out this imaginary movement in him. One patient stated: "First it rings, then I feel as if I were carried upward." In another, the voices first gave notice by a tickling sensation in the back, and then the patient feels the tickling, and then hears the voices whisper, "That is approaching consumption of the spinal cord." The number of these combined hallucinations is exceedingly great. Frequently in the course of a psychosis, it can be observed how one sensory area after another is gradually involved, in order to participate in the building up of such combined hallucinations. For months the patient feels, for example, at first only a dagger stab in a definite part of the body, later he also sees the form bending over him in a hostile manner and carrying out the dagger stab, and finally he also hears the threatening words.

Finally it must be expressly emphasized that the specific quality of the hallucinations, especially so far as they are of limited sensory activity, at times is not sharply defined for the patients themselves. Thus are explained the statements of the patients as "I hear the voices more by the feeling than by the ear. I feel something red burning about me. I hear blue clouds trembling about me."

II.

FEELING TONE OF THE HALLUCINATIONS.

Like normal perceptions, hallucinatory perceptions also have their tones of feeling; generally the tones of feeling of hallucinations are especially strong. Hallucinations of indifferently content are relatively rare.

III.

LOCALIZATION OF HALLUCINATIONS.

In speaking of the quality of hallucinations, it has already been mentioned that the hallucinatory perception

of the patient is localized at one time in the immediate locality, and at others, at a greater distance from the patient. This special projection takes place in general according to the same rules as those of the normal perceptions. Accompanying concepts of movement lie at their basis. Generally, when the hallucinations begin to disappear in the course of an illness, they not only tend to become less frequent and less intense, but also recede to a further distance. In patients with strabismus, the hallucinatory objects are sometimes seen double. At times definite visionary forms appear, always in a definite location of the field of vision. The same is also observed at times in akoasms; thus. e. g. —a patient always hears a friendly voice speaking in his right ear, a hostile one in his left ear. If the hallucinant moves his eye, or turns his head, the visionary object frequently follows this glance. In patients with nystagmus, there occasionally occurs a continual to and fro swinging of the hallucinatory images. The localization of auditory hallucinations is usually not influenced by the turning of the head.

In many cases the hallucinations are also located within the body itself. Thus, I knew a patient who claimed that he had complicated visions (trees with faces of demons) within his thoracic cavity, at times within his head. A patient stated definitely that he also often sees visionary images behind him. Much more frequently does this occur with auditory hallucinations. The patient often hears the voice speaking in his head, or in his thoracic cavity, or in his abdomen, at times the patient even locates his akoasms in individual fingers. A patient of Siemens heard two men chattering in his left eye. Sometimes other stimuli, and concepts associated with them, are also determining for the localization of the hallucinations. Thus, the auditory hallucinant is readily induced to locate the voices in the chimney, or ventilation openings, etc. This localization is generally a secondary one. In the beginning the localization of such akoasms has been an entirely different or indefinite one; but since the hallucinant does not see the speaker, yet distinctly hears him, he forms the concept that the same is concealed, for example—within the ventilation shaft. This concept then determines the localization of all

succeeding akoasms. Sensorial stimuli occasionally can also be directly determining for the localization of the akoasms; thus it happens that the patient heard the voice in that part of the body which is the seat of neuralgia or other pains.

IV.

SOURCES OF ORIGIN.

If the visual hallucinant closes his eyes, one frequently finds that the visions disappear for a shorter or longer period of time. On the contrary, there are patients in whom the closure of the eyes is the necessary essential for the appearance of visions. Likewise, the closure of the ears in one hallucinant exercises an increasing influence upon the akoasms, in another, a decreasing one. In many cases the shutting off of external stimuli is generally without influence. With this is also connected the further observation, that many auditory-hallucinants, in the stillness of the night or in seclusion, hallucinate particularly actively while others must hear faint actual noises so that akoasms appear along with these. Likewise visions arise in one patient predominately in the objectless field of vision (in the dark or in the empty heaven,) in another patient predominately amidst numerous actual objects.

The simultaneous influence of actual stimuli in other sensory areas often weakens the hallucination momentarily. Thus a sudden noise, a vision, and an interesting picture can momentarily displace an akoasm. On this account many patients who wish to listen to their voices, close their eyes, or hide themselves under covers or in a corner. It is much less frequent, on the contrary, that an actual stimulus in another sensory area is necessary in order to call forth the hallucination. Thus, a patient, when she saw a knife or a pair of scissors, regularly and exclusively, had the tactile hallucination that her fingers were being cut. The tactile-deception was so active in her that she senselessly attacked the person who held the scissors or knife in his hand. The consciousness that she was dealing with a delusion was entirely wanting. Another of my patients, as soon as she saw a brooch on a waitress, felt "immediately a hook in her mouth." These hallucinations differ from the secondary sensory-perception in that another concept e. g., in the cases related, the concept

of the cutting, is inserted between the normal primary-perception and the hallucination.

Bodily movement, in individual cases, intensifies the hallucinations. In others they are most prominent in the morning after awaking. It is also very interesting that the movements of mastication intensify the akosms, and that, on the other hand, by the pressing together of the teeth, the voices occasionally abate.

The so-called attention in many cases also has great influence upon the occurrence of the hallucinations. Many patients hear voices as soon as they listen, either as the physician requests it, or as they themselves wish to ascertain something of the voices. Others see forms as soon as they fix their gaze upon a definite point in space. Here the attention of the accommodation-apparatus of the ear and eye, and the constellation of the concepts induce the sensory deception. It is on this account that many patients can hallucinate "voluntarily" as one chooses to call it. In many cases the voices become louder by actual noises. Individual patients relate that the voices come nearer so soon as they listen.

Finally the question, as to how far the hallucinations correspond to the momentary concept-content of the patient is of greater diagnostic and prognostic value. No hallucination of the patient is a complete new creation. Patients only hallucinate what they have formerly perceived, and what already exists in the form of memory-pictures or concepts, in their brain cortex. Certainly it often enough happens that the patient sees faces that are entirely unfamiliar to him and hears combinations of syllables that never before occurred to him, and whose meaning is puzzling to him but also in these cases, the hallucination is not a complete new creation, he has only created new combinations of partial memory-pictures of former perceptions. The capability of combining, by which we form new complex concepts out of the remnants of memory-pictures, we designate in healthy persons as phantasy. In the healthy, the phantasy is not sensorially active; our phantasy concepts just remain concepts. In the hallucinant they attain a sensorial activity, or in other words, they become perceptions. Just as the phantasy concepts in the healthy

are not new creations, but only new combinations of old memory-pictures, so also the hallucinations, in spite of their occasional strangeness of character in the latter role, are traceable directly to the memory-pictures of actual perceptions. Upon this also depends the fact that visions never arise in those born blind, and akoasms never arise in those born deaf, while acquired blindness and deafness in no way excludes hallucination.

Our brain contains countless concepts or memory-pictures. The most of these are latent, i. e., for the time being exist only as material traces without psychical parallel-processes in the brain cortex, and only a few are momentarily actually existing, namely—those of which I directly think at the moment, as we popularly express it. The hallucinations may therefore be classified with advantage into those which correspond in content to the momentary consciousness content at the time being, that is to actual concepts, and those which have no relation with the momentary consciousness content but rather involve from latent memory-pictures, in part half forgotten, whether they are in old or new combinations. The former are designated as immediate or accompanying hallucinations, the latter as mediate. The immediate hallucinations are usually less active sensorially, especially less defined in color and sharpness, in loudness and distinctness than the mediate. Corresponding to the constant change of the content of consciousness, they are very changeable, while the mediate hallucinations are often characterized by great stability.

In immediate visions the patient readily declares "that all his thoughts are directly arranged into scenes" the immediate akoasms he often designates directly as a "repetition," a "pronunciation," a "hearing," or "audibility" of his thoughts. At times, the patients also speak of parallel sounds. If the patient reads, especially if he reads softly, then a chorus of voices speaks everything aloud to him. In writing, the words are "foretold" him. Just these immediate akoasms are especially frequently located within his own body, especially within his own head, in the manner above stated. The tone-color of the akoasms is, in these cases, generally very indistinct, at times it corresponds to that of the voice of the patient, less frequently it corresponds to a strange voice.

Often the immediate hallucinations do not represent a simple repetition of the momentary concepts of the patient, but they only stand in unmistakable relationship to the latter. This holds good especially for the akosms. The voices make marginal comments to the thoughts of the patient. One patient compared them directly with the chorus of a Grecian tragedy. In many cases it comes to a complete play of questions and answers between the patient and his voices. The patient is sometimes surprised at the appropriateness of the hallucinated remarks. Thus I knew a patient who regularly studied Italian; when he repeated words to himself, it sometimes happened that he did not know a word or pronounced it incorrectly, and then the voices pronounced it correctly for him.

In patients with immediate hallucinations, new hallucinations can also frequently be called forth by suggestion (without hypnosis) or influence in content—previous hallucinations. It suffices at times that a definite object is shown or named to such patients, and so calls forth the concept corresponding to the object; the concept incited by suggestion immediately induces hallucinations, which stand in relationship to the corresponding object. To this belongs also the so-called “voluntary” production of a definite hallucination by active thinking of the corresponding concept.

If it deals with patients with delusional-concepts, then some immediate hallucinations are found with special preference in the sense of this delusional-concept.

The mediate hallucinations are frequently surprising to the patient himself. The remotest memory-pictures of early childhood may suddenly induce an hallucination. The infrequency of the combination of partial memory-pictures to apparent new creations surprises the patient, sometimes directly in regard to his wealth of unthought-of phantasy. Furthermore, in many patients there occur both mediate and immediate hallucinations at the same time. There also exist graded transitions between the two conditions.

V.

INFLUENCE OF HALLUCINATIONS UPON THE OUTFLOW OF THE ASSOCIATION OF IDEAS.

The most important question here is, whether the hallucination is attributed to reality or not, by the hallucinant. From this standpoint, there are three varieties to differentiate:

1. The hallucinant accepts an external stimulus for his hallucination just as if it were a normal perception.

2. The hallucinant differentiates his hallucinations indeed from the usual perceptions produced by external stimuli, but yet attributes to them particular significance and is influenced by them in his conclusions and actions. The hallucinant willingly interprets the hallucination in this case as a divine revelation.

3. The hallucinant is conscious of the subjective origin of his hallucinations, and indeed then generally correctly recognizes in them the product of a pathologically excited phantasy; sometimes, at any rate, he traces this excitation to poisonings or other influences on the part of imaginary enemies.

The conditions presented under subdivisions 1 and 2, are most frequent in hallucinations which arise simultaneously in several sensory areas. If the hallucinations confine themselves to a single sensory area, then whether the hallucinant succumbs to the delusion or not, depends upon their intensity, their frequency and their relationship to the actual concepts, and especially to the mental condition otherwise. If the hallucinations exist for years, even in the limitation to one sensory area, then it is the rule that the patient finally ceases to doubt, and believes in the reality of his hallucinations.

Hallucinations and also illusions, which force themselves repeatedly upon the patients in a compulsory manner and are accompanied by consciousness of disease, are designated as compulsory perceptions. Thus, some patients again and again see a pointed object approaching them, etc. Thus, otherwise infrequent compulsory percepts generally originate

from compulsory concepts. Generally their sensory activity is not marked.

If the hallucinant is convinced of the reality of his hallucinations, then the influence of the latter upon his thinking and acting is almost an overpowering one. For example the hallucinant believes and obeys, etc., a voice which forbids him to eat, if he regards it as real, more than he does the demand of hunger and of the physician, who requests him to eat. This has been observed in thousands of cases. The hallucination shows itself more powerful than all normal perceptions and reasonable considerations and persuasions. The hallucinations arise out of the imaginative life, and the association of ideas does not, as a rule, deny their own offspring. Thus it is also explained, that the patients often complain directly of a compulsion to yield and answer to the demands of the voices.

The influence of the hallucinations upon the further overflow of the concepts in formal relationship is very variable. At times the hallucinations act inhibitorily, at others, acceleratively upon the same. In the former case we speak of secondary hallucinatory flight of ideas. In uniform, frightful, or religious-ecstatic hallucinations, inhibition general predominates, while numerous exalted hallucinations in general often lead to flight of ideas. Still it is often difficult in the individual case, to ascertain why the pre-existing hallucinations just produce inhibition, or in another case, just produce acceleration of the outflow of concepts. If the hallucinations become much more increased, and at the same time dispense with the connections between them, then they also act disturbingly upon the connection of the concept outflow, and produce a complete confusion of the association of ideas, which especially manifests itself in confused speech, and is known as secondary hallucinatory incoherence. The patient is no more in the condition to join together into an arranged concept-series, the numerous disconnected concepts which the massive and scattered hallucinations incite. Combined with this hallucinatory incoherence, as a rule, there is also a secondary disorientation, i. e., produced by hallucinations. The hallucinatory appearance of persons living at a distance, and of distinct landscapes, disturbs the orientation as to time and

place; the patient believes he lives in another time and at another locality.

Finally hallucinations frequently cause direct disturbances in the content of the thoughts, i. e., delusional ideas. A voice, for example, calls directly to the patient, "You are Christ," and immediately the patient is firmly convinced of his becoming the Messiah; through his hallucinations he has acquired a grandiose idea. Upon the basis of indefinite foreign hallucinatory perceptions in his arm, the patient asserts that, "someone has introduced a foreign body into his arm." If his thoughts become audible then the patient states, for example, "that they make use of special physical apparatus for the purpose of ascertaining his thoughts, or that they prompt him in all his thoughts," etc.

Similarly the actions of the hallucinant will shape themselves with endless variations according to the content of the hallucination. At first the hallucination pictures itself in the facial expression of the patient. The strained attention and sudden listening betrays, for example, the presence of akasms. The visual hallucinant generally stares into vacancy, his gaze wanders hither and thither, without any noticeable object moving. One often also observes characteristic movements of defense by which the hallucinant seeks to avoid disagreeable hallucinations. The visionary hallucinant closes or conceals himself under the covering, or sticks cotton into his ears, and into the key-holes. The taste hallucinant expectorates, or does not touch the food placed before him. The olfactory hallucinant holds his nose closed, or suddenly breaks the window in order to free himself of the hallucinatory vapor or smoke by fresh air. If the patient refuses information, then one can frequently learn to interpret correctly their movements of defense only after the recovery of the patient. Thus, I knew a patient who continually carried out the most peculiar rotary movements of his head. During the course of the disease, any information in regard to the motive of this movement was not obtainable. During recovery the patient said that he continually saw a gallows before him, and felt a rope around his neck, and endeavored to draw his head out of the loop by these movements of the head.

Of special significance is also the influence of the hallucinatory perceptions of movement upon the movements of the patients. A hallucinatory movement-perception may act in a double manner; either the hallucinant endeavors to counter-act the supposed hallucinated movement by an antagonistic, or, as one might say, a compensatory movement, or the hallucinated perception of movement induces him to actually carry out the supposed hallucinatory movement. If the patient, for example, has the hallucination that his head is being suddenly turned to the right, he will endeavor either to compensate the supposed turning to the right by an energetic, continuous, or also frequently repeated spasmodic turning of the head to the left; or the hallucinated perception of the movement will, on the contrary, directly cause a turning to the right of the head. Why, in the one case, this, and in the other case, that motor re-action takes place can often not be determined. These peculiar movements are also designated "hallucinatory re-action movements." "Hallucinatory compulsory speaking" presents a special instance of this; here the above mentioned hallucinated perceptions of movements in the field of the speech musculature, induce the patient to the pronunciation of the word, whose incident muscular contractions the patient believes he perceived. In either case, the patient endeavors by definite positions, to counteract the hallucinated movements. Such positions are designated as "hallucinatory-compulsory-positions." Since the hallucinations which induce such compulsory-movements and compulsory positions often recur for hours and days in a similar manner, such patients often repeat the same compulsory-movements stereo-typically for hours and days, and remain continuously in certain stereotyped compulsory-positions.

It is to be remembered that quite analogous movements may arise upon the basis of primary excitations of the motor region even without kinaesthetic hallucinations. The patients then speak words, or carry out other movements which they themselves consider as compulsory or inspired. Thus a paranoiac said to me, "On Ascension Day, God gave me a wink that he wished me to sit to his right; he did not say it, but he let it be explained to me and I had the feeling."

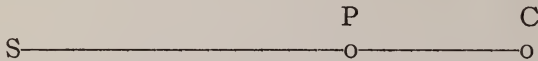
Apart from the movements of attention and defense hitherto considered, the hallucinations also induce numerous complicated actions. Of most influence from this standpoint are the so-called "Imperative hallucinations," i. e.—voices ordering the patients to do this or that action. One person kneels at the command of the voice, another sets fire to the house, a third mutilates himself, etc. Some patients themselves state that they carry out this or that action at the command of the voices, but only become conscious later that they have obeyed the voices thereby. In other cases the hallucinations exercise a motor inhibition. Thus, for example, patients remain motionless for weeks lying upon the back, because a voice threatened them with death as soon as they would move. I knew a patient who stood motionless in one spot during the whole day for more than a month, the saliva dribbled from the opened angles of her mouth, the urine and faeces were voided involuntarily. Later it was ascertained that she saw abysses, immediately at her feet, and for that reason did not move from that spot. Besides frightful visions, visions of splendor, (especially of religious content) may also occasionally lead to motor inhibition. Thus patients are observed, who see heaven open, God surrounded by his angels, and Christ on the Cross and, absorbed in this spectacle for days, do not move a limb. Such hallucinations are designated as "fascinating hallucinations." If the hallucinations are numerous, very changeable, and accompanied by strong, especially positive tones of feeling, then the accelerating influence upon the motor innervation generally predominates; there arises the so-called hallucinatory agitation which frequently increases to pronounced delirium.

VI.

THEORY OF THE SEAT AND ORIGIN OF THE HALLUCINATIONS.

Physiological psychology teaches that material parallel processes exist for all perceptions in the brain cortex, for visual perceptions in the visual area of the occipital lobes, for auditory-perceptions in the auditory area of the temporal lobes, etc. We must therefore assume that pathological perceptions in hallucinations also have their seat there, the visions in the visual area, the akoasms in the auditory

area, etc. All hallucinations, as regards the localization, are also cortical. Another question is, where do the hallucinatory excitations arise? In former explanations it was indicated, that the hallucinations take their origin, in the first place, from our memory-pictures or concepts. For the purpose of illustration, we will make use of the following hypothetical scheme:



Normally, a stimulus 'S' produces 'P', an excitation in the cortical perception-cells-complex, which corresponds to the perceptions in hallucinations also have their seat there, and besides this leaves a permanent alteration in the memory-cells-complex, which under certain conditions corresponds to the memory-picture of the perception or the concept. Normally the excitation always takes the course SPC. In hallucinations this course is reversed. The memory-picture deposited in 'C', the concept, promotes 'P' in co-excitation, and produces there the related perception, i. e., an hallucination, because an 'S' is wanting. The memory-picture in 'C' is at times a latent one, at others, an actual one, i. e., at times the hallucination lies at the base of a concept, which at the time being does not exist in our consciousness, content, at times, a concept, of which we are actually thinking at the time. We have already differentiated accordingly immediate and mediate hallucinations. By the observation of our figure, one can see directly of the abnormal centrifugal course of the excitation from the memory-cells to the perception cells. Herein lies the essential pathological course of every hallucination. In many hallucinations, however, there yet arises a second factor. It is often possible to show that 'S', a stimulus acting upon the perception-cells, is not entirely wanting. Thus it appears, for example, in the visions of alcoholics, who see bees flying all about them, that the 'S' is at first entirely wanting. An external stimulus, in the ordinary sense, as a matter of fact is also wanting, although more accurate investigation teaches that stimuli are indeed present in the path from the sensory organ to the brain cortex. Such stimuli are especially found quite frequently in the sensory

organ itself; here belong, e. g. the opacities of the vitrious of the eye, and chronic inflammatory processes in the middle ear. Such entopic and entotic stimuli are perceived as such outside of the psychoses, i. e. the opacities of the vitrious as "muscae volitantes" the irritative processes in the middle ear, according to the law of the specific energy, as simple subjective rustling, buzzing, ringing, etc. As soon as a psychosis breaks out, these "muscae volitantes" become bees buzzing about, the simple noises become hallucinatory words. A patient who for many years previous to the onset of his psychosis had suffered from a humming in the ears due to a chronic catarrhal otitis media, related very characteristically, "the voices repeat every thought with tenfold strength; the ringing in the ears had become impure by the hearing of these voices." The proof that in many cases such entopic and entitic stimuli lie at the basis of the hallucinations is based upon the fact that in the course of the disease one is able to follow the gradual transition of the simple subjective noises into voices, etc.; and later, during the decline of the illness, the retrogression of the voices into noises. There are also infrequent cases known in which the removal of catarrhal otitis media (exceptionally also a plug of cerumen) had caused the disappearance of the hallucinations. Finally, the unilateral hallucinations which one occasionally observes, are similarly explained, in that it deals here with patients who hear their voices only in one ear and see their visions only in one eye; a close investigation generally suffices to reveal peripheral diseases in the ear or eye, which are the seat of the hallucinations. It has also been possible to demonstrate a similar condition in all other sensory areas. At times the source of irritation is not in the sensory-organ, but is to be sought for within the nerve tract. Thus, atrophy of the optic, auditory and olfactory nerves, excluding hallucinations distantly located, directly furnish the necessary stimulus material for the origin of hallucinations. The same has also been observed in multiple neuritis. Flechsig found in an auditory hallucinant concretions in the posterior corpora quadrigemina which were infiltrated into the auditory path, etc.

The more one accustoms himself to examine closely the

peripheral sense organs in every hallucinant, the oftener he will discover a peripheral source of irritation for the hallucinations. If one strictly adheres to the definition of an hallucination given at the beginning, in which an entire absence of every stimulus is required, then evidently all the cases just considered, in as much as a stimulus is demonstrated in them, would be classed with illusions. For practical reasons this is not done. If we wish to adhere strictly to the definition, then on account of the difficulty of demonstrating a disease of the peripheral sense organs in the insane, one would be compelled in very many cases to leave in suspense the decision, whether the symptom is an hallucination or an illusion, and renounce every indication to include all the above cases under hallucinations and accordingly in the definition of hallucination, only to require the absence of external stimuli. In the future presentations the word hallucination shall always be used in this broader sense. It must be borne in mind, however, that a large part of hallucinations in this broader sense are fed by stimuli situated within the superficial surface of the body. By reference to the above given scheme, this may also be expressed in the following way: In every hallucination, a morbid excitation-process in the memory cells stimulates the perception cells and so generates the hallucination; in many cases this centrifugal excitation of the perception cells is facilitated if the latter are already found in an abnormal excitable condition, as by centripetal stimuli (entopic and entotic.)

VII.

DIAGNOSIS OF HALLUCINATIONS.

The most frequent occasion for the physician to presume an hallucination in a patient is that a patient reports a sensory perception for which in all probability every external stimulus has been wanting. This presumption, however, always requires a more accurate examination. An hallucination may be erroneously presumed, especially in consequence of the following mistakes:

1. For actual perceptions; the abusive words which the patient says he has heard, the blow which he says he has felt, has actually occurred.

2. For dreams; the patient sometimes mistakes the experiences of sleep for those of the waking condition.

3. For illusions; it has actually been spoken, a stimulus was present, but the patient heard the words differently than they were spoken, he transformed 'P'.

4. For so-called delusional-explanations; the patient has perceived correctly an actual pre-existing 'S', i. e. without transformation, but has joined entirely false concepts to this normal perception.

5. For active phantasy-concepts; such pathologically active phantasy-concepts; and therefore closely approaching the hallucinations, are designated as phantasms. They differ from the hallucinations by their more limited sensory activity, from the delusional concepts in that they deal with an experience in which the judgment entirely recedes.

Of the dangers of these various mistakes, the following case offers an illustration: a patient informed the physician that she heard her children scream the previous night. It would be entirely wrong to presume directly from this expression an hallucination. One will first best assure himself that the children of the woman adjoining did not actually cry. We take it for granted that this is to be excluded. Then one will determine if the patient, at the time at which she was supposed to hear the voices, did not perhaps sleep, and reported to the physician as a perception while awake what she actually dreamed. If also this is to be excluded, then one must decide whether at the time in question, there was not perhaps some other noise present (e. g. an 'S') which the patient had perceived in an erroneous manner as the cry of her children—(an illusion.) Finally, the possibility is to be borne in mind that the actual cries of children had been heard in the night, that the perception of the patient entirely corresponded to the external stimulus, and that the patient only interpreted erroneously the cries as that of her children who were actually absent (delusional explanation.) Only when all these possibilities have been excluded by examination of the relatives

and attendants, and questioning of the patients themselves, is one justified in accepting an hallucination. Especially in the noisy life of an institution one must be cautious in a hasty acceptance of hallucinations.

Equally as great, if not greater, is the danger, on the other hand, of overlooking hallucinations. In this respect it is especially to be considered that many hallucinatory insane dissimulate, i. e. in the consciousness that the hallucinations are a diseased condition, or, more frequently, in the consciousness that the hallucinations may be taken for a diseased condition, deny that they hallucinate. In such cases the physician is dependent for his conclusion upon the facial expression and the actions of the patient. These same difficulties exist in patients who are so confused that they can give no clear information of their inner processes. In patients suspected of dissimulation it is often of assistance to request the patient to write letters and cause inquiry to be made from fellow patients of casual utterances. Dissimulators often entrust their hallucinations preferably to paper and to other patients rather than to the physician and to the attendants.

VIII.

THE OCCURRENCE OF HALLUCINATIONS.

In the mentally healthy, i. e., without any other psychopathic symptoms, hallucinations very rarely occur. Generally, the hallucination is to be looked upon as a partial manifestation of a psychosis, and even in the rare cases where other psychical manifestations of disease are wanting, it is always to be looked upon as pathological. Those instances of men in history cited as having hallucinations, were mostly cases of illusion. If we deduct all cases like these as not belonging here, then only one case remains in which hallucinations occasionally arise as the only disease symptom; this is the appearance of hallucinations in individuals psychopathically tainted, but not otherwise psychopathic, after bodily or mental over-exertion, as well as in severe emotions. Especially in childhood, unquestionable hallucinations without any other manifestations of disease can now and then be observed under such conditions.

These are the so-called hypnagogic hallucinations, which rather frequently arise even in the healthy by closing the eyes, es-

pecially before going to sleep, when by a particular position, they usually deal with vanishing colorless faces, less frequently entire figures and landscapes. The so-called auto-illumination of the retina, without doubt, plays a part in the development of these.

With much greater frequency the hallucinations combine with other psychopathic manifestations, and indeed they are quite definite etiological factors, which, independently of the pronounced psychosis, bring to a focus hallucinations and other psychopathic symptoms.

The most important of these are the following:

1. The intoxications and indeed especially, but not exclusively, the acute intoxications. Thus it is known that opium, belladonna, datura, hyoscyamus, hashish, and other alkaloids, particularly frequently, cause hallucinations, especially in psychopathic endowed individuals. In these cases disturbances of the association of ideas are regularly found. Alcohol, especially in chronic misuse, leads to hallucinations and indeed, at times, to isolated ones, at times to massive and persistent ones, e. g. by the sudden withdrawal of the customary quantity of alcohol.

2. Febrile conditions. Even in these a psychopathic endowment generally appears as a predisposing factor. In many cases the factor generating the hallucinations (the so-called fever delirium) appears to be less the temperature elevation itself than the infective poisoning. At least, these fever deliriums are by far the most frequent in febrile infectious diseases.

3. Disturbances of nutrition, as they occur in severe hemorrhage (e. g. childbirth), in inanition, etc. Such cachectic hallucinations are also observed especially after febrile diseases as secondary manifestations of the disturbances of nutrition brought about by long-continued fever (empyema, tuberculosis, etc.)

4. Caloric injuries (insolation, etc.)

5. Some neuroses; hysteria, chorea and especially

epilepsy. In the latter one often finds hallucinations as an aura, i. e. an hallucination immediately preceding a convulsion. The epileptic hallucinations are generally characterized by frightful or religious content, and by great activity (variegated forms and loud voices.) If hallucinations occur in epileptics, and especially hysterics during a prolonged period of time, one occasionally observes that the consecutive hallucinations exhibit a moderately-connected hallucinatory experience after the manner of a dream.

If these etiological factors are excluded, and only pathological pictures of the psychosis is followed, then it is shown that many psychoses include hallucinations amongst their principal symptoms, especially so in the so-called hallucinatory forms or paranoia, while other psychoses, as mania and melancholia, only exceptionally manifest hallucinations. Finally, there are psychoses, such as dementia paralytica and dementia senilis, which very frequently show hallucinations without one being able to designate these as a characteristic symptom of the psychosis. Acute and chronic psychoses manifest hallucinations quite uniformly, but visions generally tend to be more frequent in the acute psychoses than in the chronic forms.

BRAIN MENACE TO MAN AND NATION OF ALCOHOLIC
AND OTHER NARCOTIC NEUROPSYCHOPATHY.

BY PROFESSOR CHAS. H. HUGHES, M. D.

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MAN in his brain and mind is much dependent upon what he feeds upon, plus inheritance and environment.

An habitually alcoholized blood starves and taints the brain cells and allied nervous system as do other toxic drugs. This and the food he eats and drinks and the environing atmosphere, whether rich or poor in blood purifying and brain rebuilding and enriching power, combined with congenital endowment, to resist or yield, make or unmake the brains which the world needs to use in its service now or which it should, from an eugenic standpoint eliminate from the field of action. Our time needs men, rightly endowed, men with stable, non-poisoned brains.

If we would move the world aright, psychically speaking, our mental Archimedean levers should be free from alcoholic deterioration and other drug addiction consequences. Psychic brain cells, bathed in toxined blood do not give such safety and logical surety to the movements of the intimately related mind as the clear and normally nutritiously potent blood stream does or may and alcoholic drinks, viewed with true chemically illumined vision, are poisons of the brain and perverters of mental action. Hence this matter becomes a subject of supreme importance in the study of patriotic eugenics wherein the race, as well as individuals, rises or falls through right or wrong care of the brain of man.

Alcoholics should, from the standpoint of the scientific proof of their nerve center poisoning power, be classed with

other poisons and their use as beverages should be discontinued and discarded.

A neuropath is one whose nervous system has become shattered and unstable. His nervous system is out of order. He has become deranged and damaged in power. He is no longer normal in ordinary action and often markedly abnormal under stress of unusual demand.

Our honored and esteemed honorary President has justly eulogized one of the greatest of America's and the world's medical men, who placed alcoholism among the diseases as well as among the vices of the mind at a time when it was regarded only as a vice and who plead for its medical recognition and treatment and hospital care as an insanity of the mind. True, the gross effects of alcoholics, as in the causing of delirium tremens and mania a potu, had been recognized before Benjamin Rush described the insanity of alcoholic drinkers, terming it oinomania, but the insidious undermining of mental stability, the neuritides it engenders and other toxic nerve center and peripheral nervous states have become better known to the medical world since the immortal Rush made his great contribution to the cerebro-psychic pathology of insanity, more than a hundred years ago.

Added to the popularly known and oft proclaimed perils of the still and the vat in moral, mental and physical wreckages (but too little considered by the alcoholically bibulous) medical men have had testimony from laboratory, hospital and fatal family pathologic lineage and sequence testimony against alcohol as an unsafe drink forceful for harm beyond former estimate, as in sudden heart failure, etc., where nature may be spurred to resistance and the calling forth of her latent organic powers to collapse against the further tolerance of alcoholics as a beverage and as a remedy save in exceptional exigencies of transitory demand. The warnings of the Goughs and Dows and their later platform emulators in eloquent warning cry of danger, are much accentuated in medico-pathological revelation with potent evidence and conviction, of the insidious undermining of vitality of this poison of the brain neurones and the viscera.

We pass the epilepsias, idiocies, imbecilities, insanities, the gross paralyses, apoplexies and sensibly perceptible brain

and viscera damaged states, so well known to the profession as either direct or indirect results of alcoholic toxemia and the contributory damage of alcohol to the brain as in sunstroke, to briefly note in passing and in conclusion the insidious harmful influences of alcoholic intoxication on the central neurones, none the less hurtful to the human organism, that further and completely confirm our conviction that alcoholics, even in their so called mildest forms of dilution, as in wines, beers and ales or in the seductive julep, diluted cocktail and other mixed drinks. These are not fit for the family table, the festal board, the social club, open public bar or in the bottled bitters or no less perilous highly alcoholized patent medicines of the sideboard, designed often for clandestine catering to the alcoholic appetite or to develop the same.

Long before we knew its intimate nature, as chemists know it to-day the Arabian tongue supplied the world with the term "al-koh'l" out of which we formed the similarly sounding word alcohol and subtle was its meaning and Solomon warned against it and its ultimate effects upon the human organism as a stinging "mocker" for "in the last it biteth like a serpent" the wise man said.

Since that wise warning thousands of years have passed, yet the scars of the chemical bites of alcohol on the human organism to maim and blast it in mind and body are inflicted still and in the last worse than the sting of an adder.

If we look at the vaso-motor changes, its poisoned mark is there in the oppressed and damaged neurone morphologically altered in tone so that it gives us the damaged sequences of hyperemia and psychic, aural, visual, tactile, gustatory, general anesthesia, psycho motor change, asteriognosis, space and distance hallucinations, which fortunately usually, pass off with the exit of the poison through nature's kindly acting vis medicatrix, if the poison be not directly fatal and subsequent adequate aqueous and nutritional replenishing of the blood and the subsequent prolonged rest, which nature demands for the repair of man's potation mistake or folly here, provided the ebriation is not prolonged by more alcoholic drink or too soon or often repeated.

What is this vaso-motor system about which we knew so little before Claude Bernard, Marshall Hall, Brown-Sequard, Golgi and the European physiologists generally of recent years and our own Seguin, Sajous, Ott and others let in the light from the laboratory on the intimate structure and work of the marvellous nervous system of our bodies and what does this nervous system do for us, against us and with us, in its relation to alcoholic toxemia? Why first, it dehydrates the normal neuron of its sustaining capillary and serum supply as it does the tissues of the body. As the drunkard must have immense quantities of water after a debauch to replenish his serum robbed and parched blood and tissues, so the vaso-motor nerve center cells feel and display, in impaired function, the effect of the alcoholic mixture in the blood and serum whose function is to nourish. An enemy invades the blood and the confused and startled organism resists in disordered action. These central neurones of the vaso-motor system feel and show the alcoholic damage in paresis of function and damage by vaso dilation. Paradoxical as it may appear this gives us in the brain of the excessively and persistently alcoholized, the dilation of the blood vessels permitting the so-called, but misnamed, serious alcoholic meningitis.

Just here is the explanation of the drink thirst recurrence, the drink habit of the inebriate, periodic and habitual, which is more pathophysiological and logically explainable than the usual and time honored one of hereditary acquisition or transmission and the disposition of the habitual alcoholic inebriate to be dissatisfied with the substitution of soft drinks for his craving, when he is without alcohol in his blood to impress his brain neurones, especially in the gray cortex area, with the capillary supporting function-entoning distention, to which, under alcoholic vaso-motor dilation, they have been before habituated and there may be also something in the mere lack of alcoholic impression to which the cells of the psychic cortex have become accustomed. The neurones of the cortex, like the viscera of a dropsical patient, who must be bandaged under paracentesis abdominis, miss the supporting pressure of alcoholically distended vessels to which drink has accustomed them

through vaso-motor dilation and then feels the craving for his usual evening night cap and morning eye opener.

But whether my conception of the cause of this recurring phenomenon in the drunkard or dipsomaniac of imperative, often resistless, craving for alcoholics be correct or not, the all demanding appetite of the alcoholic drinker, that sooner or later comes upon him after frequent excessive and often after rather moderate drinking, is a strong, if not the strongest indictment against this bane of the human race's welfare, engendering as it does what De Quincey in his forceful arraignment of opium, correctly called, an *Illiad* of woes, as was demonstrated in De Quincey's own unfortunate and wrecked life as the victim of the next most potent of habit poisons to alcohol and cocaine.

SELECTIONS.

NEUROPATHOLOGY.

ABSCESSSED TEETH AND INSANITY.—Decayed teeth are a source of pain, producing irritability, loss of sleep, incapacity for work, mental backwardness and finally, upon the authority of Dr. Upson, *Penn. Med. Jour.*, Sept., 1912, who cites an interesting case in substantiating his claim, insanity.

A young man, aged twenty-one, was as a child bright, honest and truthful. At sixteen he went to work, soon after began to commit robberies, highway robbery and other crimes, and was sent to a reformatory. At home his actions were peculiar; he was irritable at times, flighty and incoherent, and had periods of automatism. He would take the mattress off the bed and sleep on the springs. He was strong, well built and apparently healthy. Family history was good.

Skiagraphic examinations showed badly impacted wisdom teeth, with abscesses at roots of two molars and one incisor. Removal of the impacted and abscessed teeth relieved the symptoms and finally effected a cure.

EUGENICS.

SIR FRANCIS GALTON declared Eugenics to be, "The science which deals with all influences that improve the in-born qualities of the race, also with those that develop them to the utmost advantage."

Broadly speaking, Eugenics points out the importance of paying at least as much attention to the breeding of human beings as is now devoted to the development of the best strains in poultry, pigeons, Angora cats or pug dogs.

It is axiomatic that the stream can rise no higher than its source.—*New Hampshire Medical Society*, transactions.

NEUROEUGENICS.

ROBBING THE GRAVE.—It is startling to hear that 1,700 people die unnecessarily in the United States every day of the year. If such numbers were slain in a single battle a shocked public would rise up to stop the war that made such ravages on the race. Professor Irving Fisher, who made the statement before the National Conservation Congress that a third of 1,500,000 deaths annually could be prevented, urged, as the first step in human conservation, the establishment of an adequate system of collecting and distributing vital statistics similar to the system in use in Sweden. At present our vital statistics cover only a little more than half of our population. But vital statistics are the bookkeeping of health, and out of Sweden's carefully kept vital statistics for the last 150 years have grown her wonderful hygienic achievements.

In the United States we have made reduction in infant mortality and thus raised the average duration of life; but, says Professor Fisher, "the mortality after middle age is growing worse, and the innate vitality of the people is in all probability deteriorating." Sweden, on the other hand, has improved the chances of life for all periods—infancy, middle age and old age. We in the United States have regarded public health almost exclusively as a matter of protection against germs and have practically neglected the chronic maladies of middle life, such as Bright's disease, heart disease and nervous breakdowns.

It is significant that all three of the political party platforms this year had planks in the interest of the people's health. The press has done much during the last few years in creating interest in the matter, but in the work of conservation of human life the government must officially take a hand. That the government knows how to tackle such problems is shown in the transformation wrought in the canal zone and the splendid work done for health in Cuba, Porto Rico and the Philippines.—*Leslies, 11-21-12.*

NEURODIAGNOSIS.

PUPILS IN ACUTE ALCOHOLISM.—By Dr. F. Stapel (*Monatsschr. f. Psych. u. Neurol.*, Vol. XXIX, No. 3.)

The material examined for this paper was made up of thirty-four patients, mostly those with constitutional defect plus a psychosis and twelve normal persons. The conditions as to age, time of day, quantity of alcohol administered, etc., were made as uniform as possible. The degree of intoxication and its manifestations varied considerably. The pupils were tested at intervals and in both daylight and in the dark room. The following conclusions are reached: Acute alcohol intoxication causes dilating of the pupils to an equal degree, perhaps after an initial narrowing; inequality or change in shape were not observed. The adaptation of the retina to altered light is interfered with (abolished or delayed.)—The reaction of the pupils to light, accommodation and convergence is slow. The extent diminished. The slower reaction may precede or follow an increased reaction; difference in reaction of the two eyes was not observed. The reaction to sensory stimuli and psycho reactions are increased or diminished, but require further study. All these pupillary alterations are more quickly produced, more intense, and last longer, in mentally deficient individuals than in the normal, even with small doses of alcohol. In pathological intoxication the pupils may even become absolutely rigid.—*Smith Ely Jelliffe, excerpt for Post Graduate.*

NEUROPEDIATRICS.

NERVOUSNESS IN CHILDREN—ITS PREVENTION. (Archives of Paediatrics, Nov.) By Tom A. Williams, M.B., C.M., Edin., Washington, D. C.

Aside from physical varieties, there are five well-marked types of nervous child. The aetiology differs in each, although all are psychogenetic from various kinds of faulty management by parents or guardians. Upon the understanding of the genesis of these types, must be founded the prophylaxis.

I. The lethargic child: Cause, over attention to vegetative functions and discouragement of proper activities from the

false belief that a child's brain is injured by use. Prevention obvious.

II. The over intense child: Cause, the interference with due relaxation by artificial stimuli of home and school and play. Prevented by proper attention to anabolism by rest and recreation.

III. The psychasthenic child: Cause, hyperconscientiousness and inappropriate self control due to over-repression by moral means as distinct from coercion. Prevented by understanding the limitations of a child's intelligence and its emotional need for spontaneity.

IV. The hysteric: Cause, insufficient inducement to self control in efforts to judge before acting; hence easy suggestibility, impulsivity. Prevented by training children in attention and suspension of action before due thought.

V. The self-willed child: Cause, failure of control, spoiling. Prevented by early mastery of infantile tantrums, and later providing opportunities for guidance in controlling passion. Cases are cited.

The conventional cognominal diagnoses of paediatrist, being without precise significance (neurasthenia, hysteria, neurotism,) are deplored. Only when the psychological mechanism has been investigated can be determined the nosology of a case.

NEUROPATHY.

PANCREAS IN CHRONIC ALCOHOLISM.—Lissauer states that the pancreas frequently shows organic disease in alcoholics and that the alterations involve both parenchyma and connective tissue. We may see an interstitial pancreatitis due to inflammation of the connective tissue and a fatty degeneration of the parenchyma, and both these lesions may be regarded as especially ethylogenic, as the author has not encountered them save in alcoholics. The two types of lesion conform to the finds in the livers of alcoholics—fatty liver and cirrhosis. Friedreich has already described "drunkards' pancreas," so that the author claims no priority. In theory alcoholics should be prone to pancreatic diabetes and, as a

matter of fact, they are known to be subject to the latter.
Deuts. Med. Woch.—Med. Rec.—Exc'p.

NEUROTHERAPY.

A NEW QUININE.—Samples of a new quinine derivative, hydroquinine hydrochloride, but prepared from true quinine, containing two more hydrogen atoms per molecule, is reported in the Hospital for September 25th. One of its most marked properties is for water, whereas quinine hydrochloride is soluble only to the extent of 3 per cent in water, hydroquinine is soluble in half its weight of water. This gives it a great advantage for hypodermic introduction. It is not yet certain whether hydroquinine is superior to quinine in the treatment of malaria, but against trypanosomes the new remedy is stated to have a greatly augmented effect.

KISSING THE SHUTTLE.—In English cotton manufacturing districts it seems customary for the weaver to thread the shuttle by applying the mouth to it and then drawing the weft through by a sucking action; this method is known as "kissing the shuttle." As the same shuttle is used by different weavers without any attempt at cleansing, this procedure affords a ready means of conveying pathogenic germs. In one year, three female weavers who all worked on the same looms and shuttles, died of tuberculosis. Dr. John Brown, a Medical Officer of Health, to whom these deaths were reported made inquiries, by which he concluded that the chief factor in the causation of the disease was this insanitary practice of "kissing the shuttle." And he strongly recommended to the authorities that when shuttles are used by more than one person they should be thoroughly cleansed and disinfected after each time of using. And in accordance with such recommendation the Borough Council had manufacturers advised that after use the shuttles should be immersed for about half an hour in a ten per cent. solution of izal, which in this proportion is non-poisonous and does not injure the material of which the shuttle is made.—*Med. Times.*

THE OATMEAL CURE IN DIABETES.—Dr. S. Strouse, (*Medical Journal*, April, 1912) thus sums up on oatmeal

in diabetes: "Practically all investigators who have tested the cure in a thorough manner, agree that it is most beneficial, especially in severe cases where other means have failed to reduce either sugar output or signs of acidosis. Whether this action depends on any inherent quality of the oat starch is still a disputed point. The *modus operandi* must be considered as yet unexplained; numerous theories have been advanced, but none is supported by actual knowledge. Klotz's researches, if corroborated by other workers, may offer a scientific explanation of the phenomenon.

MAGNESIUM SULPHATE FOR TETANUS.—Dr. Bryce W. Fountaine in the *Memphis Medical Monthly* excerpts and condenses the following valuable therapeutic record.

Parker (*Journal Amer. Med. Assoc.*, 1912, lviii. 1746) reports in detail three cases of severe tetanus successfully treated by subcutaneous injections of magnesium sulphate. Parker says that the dosage recommended for intraspinal injection is 1 cc. of a 25 per cent. solution for every twenty pounds of body weight. The dosage used in the cases treated by Parker was much larger and no ill effects were observed.

Two of these cases were acute and severe, not fulminant, but belonging to the class from which one would expect a high mortality. The prompt relaxation resulting after the injections certainly shows that magnesium is of value in the treatment of tetanus. It has no specific action, but by quieting the excessive muscular action it permits the patient to obtain more rest and to take food, and thus tides him over while he is manufacturing his own antitoxin.

Parker calls attention to the fact that there are some dangers in the use of magnesium sulphate, as it has been shown that it often produces toxic effects, chief among which are depression of respiratory and cardiac centers.

It has recently been proved by Joseph and Meltzer of the Rockefeller Institute that physostigmin antagonizes the toxic respiratory depression sometimes caused by magnesium.

GROWTH IN THE USE OF BACTERINS.—Treatment of infectious diseases with preparations derived from corresponding micro-organisms is unquestionably growing in favor.

Not only do the bacterial vaccines (or bacterins) seem destined to a permanent place in therapeutics, but their field of applicability is constantly broadening. Proof of this is seen in the growing list of these products announced by Parke, Davis & Co., no less than fifteen of the bacterins now being offered to the profession.

There are a number of reasons for the favor which is being accorded to the bacterial vaccines. In the first place these products are in consonance with the scientific trend of present-day medication. They are being used with a gratifying measure of success. The method in which they are marketed (sterile solutions in hermetically sealed bulbs and in graduated syringes ready for injection) appeals to the modern medical man, assuring, as it does, both safety and convenience. The moderate prices at which they may now be purchased will tend to give them still greater vogue. And these prices are worthy of note, since they represent a great reduction from those formerly prevailing, amounting, if we are not mistaken, to as much as 60 per cent. in many cases. They are announced elsewhere in this journal over the signature of Parke, Davis & Co. and will repay a careful scrutiny.

TONICITY OF MINERAL WATERS.—Menard (*Presse Medical*, Paris, July 24, 1912, Abst. J.A.M.A.) calls attention to the importance of the molecular constitution of mineral waters which are used for local applications to the mucous membranes. He has made an examination of a large number of these mineral waters and among fourteen samples he found two whose freezing point indicated a molecular value hypertonic to that of the blood. The rest were hypotonic. He suggests that the hypertonic waters be reduced to the molecular concentration of the blood by dilution with distilled water. On the other hand, the molecular concentration of hypotonic waters can be brought up to that of the blood by the addition of a solution of sodium chlorid.—*Amer. Pract.*

THE URINE NEURODIAGNOSIS JUST BEFORE OUTBREAK OF A NEUROSIS. Orłowski (*Zeitschrift für Urologie*, Berlin, July, 1912) calls attention to the changes in the urine he has observed in patients on the verge of a nervous breakdown. The curve of aci-

dity of the urine shows a different rise and fall, being lowest morning and night, contrary to the normal decline in the middle of the day. The phosphates also behave differently, and the indican content increases. Orłowski has been studying for years the behavior of indican in the blood in various conditions, and is convinced that the proportion of indican in the urine is an index of low vitality, relaxation of the body, especially of the nervous system. It is thus a practical index of impending nervous breakdown. Even healthy persons, when they feel languid and without much vitality, have indican in their urine transiently. Persons with the paradoxical acidity curve mentioned above often have abnormal proportions of indican in the urine.—*Amer. Pract.*

MOSS NON-CEREAL BREAD.—Along the Columbia river, says *Medical Fortnightly*, a kind of bread is made by the Indians from a moss that grows on the spruce fir tree. This moss is prepared by placing it in heaps, sprinkling it with water, and permitting it to ferment. Then it is rolled into balls as big as a man's head, and these are baked in pits. This moss bread ought to be analyzed and tried, if the analysis justifies it, for a diabetes diet.

DR. J. L. WOLFE, Cedar Rapids, Ia., in the *Medical Sentinel*, proposing and answering the question, "What is Disease," says that it consists essentially in diminished vital power.

In medicine, error in theory leads to error in practice. The physician educated to regard fever as constituting disease, and the increased action of the heart and arteries necessary to sustain the curative action an evidence of excess of vital power is led to prescribe antimony, digitalis, and various other poisonous agents with a view to moderate or repress those actions, and notwithstanding the evil consequences of such practice, the same course of treatment is pursued as long as the theory, by which the practice is governed, is believed to be true.

In disease whenever the action of the heart is augmented, there is a cause for it. Thus in fever, inflammation, extreme debility, etc., its energy is evoked for the accomplishment of an object or design, ultimately for the preservation of the

system. Physicians should study the design of nature and endeavor to assist her efforts more.

Medical treatment, to prove beneficial, must harmonize with the principles of life.

PSYCHIATRY.

THE PSYCHIC EFFECTS OF ACCIDENTS (Month. Cyclo. Nov. 1912). By Tom A. Williams, M. B. C. M. Edin., Washington, D. C.

The actual emotion from an accident may stimulate internal secretions in an injurious way by a mechanism discussed in the paper. But the effects are only temporary unless maintained by morbid ideas gained from others after the accident or previously present in the mind of the injured. Prepossession leads to abstraction with diminished capacity of thought. This creates a vicious circle. The dissipation of the false idea of a body disease is interfered with by the patient's unconsciously exaggerating symptoms in order to justify what he is beginning to doubt. The passage into deliberate deception is then easy.

It is, or course, not the trauma which is psychopathogenic; the real cause is the ideationally determined complex in the patient's mind. It is a suggestion, and can be just as effective apart from an accident at all. Illustrations are given.

Nor is litigation itself the cause of sinistrosis. It is merely a powerful suggestive determinant. Thus, in a patient in whom haematomyelia has greatly inspired the efficiency of the right hand, and who believed himself unable to work as a mechanic because of somnolence, unsteady gait, partial urinary incontinence and impotence, the author detected the psychogenic character of much save the muscular atrophy and restored the patient without question of indemnity.

Thus, treatment depends upon rational knowledge of genesis which leads to proper reeducation of the patient's view point. Mere assurance and encouragement only antagonize the patient. The main aim is the removal of false notions—suggestions—and this is most durably done by rational enlightenment into a true perspective. It is the treatment of hysteria. The article is closed by an illustrative case.

THE
ALIENIST AND NEUROLOGIST.

VOL. XXXIV. ST. LOUIS, FEBRUARY, 1913. No. 1.

Subscription \$5.00 per Annum in Advance. \$1.25 Single Copy

This Journal is published between the first and fifteenth of February, May, August and November. Subscribers failing to receive the Journal by the 20th of the month of issue will please notify us promptly.

Entered at the Postoffice in St. Louis as second-class mail matter.

All remittances should be made to CHAS. H. HUGHES.

The Alienist and Neurologist is always glad to receive articles or photographs from subscribers or friends and material acceptable for publication. Address manuscripts and photographs to the *Alienist and Neurologist*. For return of non-accepted manuscript send addressed envelope and sufficient postage.

Any Comment, favorable or unfavorable, specifically set forth, is always welcome from friend or enemy or any "mouth of wisest censure."

CHAS. H. HUGHES, M. D., Editor and Publisher.

Editorial and Business Offices, 3858 W. Pine Boul.

HUGHES PRINTING Co., Printers and Binders

EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

THE AIM OF THIS MAGAZINE has been from the beginning when its name and purpose were new and strange to the fold of journalism, namely, to familiarize the profession and the philanthropists with the higher phases of eugenics belonging to the domain of psychiatry and a right understanding of brain and mind, normal and abnormal, in their medical, medico legal and social relations for the enlightenment of the medical and related professions and the welfare of the world.

Though not fully appreciated in some quarters was our end and aim, so little appreciated in fact that from one remarkable source we were applied to for a loan, being regarded from our name as a lienist journal representing a firm having

money to loan. But thirty-three years have flown since then and as we enter our thirty-fourth our appreciation is complete and we go on our prosperous career with assurance for ourselves and from our friends of having done good and useful work.

With hearty thanks for the help given us for our labors and successes and with good wishes to all for a Happy New Year, we continue on our hopeful, helpful way with promise of the best possible service to all concerned, as heretofore.

DR. GORGAS HONORED.—The trustees of the American Medicine Gold Medal Award respectfully announce that the medal for nineteen hundred and twelve has been conferred upon Dr. William C. Gorgas, Ancon, Panama, as the American physician who in their judgment has performed the most conspicuous and noteworthy service in the domain of medicine during the past year.

THE BACK WRENCHING AND SPINAL JOLTING of our street cars with their constantly changing novice motormen is likely to put our osteopathic back bone manipulators out of business.

AGAIN THE UNSTABLE NEURONE APPEARS, this time in the recent Washington University boys burning the Faculty in effigy—for a trivial disagreement as to examinations. If our big Universities can not train their students to a higher sense of propriety and respect these big schools had better go out of business.

More work and less frolic might be more salutary as to student manners. Not long ago an American reared (not to say educated) heathen and iconoclast spoiled the morning prayer service by a brutal interruption. A steady brain with right moral and intellectual poise is the best part of education. If the moral inhibitory centers of the brain are neglected and go wrong under big college training, of what use is the big college? Better the small one with less vicious mischief and more personal supervision and propriety of conduct.

THE OCONOMOWOC HEALTH RESORT, Oconomowoc, Wis., Arthur W. Rogers, physician in charge, advise us of recent important changes in that institution, of interest to readers

of this Journal. During the past few months it has doubled its capacity, now having accommodations for 50 patients, including gymnasium, assembly hall, billiard room, extensive bath department and large living room, making a very complete plant. Eight isolated fire-proof rooms are also provided, modernly equipped for the care of acute mental cases. Oconomowoc is now prepared to care for everything, from the mildest neurasthenic up to the most disturbed case and with facilities for their complete classification.

THE PHYSICIAN IN POLITICS.—One of the most noteworthy features in the present era of political reconstruction is the increasing prominence of the physician as a leading figure in world politics, as exemplified in the recent upheaval in China and in the present work of reconstruction in Portugal. In both cases it seems to be recognized that the physician's experience with the ills of humanity gives him a peculiar fitness for larger service to the State. In Portugal, not only were the foremost revolutionary leaders physicians, as were the principal officers of the provisional government, but the present leaders of the most influential political parties are medical men. The former Minister of Justice of the Provisional Government of Portugal, Dr. Affonso Costa, now heads the Democratic party which includes the Socialist and laboring groups. This party includes half of the senators and deputies in the Portuguese Parliament. Dr. Costa is the author of the Church and State Separation Law and other measures. Dr. Antonio Jose d'Almeida, another medical man, is chief of the Evolutionists, the conservative element in Portugal. Dr. Almeida controls the "extreme right," as distinguished from the extreme left, or ultra-radical Democratic party headed by Dr. Costa. The Unionist party, a compromise group halfway between the extreme radicals and the ultra-conservatives, is headed by Dr. Brito Camacho. These last two parties, with the Independents, the political organization of the secret society "Carbonario," comprise the conservative element, which is at present in control. The Portuguese Cabinet however, is a coalition, and includes three Democrats, two Evolutionists, and two Unionists.—Medical Review of Reviews

for September. It is time medical men took more interest in political topics in the U. S. A.

BERLIN'S NOISE SANITATION.—That well governed city of Germany sanitarily and otherwise sets the world a salutary example in the suppression of the howling dervishers who infest and molest the streets of American cities.

A reasonable amount of quiet in the street life of American people is essential to their best state of health and might, if enforced, prevent the continuous and everlasting moving to the suburbs and beyond.

The howling megaphone and falsetto voices of our city peddlers and corner newsboys are not a necessity of business nor are certain screeching, brain rattling autos needed, most of the latter (thanks to our chief of police) having been suppressed. But the open muffler, and the street auto sprinter yet need police attention, especially in the night time. Your neighbor's rooster and a noisy poll-parrot are lawfully suppressible. Why not the indifferent chauffeur devil and the unlawful open muffler speeder? "Let us have peace" from these.

THE DEDICATION OF THE LANE MEDICAL LIBRARY which occurred last November at San Francisco, was a just tribute and memorial to the philanthropic spirit of a good man whose memory abides pleasantly and gratefully with the editor of this magazine.

MANY HUMAN MACHINES are constructed only for use on the smooth road, while the pathway of life is inevitably rocky and rough, in places, for most of us. Man does not consist of "mind" alone, or of a nervous system alone, but of a community of cells, tissues and organs, the integrity of all of which is essential to the efficiency of the whole.

"The physician's work is that of a 'biological engineer,' whose duty it is to promote orthobiosis; in other words, to conserve and direct scanty, perverted or unutilized forces, so as to produce the best possible results in efficiency of output with a minimum damage to the machine. To accomplish this end he can never, with wisdom or safety, depart from the fundamental principles of physiology and hygiene."

—Prof. Langdon in Cincinnati Lancet.

NEW YORK NEUROLOGICAL SOCIETY.—The following officers were elected for the year 1913. President, Dr. Smith Ely Jelliffe; First Vice-President, Dr. E. G. Zabriskie; Second Vice-President, Dr. E. W. Scripture; Corresponding Secretary, Dr. J. Ramsey Hunt; Recording Secretary, Dr. C. E. Atwood; Councilors, Drs. Dana, Starr, Sachs, Fraenkel, Kennedy.

INVITATION RATHER THAN COERCION is a better policy for the American Medical Association in membership.

The plan of requiring first local County or City Society then State Society membership exclusively as essential to membership in the National body will not, for obvious reasons, make the solidly organized representative forceful medical body all loyal well wishers of regular ethical professional advance would like to see. To accomplish the greatest result the A. M. A. should embrace all right minded medical men in its fold. This it can not do by forceful exclusion of all but members of local County and State Societies. There are often good reasons why the best medical men in localities prefer to stay out or may by local interests be kept out of local societies.

Members of the Academy of Medicine and other good societies should be eligible to membership in the A. M. A. whether members of local County or State Societies or not.

THE UNSTABLE PSYCHIC NEURONE displays itself in startling bizarre speech, conduct and tragedy and suggests its own extinction by methods familiar to the intelligent eugenist, philanthropist and patriot. The wit who suggests that the unfit be given the glorious privilege of not being born suggests more wisely, perhaps, than he knows, the world of misery and degenerate inadequacy to environment and world psychic sanitation and endurance than he knows.

The boy, for instance, who kills his mother for refusing him his mandolin, then kills himself, the mother who drowns her daughter and seeks to kill herself, the child who suicides because of a parental rebuff or a teacher's reprimand, had better not been born and such unstaibles otherwise displaying their psychic instability in morbid conduct, had better be barred from the hymeneal altar. Clerical objection to this view

for preventing the propagation of the unfit, to the contrary notwithstanding. But fortunately the church does not, in our day, stand so much against science as in the past.

GENERAL SICKLES' age, past 90, senile infirmities and eccentricities ought to move his friends to secure a considerate guardianship in the troubles of his decrepitude. He is assuredly, from all accounts of him and his management of his affairs, not the normal man of his better days.

A STABLY NEURONED PRESIDENT.—The stably neuronated President humorously singing what he has jocosely termed his swan song after a sudden reversal of popular favor, greater than ever before befell a President, shows an equanimity in defeat as admirable and unique as the unparalleled stability and courage which Ex-President Roosevelt displayed at Chicago after the paranoiac's bullet was in his breast. But stable plausible courage has characterized all of our presidents under stress of assassin's assault, from Andrew Jackson to Lincoln, Garfield, McKinley and Roosevelt.

There would be no assaults on American presidents if all the people were as stably neuronated as our presidents have proven themselves to be, because there would be no instably brained cranks.

YELLOWSTONE PARK DUST CLOUDS.—Mrs. Isabel C. Barrows, (In Christian Register) along with an interesting description of the beauties of this attractive and wonderful government reservation, justly complains of the clouds of dust which enveloped their party and "the twenty or thirty thousand men and women who have passed the portals of the Yellowstone National Park this summer." Why this wholesale, annoying, unsanitary "neglect of the comfort of the tens of thousands who entrust themselves to the care of the United States Government, only to be choked to death or jolted out of coaches on roads which are a scandal" she asks. And so we ask.

The popular welfare has not, of late years, received

much congressional or Governmental official attention. Concern for the interests of the politico-monetary influences of favored trusts and syndicates have too exclusively occupied Governmental official consideration. The "people be damned," has been too much the sentiment of our oligarchic politicians and political officials in too many instances.

Notwithstanding the long time the subject has been agitated, we have no bureau of public health and no sanitarian or physician in the President's Cabinet. Yellowstone Park was set apart as a national health and pleasure garden. The Government has no right to keep it unsanitary. It is quite as important to the people as Controller Bay or forest or mineral conservation.

Some day the people will understand better and demand of the politicians, concern for their sanitary rights.

DEAN HADLEY OF YALE DOES NOT ENDORSE CARNEGIE FOUNDATION REPORT.—In a scholarly and educationally enlightening address before the Association of American Universities November 8th, 1912, President Arthur T. Hadley, the Dean of Yale, took issue with the report of the investigators of the Carnegie foundation, which said that an increase in general efficiency is the immediate duty of the representative educational organizations of the country. Dr. Hadley said he considered the Universities of America efficient.

The spirit and tenor of this report was certainly captious, unfounded and unfair in regard to more than one medical college of the country as we can affirm from personal familiarity there-with and *falsus in uno falsus in omnibus* is liable to be the general conclusion. There were good schools here before Carnegie and his foundation report condemning all or most all but the Carnegie foundation approved and endowed and some of them continue despite the disparaging efforts of this report to destroy them.

THE WRONG WAY TO DO IT.—"Dr. C. H. Hughes, Dear Doctor:- I am going to bring you a patient in a few days. I don't know what is the matter with him but he is terribly down

spirited, please examine into his case carefully and do him all the good you can, and I wish you would add 20 dollars to his bill for me for R. R. fare.

Yours respectfully,"

A well meaning medical gentleman once brought us a patient prefacing his visit with the above note. Of course we could not comply with the request. But when the doctor and his patient came we asked the doctor why he did not arrange with his patient for a fee for his visit to the city with the patient's son and for his counsel as to the proper consultant and with the consultation visit, expenses, and time away from home.

There is no need of secret fee splitting. The home doctor should put a proper value on his time, knowledge and counsel services and collect it himself, with a full open understanding that he would have to be paid for medical advice and time away from home and valuable information counsel with the distant medical specialist who is to take charge of or advise concerning the case. Secret fee splitting is a mistake, undignified, unfair, harmful to all right interests and morally wrong and degrading.

HONESTY THE BEST POLICY IN THE MEDICAL EXPERT.—A medical expert should take pride in the verities of his science and if he testifies true to them always he will never be confounded by references to other cases in which he may be of record, but the pseudo expert who testifies as a partisan will often be confused and thrown down by his record of ignorance or dishonesty.

It is a perilous thing to be a false expert. It is about as safe and profitable to be a liar. Besides the honor and principle of the matter, honesty in expert opinion is the best policy.

DR. ALVAH H. THOMPSON OF WICHITA.—Washington, D. C., Dec. 9. Dr. Alvah H. Thompson of Wichita, Kas., has been appointed disbursing clerk of the pension service.

He will pay out annually the \$180,000,000 which has been handled through the eighteen pension agencies which were abolished January 31. Dr. Thompson is now chief of the

finance division of the pension service, having risen from a clerkship in which he began twenty-three years ago.

It is meet that medical men should fill such positions and many more in the Government service from which they are by consensus of partisan political opinion on the speciously fallacious plea that "doctors have not the necessary business qualifications."

It will be better for Government and people when doctors come to have more to do with running the Government.

ALCOHOLISM AT THE LONDON INTERNATIONAL EUGENIC CONGRESS.—At this Congress in July, the first of its kind to enquire into alcoholism and other causes of degeneracy, Dr. Magnan called attention to the fact that alcoholism among women was increasing yearly. Dr. Mjoen of Norway proposed labeling all bottles with the percentage of alcohol contained in them as is now being done in the United States under the pure food law. So far as practicable the proportion of alcohol to patent and proprietary medicines should be limited to the real and only demands of solubility and chemical requirement.

What the American Government has done towards absinthe might well be done toward the importation of certain deleterious alcoholic concoctions under the disguise of medicines.

OSTEOPATHIC BACKBONE DIAGNOSIS.—An Osteopath's Vertebral Index Key to Diagnosis appears below:

Before the St. Louis Osteopathic Association one of the members lately said, "The backbone is to human ailments what the index is to the book. The physician by consulting this index can immediately discover what is wrong with the patient he is treating."

"Diabetes was due," he said, "to lesions in the dorsal region, bronchitis, pneumonia and liver and kidney diseases were attributed to injuries and disarrangements between the shoulder blades and the small of the back."

A PYROMANIAC AT LARGE; BURNING DAIRIES AND COWS HIS PASSION.—The mystery surrounding a succession of incendiary fires was cleared January 10, at Evansville, Indiana, when

Walter Bruner, 46 years old, confessed to the police that he had burned the dairy barns of four milk companies there.

Suspicion was diverted from Bruner for a long time because he appeared to be simple-minded and harmless, but an investigation by Policeman Zumstein showed that everywhere Bruner worked there was a blaze, which came at night, and destroyed barns and animals.

Questioned to-day for his motive in firing the structures Bruner said he wanted to hear the cows bellow in fright when they were in the blazing barns.

"That was music," he said to the chief.

He was bound over to the Grand Jury.

JUDICIAL BLUNDERS CONCERNING INSANITY in its impulsive paroxysmal display with intervals of apparent sanity under restraint come to light daily through the press reports.

A man, Haas by name, in Vienna, Austria, about the fourth of last August, shot his consumptive wife, immediately thereafter attempting his own, saying he "could not see her suffer." He was let off by the judge with a fine of two dollars, not for the crime, the crime was pardoned, but for unlicensed carrying of fire arms.

Murderous paroxysms of this kind are liable to recur from other murderous emotion exciting causes, in such psychic unstably brained as in this and the case of Harry K. Thaw now wisely retained in Mattewan Asylum under renewed judicial order.

A fanatic leader of a religious community not long ago extinguished the life of a consumptive sister, without getting the judicial rebuke and punishment it deserved.

Yet we have states that do not even allow capital punishment by judge or jury for any cause.

In another instance, more excusable—in fact commendable—a physician, Dr. Kennedy, at a fire gave a party pinioned beyond rescue and burning to death a lethal hypodermic, which the papers call a fatal euthanasia—but euthanasia need never be itself fatal.

SCIENCE AND ALCOHOLICS.—The Coming Battle. Dr. J. Wiglesworth. The New Albany Medical Herald announces that a great battle is coming. On one side is the "business," with the thousands looking to it for support, and the capital invested in breweries and distilleries, which knows too well how to place money so as to influence legislation. On the other side are the mothers and the wives and the daughters of unfortunate victims of drink.

Dr. J. Wiglesworth, in the Medical Temperance Review (London), May, 1912, says: "To compare the mental state of a person who is slightly under the influence of alcohol with that of one who is suffering from an attack of mania (insanity) may appear to many persons absurd, but it will appear less so to those who have had most experience with mental disorders. As a matter of fact, certain mild forms of simple mania bear a remarkably close resemblance to slight conditions of alcoholic intoxication. There is the same loss of the highest consciousness, the same overaction of cerebral centers other than the highest, the same pleasing condition of exhilaration, the same incapacity on the part of the individual concerned to realize that his condition is other than a perfectly normal one.

"But the difference between what is ordinarily considered to be a state of mild alcoholic intoxication, and the condition of exhilaration with tendency to loquacity, which is one of the earliest and most constant results of imbibing small quantities of alcohol, is a difference of degree only and not of kind. Both are alike manifestations of a loss of control; both equally imply the temporary withdrawal of some of the restraining influence of the highest cerebral centers.

"The subjective sense of increased strength and power which alcohol confers upon an individual is then, I submit, a delusion and a snare comparable to the subjective feelings of happiness and bodily vigor displayed by the general paralytic, who floats along in a whirlwind of delight, totally unable to realize his physical weakness, which is so evident to the objective observer. I submit, then, that the primary and essential element in the action of alcohol is the paralyzing influence it exerts upon the highest cerebral centers, those which subserve

the delicate adjustments of an individual to his social surroundings, and upon the activity of which the highest processes of thought and feeling depend.

“These considerations will help us to a clear understanding as to the part which alcohol plays in the production of mental disorders. When the action of alcohol is intermittent, the toxic influence which this drug exerts upon the cerebral centers is at first speedily recovered from, and it may be said generally that this agent has usually to be taken into the system for a long period or in considerable quantities before definite mental disorder manifests itself. The process can not, however, go on indefinitely, continuing day by day without some change of a permanent character becoming developed.”

IN TERMS NEUROLOGICAL.—The secular press is catching on to neurological nomenclature. A St. Louis city newspaper of peculiar literary merit laconically designated the P. D., is P. D. Q. to catch on to the neurologists manner of speech. As an illustration note the following from it, Sept. 16th, ult, No.—

NEW NERVES FOR THE NATION.

That Uncle Sam has not even yet reached his full stature appears from the fact that he is developing a new and wonderful set of nerves. Speaking impersonally, this is what the huge wireless plant at Washington, the biggest in the world, practically means.

It has been the fashion to speak of telegraph and telephone systems as nerves to the community. And, before the advent of the wireless, we were satisfied with the thought that civilization was gradually developing a complete system of such nerves.

But the best possible wire-telegraph system seems infantile when compared with what this new wireless promises. It will enable the American Government to communicate instantaneously with many thousands of points on four continents. It will span the Atlantic and half of the Pacific, as well as Greenland on the North and Central Brazil on the South.

All wireless stations, and all ships equipped with wireless apparatus within an area of 28,274,400 square miles will be in touch with this giant nerve center. No less than a hundred million people living under the Stars and Stripes, will be affected by the news passing in and out, on instantaneous electric waves, from this national center.

PHYSICIANS AND DRUG ADDICTION.—We copy with approval the following from the Jour. Med. S. Mc. A.

An interesting article by Charles B. Towns, entitled "The Drug Taker and the Physician," appears in the October issue of the *Century Magazine*, in which it is declared that the number of physicians addicted to the use of drugs is less than 5 per cent., instead of 15 per cent., as has been generally asserted. Considering the familiarity that every physician must have with drugs, and the temptation to their use to which the physician is exposed because of his irregular hours and the nervous tension he often suffers in the performance of his duty, this speaks volumes for the integrity of the profession.

MR. TOWNS ALSO CALLS ATTENTION to the fact that there are no state or city hospitals devoted exclusively to sufferers from the drug habit, although drug addiction, he shows, has become one of the problems of our problem-permeated modern social life. The drug habitue is less responsible and less able to take care of himself than the alcoholic; he is, furthermore, a greater menace to society, for there are no lengths to which the drug fiend will not go to secure his panacea. Despite this fact, the average drug taker is abandoned to the none too-tender mercies of the police and the workhouse when he has reached that stage in disease which renders him wholly irresponsible and inefficient.

The article notes also with regret, that neglect is the only attention given the pathology of drug addiction by the great majority of the medical colleges. The physician is the person who should deal with the drug slave; is, indeed, his only salvation; yet the average doctor knows little or nothing about this phase of human affliction.

The situation, as outlined by the writer, is startling and deserves the recognition and the remedial efforts of the profession, both in private practice and in assembled convention.

CORRESPONDENCE

DIABETES-MELLITUS.—I am undertaking an exhaustive research into the pathology, etiology and dieto-therapy of Diabetes-Mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Von Noorden says "the best treatment for the diabetic is the food containing the greatest amount of starch which the patient can bear without harm." If any physician who reads this has similar or contrary experience, and would take the trouble to write me, I would esteem it a special privilege to hear from him, if only a postal card. Kindly address, William E. Fitch, M. D., 355 W. 145th Street, New York City.

SCIENTIFIC LESSON FROM THE ATTEMPTED ASSASSINATION OF COLONEL ROOSEVELT.—We take pleasure in placing the following before our readers as a matter of importance from the point of view of patriotic eugenics.

My dear Sir:- I beg leave to call your attention to a plan to lessen or prevent crime and other abnormalities, especially such as the attempted assassination of Colonel Roosevelt. I shall be very grateful for the honor of your editorial aid.

A LABORATORY FOR STUDY OF CRIMINAL MATTOIDS.—I have been advocating in Congress, State legislatures, and with Mayors of large cities, for many years this plan. It is to establish laboratories or bureaus for the scientific investigation of criminals and other dangerous abnormals. I believe that every large city, every State and especially the Federal Government, should have such a laboratory.

When any one sends to the President, the Governor, or Mayor, or any prominent citizen threatening

letters, or repeatedly utters threatening words, or attempts to injure such officials, or is unreasonably insistent in demanding to see them personally, such individual should be detained at least a few hours and thoroughly studied by scientific experts in criminal anthropology, psycho-physics and social pathology.

Laboratory Bills have been introduced by Senator South-erland and by Representative Clayton and are now pending before the Judiciary Committees of both Houses of Congress. The members of these Committees are as follows: Committee on Judiciary of the Senate: Senators: Clark of Wyoming (Chairman), Nelson, Minn.; Dillingham, Vt.; Southerland, Utah; Brandegee, Conn.; Borah, Idaho; Brown, Neb.; Cummings, Iowa; Root, N. Y.; Bacon, Ga; Culberson, Tex.; Overman, N. C.; Rayner, Md.; Paynter, Ky.; Chilton, W. Va.; and O'Gorman, N. Y.

Committee on Judiciary of the House: Representatives: Clayton of Alabama, (Chairman); Henry, Tex.; Webb, N. C.; Carlin, Va.; Rucker, Mo.; Floyd, Ark.; Thomas, Jr., Ky.; Graham, Ill.; Dupre, La.; Littleton, N. Y.; McCoy, N. J.; Davis, W. Va.; McGillicuddy, Me.; Sterling, Ill.; Moon, Pa.; Higgins, Conn.; Howland, Ohio; Nye, Minn.; Norris, Neb.; and Dodds, Mich.

By patient study of dangerous, unbalanced and often illusioned persons, who may be called mattoids, their eccentricities and peculiar behavior can be determined to such an extent that we may detect them in advance. At present it is almost impossible to do this, because of little or no knowledge concerning them. This ignorance is due to want of systematic scientific and sociologic investigation.

Millions of dollars are annually expended by our Government for the scientific investigation of the antecedents, peculiarities and behavior of some little bacillus, causing the death of plants or animals, but little or nothing is given for a similar study of the larger human bacillus, which has caused this country to suffer losses beyond human calculation.

Who can estimate the injury and cost to the United States of the assassination of Garfield and McKinley? Shall we wait till more Presidents, Governors, Mayors, or other distinguished citizens lose their lives at the hands of assassins, before we begin a study of such dangerous individuals? I am

Very sincerely,

Arthur MacDonald.

"The Congressional," Washington, D. C.,—October, 1912.

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

THE TASK OF SOCIAL HYGIENE BY HAVELOCK ELLIS. BOSTON, HOUGHTON, MIFFLIN & CO., 1912—This covers a much wider scope than the ordinary conception of social hygiene and logically so. The older sociologists took many of the problems here discussed into account which the state socialists, masquerading under the guise of humanitarians but really trying to make men into their own image by law, neglected, logically pointing out the complete failure as it was among the bourgeois Pharisees whom Christ condemned. In them the same traits were prominent as caused the judicial slaughters of the statutes of George III's time. The New England specimen who cried "have you sanded the sugar, John? Have you watered the tobacco? Then come to prayers," was fertile in law made moral tyranny over others as the Pharisee who made long prayers and devoured widows' houses. This type of animal is always prominent in the hysteric reformers who seek to make men of the police to create morality as a means of repressing crime in place of restraining crime as a means of public protection. Havelock Ellis remarks that "selfishness is not living as one wishes but asking" (or as it could be more correctly put, forcing, for this is the sadistic enjoyment of the Pharisee) "others to live as one wishes." This spirit of:

Compounding for sins they are inclined,
By damning those they have no mind to,
is as common among bourgeois religiosities of all kinds to-day, good by law. "There must be a law" is the favorite sociologic nostrum of these political quacks. This problem of social hygiene, Dr. Ellis deals with fully and clearly.

Greater stress might be laid on the demoralization of the police through the increased facilities for blackmail it affords which, as seen by recent trials in New York, Chicago, San Francisco and elsewhere, is as frequent as among the British inspectors whom Dickens eulogized.

The introduction states the topics to be discussed fully and freely. The changing status of women discussed in the second and third chapter lacks to some extent historic perspective. The voting power among the six nations of Amerinds still persists in New York on the Seneca reservation and was recognized by the Court of Appeals in 1894 by annulling a Chief's election since the women were interfered with. In New Jersey ere it became the "state of the Camden and Amboy R. R." in 1830 women voted, carrying the state for Thomas Jefferson.

New Jersey had the first Medical Society and imported Newcomen engines (which preceded Watts) to do its work. The decadence of the state set in after the American revolution when mean Yankee emigration of the Daniel Drew type turned the state into a fosterer of monopoly and it became indecorous for women to mingle in politics.

Romantic lore and women is discussed in the fourth chapter but sufficient stress is not laid here as in the Psychology on the freedom and equality of women among the Celts whose blood and institutions enter so largely into the so-called Anglo-Saxon. In Ireland, however, this element under the Norman church became, as George Moore shows, vividly decadent. The falling birth rate chapter does not recognize the significance as an element of advance pointed out by Herbert Spencer long ere the present frothy discussion. Eugenics and love, religion and the child, problem of sexual hygiene, immorality and the law are well worth perusal by most of the blatant sociologic Pharisees. The war against war shows a little too much of the so-called nonconformist conscience suggestively deserving Tennyson's satire:

Peace in her vineyard.

Yes, but a company forges the wine.

The international language chapter opposes English but ignores the evolutionary tendencies fought by the British

philistine which in the United States, Australia and South Africa are leading to, are removing obstacles to its universality. The chapter on Individualism and Socialism in its trend rather conflicts with the one on immorality and the law. The American idea of individualism is that of Jefferson, that government should be confined to its police power and that the rights of one individual end only where the rights of another begin; the doctrine of the common law, and that of Emerson.

Fear, craft and avarice cannot create a state,
When the church is social worth,
When the state house is the hearth;
Then the ideal state is come
The republican at home.

Jas. G. Kiernan

FATIGUE AND THE ASSOCIATION EXPERIMENT by Dr. F. L. Wells, both from the Psychological Bulletin, are essential reading matter of merit for psychologists and neurologists.

THE AMERICAN JOURNAL OF GASTRO-ENTEROLOGY is devoted to subjects pertaining to digestion with an able and ample corps of well known editors and collaborators, home and foreign. It is published quarterly by the Philadelphia Medical Publishing Company.

PRACTISE AND THE WORK-CURVE by Frederick Lyman Wells, Ph. D., McLean Hospital, Waverly, Mass. From the American Journal of Psychology. A commendable brochure.

THE AMERICAN BOOK COMPANY with its School Calendar for 1913 is a specially valuable artistic production fit to decorate desk and wall and diagram based on U. S. Census Bureau Bulletin, 1910, showing a comparison of the values of certain common necessities and luxuries used in 1909 by the people of the United States, is especially valuable.

A FORCEFUL AND PERTINENT PLEA FOR THE ORGANIZATION OF COUNTY COMMERCIAL CLUBS as an agency for rural betterment by William H. Bloomer, St. Louis, Missouri, is before us.

We take pleasure in giving publicity to this address for the betterment of all Missouri and all of our American States and all the world to which this magazine goes.

THE PSYCHOLOGICAL MONOGRAPHS, Volume 13, number 5, edited by James Rowland Angell, Univ. of Chicago, Howard C. Warren, Princeton Univ., Jno. B. Watson, Johns Hopkins Univ., and Arthur H. Pierce, Smith College. Association tests. Being a part of the report of the committee of the American Psychological Ass'n, on the Standardizing of Procedure in Experimental Tests by R. S. Southworth, Columbia Univ., and Frederick Lyman Wells, McLean Hospital. Psychological Review Co., Princeton, N. J., Baltimore, Md., and Lancaster, Pa.

OUTLINES OF PSYCHIATRY, Nervous and Mental Disease Monograph Series No. 1. By William A. White, M. D., Washington, D. C., fourth edition. We have nothing to add to or detract from our previous commendation of this work of merit from a meritorious source. The purchaser will never regret its possession. Dr. White is a skillful practical clinician

THE CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA. Third Annual Session, New York City, November 11th to 16th, 1912. General Secretary, Franklin H. Martin, M. D. An excellent program well carried out under the Presidency of President Albert J. Oschner. This was a most elaborate series of clinics by our greatest surgeons.

SOME DON'TS, Medical and Surgical, offered the profession by the Fellows Hypophosphites Co., is a specially valuable brochure of therapeutic facts like the hypophosphites themselves, worthy of our readers' consideration. We commend this pamphlet, especially what it says concerning Ehrlich's Salvarsan. The little book will be sent to any physician just for the asking.

LIBRARY WORK AMONG THE INSANE by Edith Kathleen Jones, Librarian at McLean Hospital, Waverly, Mass., from

the bulletin of the American Library Association, Vol. 6, No. 4. An interesting and instructive paper for hospital libraries. The library for the hospital for the insane is an important part of its curative equipment if used with psychiatric discernment. Used without such directing judgment it may do harm likewise.

WAS IST PSYCHOREFLEXOLOGIE? Von Prof. W. V. Beckterew in St. Petersburg. Sonderabdruck aus der Deutschen medizinischen Wochenschrift Redakteur, Geh. San. Rat Prof. Dr. J. Schwalbe, 1912.

Asking this question which the author places at the beginning of an article which only a Beckterew might write the author proceeds in his characteristic inimitable way to the edification of all interested in the subject and more especially to those who have read the author's work in objective psychology.

WAUKESHA SPRINGS SANITARIUM CALENDAR, Waukesha, Wis., is an attractive illustration of this attractive and well known establishment with an every day reminder, occupies little desk space.

It only needs the handsome faces of Dr. Caples and Mrs. Caples to make the attraction complete. The completed picture would attract the notice of any healthy individual and every guest as a patient of this Sanitarium whom we have known has expressed satisfaction with the hospitality and treatment of this hospital. But in the matter of treatment and hospitality the same may truly be said of all of our sanitarium and hospital advertisers.

WESTBOROUGH STATE HOSPITAL PAPERS, Series 1. 1912. A testimonial to George Smith Adams, M. D., Edited by Solomon C. Fuller, M. D. Reprinted from New England Medical Gazette. These papers, both in their scientific as well as personal aspects, are too highly instructive to be overlooked by any American Alienist or Neurologist or admirer or Dr. Adams and his work. George Smith Adams, M. D., is the late superintendent of Westborough State Hospital

and lecturer on clinical psychiatry at Boston University of Medicine. These papers are deservedly and appreciatively dedicated by his former assistants and pupils as a token of their regard and in honor of twenty-five years service on the medical staff of Westborough State Hospital.

NAPOLEON'S CAMPAIGN IN RUSSIA, Anno 1812, by Dr. A. Rose, author of many meritorious monographs on the use and value of Greek in medicine, is the best and only complete contribution to the medical aspect of the remarkable "little corporal's" campaign we have seen in any language. It throws new light on the trials and sufferings of the great retreat from Moscow and on the fortitude and pluck of Napoleon's army in that most critical and practically final part of the great conquering flaming fatal career. Every doctor should read it. As the author truly says "no campaign in the history of the world has left such a deep impression upon the hearts of the people as that of Napoleon in Russia, Anno 1812."

We are accustomed to consider the hardships of this fatal march as one of the world's greatest horrors, but the typhus fever of that fatal retreat about equalled the sufferings of that fatally stricken army which but a short time before had dazzled all Europe by its intrepid heroism and gigantic victories.

Published by the author, 173 Lexington Avenue, New York, N. Y.

AMONG THE SEVERAL MERITORIOUS NERVOUS AND MENTAL DISEASE MONOGRAPHS is series No. 13, being the history of the Prison Psychoses. Drs. Paul Nietche, Dresden and Karl Wilmanns, Heidelberg, names well known to the medical profession. No Alienist nor Neurologist can dispense with this authorized translation by Francis Glueck, M. D., Senior Assistant Physician, Government Hospital for the Insane, Washington, D. C. With an introduction by William A. White, M. D., New York. The Journal of Nervous and Mental Disease Publishing Company.

The thanks of an appreciative profession are especially due the translators for this valuable addition to the literature of disease and crime. This work, Dr. White in his enlightening

introduction says, brings the reader to the present-day viewpoints with reference to the prison psychoses through the medium of a historical review of their development in the German literature. Such a work should be welcomed by all who are interested in the problems of psychopathology and particularly those who long for rationalistic methods of dealing with the criminal and with all of the problems of criminology.

PSYCHANALYSIS, its Theories and Practical Application. By A. A. Brill, Ph. B., M. D., Chief of the Neurological department of the Bronx Hospital and Dispensary, Clinical assistant in psychiatry and neurology at Columbia University Medical School, formerly assistant physician to Central Islip Hospital and to the Clinic of Psychiatry, Zurich.

W. B. Sanders Company, Philadelphia and London, are the well known publishers, 1912. This excellent book by a brilliant and clinically experienced member of the medical profession and dedicated to the author's esteemed teacher, Professor Dr. Sigmund Freud, LL. D., whose ideas are herein reproduced, is a timely and meritorious companion to the "trial of Freud's psychology."

The book can not well be omitted from the library of any psychoanalyst, modern alienist or student of psychopathology. No abstract of its contents can do it justice, though some will later appear. We commend it to physicians, attorneys, jurists and philosophers of the human mind.

THE PSYCHOLOGY OF INSANITY. By Bernard Hart, Cambridge Press.

This little book is an attempt at explanation of the *rationale* of irrationality by psychological conception thereof and the author's conception is that "dissociation of consciousness plays an important part in abnormal psychology."

The author's presentation of ideational conflict repression leading to psychic dissociation as well as his discussion of phantasy projection and the significance of mental ideational and emotional conflict culminating in insanity make this an interesting thought stimulating essay for the clinically experienced alienist who may have practiced the Esquirolian

precept of living with the insane to understand them. The author evidently has not been won over to the surgical mind conservation methods, as the following excerpt from his concluding chapter shows. "Those enthusiastic reformers who would initiate drastic legislation to obtain selective breeding may reasonably be asked to proceed with caution. For it is at least conceivable that our present complacent assurance that every individual must live and act within the arbitrary limits assigned by conventional and purely artificial standards of conduct, or else be segregated from society, may be fallacious and inimical to the best development of the race. It is possible that insanity, or a part of insanity, will prove to be less dependent upon intrinsic defects of the individual than on the condition in which he has to live, and the future may determine that it is not the individual who must be eliminated, but the conditions which must be modified."

The price of this little book is forty cents. G. P. Putnam's Sons, New York, are the publishers.

ORGANIC AND FUNCTIONAL NERVOUS DISEASES, a text book of neurology by M. Allen Starr, M. D., Ph. D., LL. D., Sc. D. Professor of Neurology, College of Physicians and Surgeons, The Medical Department of Columbia University in the City of New York, Consulting Neurologist to the Presbyterian and St. Vincent's Hospitals, and to St. Mary's Free Hospital for Children and author of "Familiar Forms of Nervous Disease" etc., Third edition, thoroughly revised, Illustrated with 300 engravings in the text and 29 plates in colors and monochrome, Lea & Febiger, New York and Philadelphia.

This splendid third edition of an acknowledged and proven superior contribution to the science of neurology with its added super merits of illustration and text over even its meritorious predecessors commands our admiration and compels unstinted commendation to the surgeon, the physician, the jurist, the anatomist, the neurologist and the alienist for its accuracy and beauty of illustration and verbal description.

The eminent author has always been esteemed by us as one of the "bright particular stars" of our neurological firmament especially in the field of diagnosis.

He is certainly not a mere satellite but has a distinctive orbit of his own, notwithstanding the many other stars in the firmament of neurological science.

His treatment of the neuritides and diseases of the brain is worth much in merit and in money, in the latter more than the price of the entire book.

WESTBOROUGH, MASS., STATE HOSPITAL PAPERS, Sept. 15, 1912. A testimonial to Geo. Smith Adams, M. D., edited by Solomon C. Fuller, M. D. Reprint from N. E. Medical Gazette.

The papers published in this book have been prepared by members of the medical staff of Westborough State Hospital during the past eighteen months. Two of the contributions, III A study of the Miliary Plaques Found in Brains of the Aged by Dr. Fuller and XIV Further Observations on Alzheimer's Disease by Drs. Fuller and Klopp, were first published in the American Journal of Insanity for October, 1911, and July, 1912, respectively. XIII, Alzheimer's Disease (Senim Praecox): The Report of a Case and Review of Published Cases, first appeared in the Journal of Nervous and Mental Disease for July and August, 1912. The remaining papers are here printed for the first time. Two other papers published during the year have not been included. One of these by Drs. Fuller and Klopp dealt with data collected originally for the 1910 Manic-Depressive Symposium of the New England Society of Psychiatry and concerned one hundred and twenty-nine cases which had been diagnosed as Melancholia of Involution during a period of six years at this hospital. This paper was further elaborated and presented at the 1911 meeting of the Neurological Society, in the proceedings of which it was published, January, 1912. The other paper, not here collected, Ein Fall der Alzheimerschen Krankheit by Dr. Fuller, was published in The Zeitschr. f. d. gesamte Neurologie u. Psychiatrie for July 31, 1912.

We are pleased to note that Dr. H. O. Spaulding, Superintendent, intends to publish from time to time, as material warrants, further series of Westborough State Hospital Papers. These meritorious and instructive papers are a well merited

tribute to a great American psychiatrist and alienist clinician of a great State hospital.

THE "WELLCOME" PHOTOGRAPHIC EXPOSURE RECORD AND DIARY, 1913.

We have pleasure in acknowledging receipt from Burroughs Wellcome & Co., New York City, of the "Wellcome" Photographic Exposure Record and Diary for 1913.

To boil down into one handy pocket volume the accumulated photographic wisdom of the year and of preceding years is a work of signal utility and one which should win the gratitude of all photographers. Such a task has been accomplished in the 1913 edition of the "Wellcome" Photographic Exposure Record just published. Within its closely packed pages this book contains a surprising number of useful and practical paragraphs for the field, the dark room and the studio. Among the most novel features are the descriptions of new methods of toning prints green and blue, by the use of "Tabloid" toners, etc. Price in the United States 50 cents.

AN INEBRIATE HOSPITAL FOR EVERY CITY.—The Red Back takes off its hat to this chief of police. He here echoes what the Red Back has been preaching twenty-five years. A drunken man is a sick man—he is poisoned—and the hospital, and not the jail, is the place for him. How much longer will an enlightened (?) people license men to intoxicate the laboring men, and then punish them for being intoxicated? Remove the cause, and the effect will cease.—Ed.

Houston, Texas, December 24.—Chief of Police E. Cullen Noble announced a few days ago that he wanted to give 100 poor families a sober husband and father for a Christmas present. He established a "municipal jag school," put Dr. J. J. McKenna of Oklahoma City at the head of it and invited all wives, sons and daughters of inebriate husbands and fathers to take them to the police station for treatment.

"When I administer charity, it must be substantial charity," said Chief Noble. "Instead of sending turkey and cranberries to homes that have been reduced to poverty and had the husband or father stolen away by drink, I want to install in

these homes a sober and reliable breadwinner. I don't want to tease the appetites of the poor unfortunates with delicious edibles just because it is Christmas, and let them go without breakfast the following morning.

"More sober and reliable husbands is the crying need of wrecked families throughout the world."

The "municipal jag school" met with such success that Chief Noble announced four days later it would become a permanent branch of the police department, and no more "drunks" would be fined.

Now, Police Judge John A. Kirlicks neither fines nor sentences inebriates to jail. Instead he says: "I find the defendant guilty and sentence him (or her) to one course of treatment in the 'municipal jag school.' "

Since Chief Noble announced that he would give away "sober husbands," broken-hearted wives, sons, daughters, mothers and sweethearts have taken their inebriate loved ones to the station and enrolled them in "jag classes."

Within three days after the invitation was issued, twenty-five heavy-eyed and remorseful down-and-outs were taking the treatment. They stay at the station three days, and on leaving are given enough medicine to last thirty days.

The first twenty-five men have been pronounced cured and graduated into the Houston municipal employment bureau, and from there sent out on jobs. Chief Noble personally conducts the employment bureau.

None of the twenty-five men had jobs when they entered the classes. They are required to report to Chief Noble, and so far none have fallen from the wagon.

"Habitual drinking is not a vice—it is a disease," says Chief Noble. "To fine a man for his affliction is a crime. They should never be jailed, except to subdue them when they are violent. Every city should have an inebriate hospital."

"Every time one of these afflicted men is locked up or fined, he is struck a discouraging blow, and some wife or child at home suffers a little more.

"Society has too long and foolishly tried to wipe out this dread evil with jails and lockups. As long as I am chief of police, Houston will reclaim her poor alcohol victims."

Dr. McKenna says he can convert 100 Houston drinkers into sober breadwinners. By that time, he thinks, the work of the school will become lighter, but he says it should never be abolished.

THREE MONTHS WITHOUT AND THREE MONTHS WITH A SOCIAL SERVICE WORKER IN THE MENTAL CLINIC AT THE BOSTON DISPENSARY. By L. Vernon Briggs, M. D. Reprinted from *American Journal of Insanity*, October, 1912.

Dr. Briggs gives interesting and convincing clinical records and this concludes this valuable contribution to the eugenics of clinical psychiatry.

I believe that every hospital for the insane in this country should have a Field Worker, a Eugenics Worker and a Social Worker connected with its organization, and each state hospital should have another physician added to their staff who would be a Field Worker or by this addition there could be possibly a rotation of field work by different members of the staff. There should also be added to each hospital organization a Eugenics Worker and a Social Worker. Such an arrangement would do much to stem the tide we are all seeking to check or in other words, to control and lessen the increase of insanity. The Field Worker would have the advantage of watching the cases in the hospital and selecting the more hopeful ones for a trial outside. He could direct the medical life of the patients after they left the hospital, but would be untrained to bring about changes in social conditions, environments or surroundings which would prevent a return to the hospital of the same patient or the coming to the hospital of other cases from the same family or locality. The Social Worker in conjunction with the Field Worker could, I believe, control conditions to a great extent and prevent much of the increase of insanity and educate public opinion to a new point of view concerning the insane, their care and their treatment. The result of such an organization with trained workers would, I believe, be

1. To prevent the commitment of the early cases by directing early medical treatment and improving social conditions.

2. To prevent other members of the family or locality from similar breakdowns.

3. To prevent the return to the hospitals for the insane of many discharged cases.

LE LANGAGE ET LA VERBOMANIE; ESSAI DE PSYCHOLOGIE MORBIDE. Ossip-Louric. Paris: Felix Alcan. 1912. Pp. 275.

This is a discursive treatise on the disease of talking too much. A review article by Dr. F. L. Wells of McLean Hospital which will interest any reader of this magazine. It is abstracted from the Journal of Philosophy, Psychology and Scientific Methods.

SECOND ANNUAL REPORT OF THE JOINT BOARD OF SANITARY CONTROL IN THE CLOAK, SUIT AND SKIRT INDUSTRY OF GREATER NEW YORK, December, 1912. Put out by the Joint Board of Sanitary Control, 31 Union Square, New York City. Should be read by every citizen.

GONORRHEA VS. TOBACCO, ALCOHOL, AND SEXUAL INTERCOURSE. By William J. Robinson, M. D., New York City. Editor of Critic and Guide, American Journal of Neurology, Sexual Problems of To-day, etc. Reprinted from The American Journal of Clinical Medicine, August, 1912.

ALCOHOL AND OFFICIALS. Does the moderate use of alcohol lower health and efficiency, and should it be prohibited among officers and officials of the military, naval and civil services? By Colonel L. Mervin Maus, U. S. A., Medical Corps.

This is a truthful, forceful and scientifically accurate portrayal of the subject and we fully agree with Colonel Maus on the affirmative position he takes and proves on this vital subject to our army and navy.

THE CONSERVATION OF THE CHILD. By Dr. Arthur Holmes, Assistant Director of the Psychological Clinic of the University of Pennsylvania.

Dr. Holmes deals in a thorough manner with the problems of the 6,000,000 retarded and the 150,000 feeble-minded chil-

dren now associating in our public schools with normal children, to the great danger of the latter. J. P. Lippincott Company, London, Philadelphia and Montreal, are the publishers.

THE QUESTION OF ASSOCIATION TYPES. By Frederic Lyman Wells. From *The Psychological Review*, July, 1912.

A NOTE ON THE PROGNOSTIC VALUE OF HALLUCINATIONS IN THE MANIC-DEPRESSIVE PSYCHOSES. By Edmund M. Pease, M. D., McLean Hospital, Waverly, Mass. From *American Journal of Insanity*, Vol. LXIX, No. 1, July, 1912.

CRITIQUE OF IMPURE REASON. By Frederic Lyman Wells, Ph.D. McLean Hospital, Waverly, Mass. From the *Journal of Abnormal Psychology*, substantially as read before the Boston Society of Psychiatry and Neurology.

This and the two preceding papers are contributions by one of the McLean Hospital medical staff, a prolific source of valuable contributions to Clinical and Analytical Psychology and Psychiatry, the last one being a rational criticism of some of Freud's Psychoanalytical methods and deductions, portions of which may appear in our selection department.

THE SURVEY, Edward T. Devine, Jane Addams and others the editors, 105 East Twenty-second Street, New York.

Physicians will be interested in the articles on the recent Congress of Hygiene and Demography published in the *Survey* for last November 2nd, and in subsequent issues to present date.

In these days the physician is becoming more and more a social worker. His field has broadened from that of merely curing disease to that of searching out the causes of disease and preventing it. The *Survey* should have a special appeal to physicians. It is a most valuable current guide to advance in social hygiene.

FACTS OF MODERN SCIENCE and their value in the prevention and cure of disease by Hermann Hille, Ph. D., Chicago.

Excerpts from Medical Record, June 15, 1912, New York.

Maintaining that ordinary refined foods permit the body to suffer from mineral starvation which is the primary cause of disease and that Biosol prevents this starvation by supplying this deficiency. Gives illustration of refined patent flour as compared with whole wheat flour which has three-fourths more nutrition than the former, polished rice as compared with the unhulled grain and raw brown sugar with the refined.

NEW SOUTH WALES, report of Dr. Eric Sinclair, Inspector-General of the Insane, 1911.

"The outstanding features in the operations of the Department during the year were the increased number of patients admitted for treatment at the different Hospitals, the number being the largest yet recorded; and also the consequent increase in the Hospital population remaining at the end of the year. There were 1,247 patients admitted to the several Hospitals, during the year and the increase in the number remaining under care at the end of the year was 206, the total under care being 6,383."

BARNES HOSPITAL, St. Louis, Mo. Laying of the Corner Stone, October 11, 1912, and other information. We abstract from an editorial in the St. Louis Christian Advocate, Oct. 23, 1912, the following:

"Two events of the present year will serve to make 1912 luminous forever in the history of world-wide Methodism. One is the opening in October, 1912, of the five million dollar Wesley House just across the street from Westminster Abbey in London and the other is the Corner Stone laying exercises of Barnes Hospital on Kingshighway, the finest boulevard of the west, in St. Louis.

"The Wesley House in London is the largest and richest expression the Wesleyan Methodist Church has ever made of itself in England, and Barnes Hospital is the most munificent expression the Methodist Episcopal Church, South, has ever made of itself in America. No institution, with which Southern Methodism is connected, ever started upon its career with

as many millions of money to be used in the service of humanity as Barnes Hospital."

"By the wise and far seeing contract the trustees of Barnes Hospital have made with the management of Washington University, the hospital funds available for the afflicted, are not only the two millions of dollars placed under its care by Mr. Barnes, but also the more than twice two millions of dollars under the direction of the University for its Medical College."

"Mr. Barnes was an Episcopalian and his wife was a Catholic. It is to the standing in the community, the business integrity and Christian character of Samuel Cupples, Richard M. Scruggs and Samuel M. Kennard that we, as a Church, are indebted for the honor conferred on us by Robert Barnes in directing that for all time to come our Church shall administer his estate for the good of humanity."

MIND AND ITS DISORDERS. A text book for Students and Practitioners by W. H. B. Stoddart, M. D., F. R. C. P. Resident physician and superintendent of Bethlem Royal Hospital, Lecturer on Mental Diseases to the Westminster Hospital, Royal Free Hospital and London School of Clinical Med., Late Educational Sect'y of Medico-psychological Assn. of Great Britain and Ireland. Second edition with illustrations. Philadelphia, Pa., P. Blakiston's Son & Co. Price \$4.00 net.

This is a practical book from a practical source of clinical experience of special value to every physician connected with an insane hospital.

The author regards paranoia as a mental disorder which is to be regarded as a constitutional anomaly rather than a disease, discusses diabetes and insanity in a most enlightening way and the handshake and handwriting of many mental states in a peculiarly original and instructive manner.

He illustrates some congenital structural anomalies not to be found in other works, gives cerebro-spinal fluid illustrations in general paralysis, the preparation of J. G. Phillip's test types, test and facial expressions of the melancholics, analyses the psychopathology of the Freudian school, gives a chapter on the alcoholic psychoses, idiocy, dementia, senility, neuras-

thenia, general treatment, methods of commitment and much more of value pertaining to mind and its disorders, of value for which we have not space to mention.

The book is appropriately dedicated to the eminent Hughlings Jackson.

Everybody interested in mind and its disorders should possess this valuable book. It emanates from a source of "wisest censure," from one whom the great Esquirol would have pronounced, because of his clinical experience, competent to write it.

MEDICAL GREEK, Collection of papers on medical onomatology by Dr. Achilles Rose, Honorary Member of Med. Soc. of Athens, etc. G. E. Stechert & Co., 155 West 25th St., New York, N. Y. Price \$1.00.

"In order to understand the onomatology question in medicine as it stands to-day one has to read this book."

The only criticism we would offer concerning this excellent collection is: word and name have different meanings in the English language. Onomatology applies to names. A name is a word but a word is not necessarily a name.

Dr. Rose is a real Achilles in assault but Phoustanos' criticism of Stedman's new Dictionary is fierce but somewhat captious, though sarcastically, not to say superfluously critical when we consider the liberty allowed in literature to the coining of words and we shall doubtlessly be criticised for favoring hybrid terms if thereby they may be more accurately expressive. But though no literateur nor lexicographer is perfect the philologist will read with profit.

THE JUKES AND JONOTHAN EDWARDS.—A Contrast.

The vicious Juke's family with which we were made familiar in our youth as a costly and degenerative family illustration of more or less but not enough custodial psychopathy, comes fully into the lime light of the field of physiologically demanded eugenics through Dr. Dugdale's valuable book, not yet forgotten, with a pleasing and saving contrast in the biography of the person, Reverend Jonathan Edwards, as will appear below.

These family records have been of much value in the practice and there are yet those in our field of practical and eugenic endeavor who may profit much by their biographic study.

You will find, says the Albany Medical Herald, in "The Jukes, a Study in Crime, Pauperism, Disease and Heredity," by R. L. Dugdale (Putnams, 1877), that the ancestor of this famous (or infamous) family was born of Dutch parentage on the then frontier of New York, somewhere in the neighborhood of 1730. He was a hunter and fisher, a drunkard, working intermittently, lived to an extreme age and left an enormous progeny.

Of his direct descendants, 709 have been traced. I quote from Judge Foster: "The family, while it has included a certain proportion of honest workers, has been on the whole a family of criminals, prostitutes, vagrants and paupers. Not twenty of the men were skilled workers and of these ten learned their trade in prison, while 180 received out door relief to the extent of an aggregate of 800 years. Of the 709 there were 76 criminals. Of the females, more than half were prostitutes (52.40 per cent. The normal average has been estimated at 1.66 per cent.)

During this period the "Jukes family cost the State a million and a quarter dollars, without considering the awful legacy of crime and criminals which they left behind them."

Turn we now, by way of contrast, to a research made into the history of the Edwards family, of New England. (Data to be found in Boie's "Science of Penology.")

Jonathan Edwards, born in East Windsor, Conn., in 1703. One thousand three hundred and ninety-four of his descendants were identified in 1900, of whom 295 were college graduates; 13, presidents of our greatest colleges; 65, professors in colleges; 60, physicians, many of whom were eminent; 100 or more, missionaries, clergymen or theological professors; 60, prominent authors; 100 or more lawyers, of whom one was our most eminent professor of law; 80 held public offices; 1 was vice-president of the United States; 3 United States senators; several were governors, members of Congress, mayors of cities and ministers to foreign courts, and almost every department of social progress and of the public weal has felt the impulse

of this healthy, long-lived family. It is not known that any one of them was ever convicted of a crime.

This is a demonstration beyond cavil of the strength of heredity in perpetuating ancestral traits, both virtuous and criminal.

And now, what do we propose to do about it?

There is a remedy, an absolutely feasible, safe and effective remedy. It consists in asexualization, by an operation known as vasectomy, first performed (as I said before) by Dr. H. C. Sharp, of Indianapolis.

This consists in making a resection, cutting out a small portion of and occluding by ligation, the vas deferens, a minute duct, through which the spermatozoa pass to the seminal vesicles.

Dr. Sharp thus describes the procedure:

"The operation is indeed very simple and easy to perform. I do it without administering anesthetic, either general or local. It requires about three minutes' time and the subject returns to work immediately, suffers no inconvenience and is in no way impaired for his pursuit of life, liberty or happiness, but is effectually sterilized.

I have been doing these operations for nine full years (1909.) I have 236 cases that have afforded splendid opportunity for postoperative observations, and I have never seen any unfavorable symptoms. There is no atrophy of the parts, no cystic degenerations, no disturbed nervous or mental conditions, following, but on the contrary, the patient becomes of a more sunny disposition, brighter of intellect and advises his fellows to submit to the operation for their own good."

Jonathan had an intellectual overstrain, as Dr. Crothers has shown, but it was functional exaltation and not vicious degeneracy and not demanding surgical extinction of progeny for the welfare of the race.

SURGERY OF THE ARTERIES. Some personal experiences by Albert Vander Veer, M. D., Albany, New York. This subject is treated in so broad and practical a manner that no one should fail to read it. In fact it is handled in Vander Veer's always efficient and entertaining manner. This paper is from

the Transactions of the American Surgical Association, 1912. The two following papers are by the same potent and efficient writer and equally well presented. Their subjects—The Southern Surgical and Gynecological Association and The Ethics of the Profession.

IODIN, its sources, preparation, and uses in medicine, surgery and dentistry, by William A. Boyd, B.S., M.D. Assistant superintendent of the Westport Sanitarium, Westport, Conn. From the Medical Times.

THE ETHICS OF OUR PROFESSION by Albert Vander Veer, M. D., Albany, N. Y. From the New York Medical Journal.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION by Albert Vander Veer, M. D., Albany, N. Y. Reprinted from Albany Medical Annals.

ON THE PSYCHIC TREATMENT OF SOME OF THE FUNCTIONAL NEUROSES by Lewellys F. Barker, M. D., Professor of Medicine, Johns Hopkins University, and Physician-in-Chief, Johns Hopkins Hospital, Baltimore, Md.

ON THE TREATMENT OF SOME OF THE FORMS OF CARDIAC FAILURE by Lewellys F. Barker, M. D., Professor of Medicine, Johns Hopkins University, and Physician-in-Chief, Johns Hopkins Hospital, Baltimore, Md.

LA CHIRURGIE DES ALIENES par les professeurs W. Bechterew et Poussepe. Extraits des Archives de Neurologie, numeros de Juillet et Aout, 1912.

SOME EXPERIENCE WITH THE SIMPLER METHODS OF PSYCHOTHERAPY AND RE-EDUCATION by Lewellys F. Barker, M. D., Professor of Medicine, Johns Hopkins University, and Physician-in-Chief, Johns Hopkins Hospital, Baltimore, Md.

THE LUTIN TEST FOR SYPHILIS. A preliminary report of forty-four cases, by R. B. H. Gradwohl, M. D., St. Louis. From Medical Record.

GALLSTONES, by Harold DeWolf, M. D., The Glen Springs, Watkins, N. Y. From Medical Record.

INTESTINAL STASIS IN RELATION TO CANCER ETIOLOGY AND PROPHYLAXIS, by William Seaman Bainbridge, Sc. D., M. D., New York.

"LEST WE FORGET" read by Comrade William R. Hodges, before Ransom Post No. 131, department of Missouri—Grand Army of the Republic, April, 1912.

SUBMUCOUS RESECTION OF THE NASAL SEPTUM, Indications and Contra-Indications, by Hanau W. Loeb, A. M., M. D., St. Louis. From The Journal of the American Medical Association.

BETTERMENT OF LIFE INSURANCE SERVICE. Need for better vital statistics. Report of health committee, Association of Life Insurance Presidents. "Public Hygiene is built upon and directed by, and is everlastingly in debt to vital statistics. Every wheel that turns in the service of public health must be belted to this shaft." Dr. John S. Fulton of Maryland. Secretary General 15th International Congress of Hygiene and Demography. Submitted at the Sixth Annual Meeting of Association of Life Insurance Presidents, New York, December 5, 1912.

REPORT OF THE NEW JERSEY STATE VILLAGE FOR EPILEPTICS, Skillman, Somerset Co., N. J., for 1912, Opened November 1, 1898. Object: "To secure the humane, curative, scientific and economic care and treatment of epileptics."

We are pleased to note the curative feature among the objects, for epilepsy is more curable than has been conceded by the medical profession.

THE DE KEATING-HART METHOD OF FULGURATION AND THERMO-RADIOTHERAPY, by William Seaman Bainbridge, Sc. D., M. D., New York. From *Medical Record*.

THE ONE HUNDRED AND FIFTEENTH ANNUAL REPORT of the Board of Managers of the Spring Grove State Hospital, near Catonsville, Baltimore County. To his excellency, the Governor of Maryland. November, 1912.

THE MODERN ASPECT OF THE ETIOLOGY AND TREATMENT OF SYPHILIS, by Joseph L. Boehm, M. D. Formerly Professor of Syphilology and Urology, St. Louis College of Physicians and Surgeons, St. Louis, Mo. Reprinted from the *American Practitioner*, June and August, 1912.

CRITICISM OF ORTHODOX INTERPRETATIONS of Occupational Cramp-Neurosis and the Term Neurosis, by Tom A. Williams, M. B., C. M. (Edin.), Washington, D. C. Formerly Corresponding Member Paris Societies of Neurology and of Psychology, etc.; Neurologist to Epiphany Dispensary. Reprinted from *The Medical Record*, October 5, 1912.

TRANSACTIONS OF THE ACADEMY OF SCIENCE OF ST. LOUIS. The annual rainfall and temperature of the United States. Geo. A. Lindsay, 1912, Vol. XXI, No. 2, and other numbers.

FAMILY HEMATOPORPHYRINURIA AND ITS ASSOCIATION WITH CHRONIC GASTRO-DUODENAL DILATATION, Peculiar Fits and Acute Polyneuritis. A preliminary report. Lewellys F. Barker, M. D., Baltimore, and W. L. Estes, Jr., South Bethlehem, Pa. Reprinted from *The Journal of the American Medical Association*, August 31, 1912.

PUBLISHER'S DEPARTMENT

LEGAL LANGUAGE PROLIXITY AND OBFUSCATION is thus tersely criticised in the "Censor."

"What would happen if you went into the office of a business man and attempted to tell him you just saw a man fall off a street car, in the same form and manner in which the prosecution states its case in an indictment? He would have the wagon called and would send you to the observation ward."

THE POPULAR IDEA.—The Christian Register puts in its pleasantry page the following from the facetious Philadelphia American.

"Well," said Yuss, "I've taken a powder for my headache, a pellet for my liver, and a capsule for my gouty foot. Now what puzzles me is how do the things know the right place to go after they get inside."—Philadelphia American.

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Erysipelas Phylacogen: Indicated in the treatment of erysipelas—i. e., the acute disease caused by infection with the streptococcus erysipelatis.

Gonorrhoea Phylacogen: Indicated in the treatment of any pathological condition due to infection with the micrococcus gonorrhoeac.

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Complete literature on the Phylacogens has been issued by Parke, Davis & Co. and may be obtained from the company's home offices in Detroit, Michigan.

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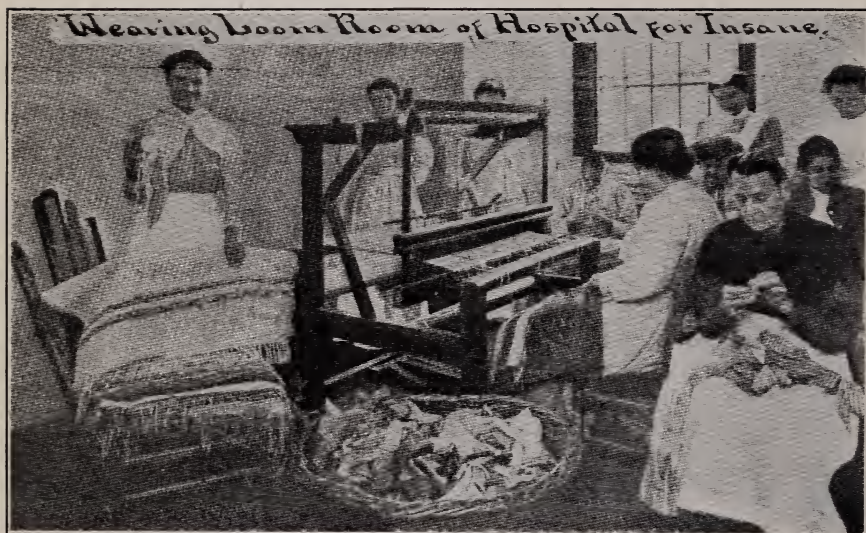
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THE ABOVE HOMELIKE APPEARANCE of other days is now more common in institutions for the insane for the entertainment of elderly and middle aged ladies from the farms, of a past generation, than in the present day farm lady denizens.

These and the quiltings and other similar mutual assemblages of the housewives tended to interrupt the monotony of the farm life and thus to postpone and drive away melancholy so common to life on the farm for women.

The picture is from an illustrative report with other photos of the Spring Grove Hospital for the Insane of Maryland, by Dr. Percy Wade, Medical Superintendent.

We wish other superintendents and managers would present more special illustrative features of their institutions. Such pictures of internal hospital life disarm suspicion. More or less of it is done by many hospitals which we purpose showing from time to time, during the present and coming years.

THE
ALIENIST AND NEUROLOGIST

VOL. XXXIV.

ST. LOUIS, MAY, 1913.

No. 2.

ACTION OF TONSIL

By

ISAAC OTT, M. D.

Professor of Physiology, and John C. Scott, M. D., Lecturer
on Physiology, Medico-Chirurgical College of Philadelphia.

TONSILS are composed of a sponge-like connective tissue infiltrated with lymphoid cells, accumulated in nodular shape. These nodules are the germinating centers of the lymphoid cells. On the surface of the tonsil are tube-like crypts running inwards and lined with a stratified epithelium and whose walls are lined with lymphatic nodules. Lymphoid cells in large numbers are constantly passing through the stratified epithelium into the crypts to become free and to enter the mouth as the salivary corpuscles. Into the crypts mucous glands open. Delamere¹ states that excluding embryological differences there is only one difference between the tonsils and the lymphatic glands; in the latter the lymphatics traverse the gland, whilst the lymphatics actually arise in the amygdalæ, which from this point of view are comparable to the spleen.

Functionally the tonsils are a means of defence against microbial invasion.

In our experiments the powdered dried tonsil of the calf was used. A few centigrams was rubbed up in a mortar with distilled water and filtered through paper. We also boiled the filtrate in some of our tests.

1. The Lymphatics, page 84. 1904

CIRCULATION

In the etherized cat both small and large doses always produced a fall of pressure (30 millimeters of mercury) and usually a decrease of heart beats, both lasting a short time, unless an infusion of 0.1296 grams was given when the depression of arterial tension may continue for several minutes with a slow and much stronger heart beat. A dose of infusion of 0.1296 grams can also produce immediately after the injection, a sudden arrest of the heart. After the temporary fall of pressure and of rate of pulse both are increased for a short time, when the effect passes off. This increase in rate of the beat of the heart may be 30 beats, and of pressure 12 millimeters of mercury. In the etherized rabbit the pulse may not decrease, but increase, after doses of an infusion of 0.0162 grams, but the pressure after a temporary fall becomes greater than previous to the injection. In larger doses of an infusion of 0.129 grams the pulse rate may fall, but the pressure augments considerably. The fall of the rate of the pulse was not due to any increased inhibitory action of the vagus, as it ensued after previous atropinization. We also tested the excitability of the vagus with Ludwig's shielded electrodes, but no increase of inhibitory power was noted. Hence we infer that the temporary decreased activity of the heart is due to an action of the tonsil on the muscular structure of the organ.

RENAL SECRETION

The injection of an infusion of 0.1296 grams in divided doses is followed by a great increase in the secretion of the kidney for a short time, as the following experiment shows.

Cat, narcotized by 5 c. c. paraldehyde by the stomach, and afterwards the use of a small quantity of chloroform by inhalation.

Time P. M.	Drops of urine in 5 minutes.
2.10	2
2.15	6
2.20	2 infusion of 0.012 grams per jugular.
2.25	5
2.30	5 infusion of 0.0324 grams per jugular.
2.35	17
2.40	16
2.45	2 infusion of 0.0648 grams per jugular.
2.50	41
2.55	66
2.60	37

Here there is an increase of over 30 times the original amount.

When an oncometer was used with Albrecht's piston recorder it was noted that the kidney was considerably enlarged, so much so in one instance that it loosened the lid of the oncometer. The increase in volume of the kidney is considerable and continues for some minutes. As to the cause of this great activity of the renal organ, it is difficult to be certain, for the kidney is enlarging when the general pressure is constant. We have shown that parathyroid, pineal and, with other observers, that infundibulin acts upon the kidney cell by a direct action. Now the vaso dilation of the kidney does not look like increased pressure in it, and the diuretic action keeps up after the rise in the general pressure has subsided. Hence we infer that the tonsil infusion acts directly upon the renal cells in promoting diuresis. It seems to be a stronger diuretic agent than either infundibulin, parathyroid or the pineal gland.² In fact, it is the most powerful diuretic of all the internal secretions.

INTESTINAL PERISTALSIS

We made use of the intestine of the etherized rabbit and the method of Magnus. We found it slightly increased the intestinal movements.

UTERINE CONTRACTIONS

We used the uterus of the etherized cat in situ, and a long, light lever was attached to one of the uterine horns. The abdomen was filled with Ringer's solution heated to the temperature of the animal. The infusion of the tonsil was given per jugular. There was some increase in the activity of the contractions of the uterus.

VESICAL CONTRACTION

In this case we attached the neck of the bladder by a cannula to a water manometer. The bladder was filled with normal saline solution of the temperature of the animal's body. The cat was etherized during the experiment. The tonsil increased the contractions of the bladder to a small extent.

2. Internal secretions, page 24.

TEMPERATURE

The subcutaneous injection of an infusion of 0.1296 grams of tonsil in rabbit caused the temperature to fall 1.8°F. in an hour and a half. The animal was permitted to run about the laboratory.

INTERNAL SECRETION

The fall of blood-pressure and the cardiac death after large doses of the tonsil per jugular are results obtained by other animal extracts, as pancreas and prostate. But these agents do not have any diuretic action. Hence we are led to the conclusion that the tonsils probably have an internal secretion.

ANATOMICAL, PHYSIOLOGICAL AND PHILOSOPHICAL
THOUGHTS ON EVOLUTION.

BY AMOS SAWYER, M. D.

Hillsboro, Ill.

I would not be understood as making the attempt to demolish the evolution theory in a single essay, as this would necessitate the dissection of every point, and therefore would require quite as much manuscript as the work under review. I am aware that the opinions herein set forth, lay me open to the charge of not being "up with the times," but may it not be that to be "up with the times" is to have gone in advance of evidence, reason and consciousness? We are all inclined to accept the assertions of scientific men as true, assuming that they have been thorough in their research, and therefore can not be mistaken in their conclusions, and all this in the face of the fact that a department in science can not be named, but investigation will prove that at times its disciples have jumped at conclusions, based upon insufficient evidence, and stated them as facts, only at a subsequent period to discover their error and recant. When the House of Lords in England was investigating Stevenson's project for a railroad, Sir Ashley Cooper was asked, what would be the effect on passengers traveling at the rate of 25 miles an hour. He promptly replied, "It will fill your mad-houses, the human brain cannot stand the whirl produced by rushing through the atmosphere at such a rate." Without investigating the reason for this conclusion, his opinion was accepted as correct and heralded throughout the land as the principal objection to the new invention. Yet an illiterate coal miner had the boldness to declare and demonstrate that the most renowned surgeon^v of his day was wrong in his conclusions.

At the present time it is safe to say that the theory of evolution has been accepted by nearly every scientific man, as the most reasonable solution of a question which, with or without acknowledging the existence of a Creator, would account for the various forms of life. With the acknowledgment evolution would be unnecessary, unreasonable and complicated. True, Darwin tells us: "A few forms (query: how many, and how do you know this?) were created capable of developing into other forms as needed" and this necessitates the existence of a creator. Such conception of the Deity, so contrary to biblical verity can only result as it has in adding to the atheistical ranks and, therefore unlike the author, a large proportion of his followers believe that life was induced by external circumstances.

It is my purpose as succinctly as possible to show wherein the evolution theory is contrary to the evidence and reason. I shall attempt to show that everything was created for a purpose, and only ceases to exist when the purpose has been fulfilled. That it would be unnecessary and therefore unreasonable to suppose that God would create a spiritual being (soul) in an ape, for it could never become evolved into man without this addition, or if so, that he would include them all and extinguish the species. That the fossil remains of animals afford no evidence to sustain the theory, they show extinction, but not merging of the species. After a careful survey of the subject I will direct your attention to a few philosophical reasons as well as physiological facts, which to me seem incompatible with the theories of evolution, descension or selection.

Haeckel says: "There must be a blind belief in the creation, or a scientific theory of evolution, there is no third course." Now let us see how much science depends on blind belief. He says: "After many million of years during the Archilithic epoch, there came into existence by spontaneous generation, through a nitrogenous carbon compound in the sea the oldest and simplest organism—the minera, (query: if this is not blind belief what is it?¹) from these one-cell plants first de-

¹When this world was a molten mass as it once was, there could not have been life, and as matter does not contain anything spiritual, spirit can not be evolved from matter, therefore it must have been created. "For of the soul the body form doth take."
"For soul is form and doth the body make."

veloped; then all the invertebrate ancestors of the human race developed from these one-celled organisms, hence this epoch is the age of man's invertebrate ancestors. In the Palaeolithic period (of Devonian old red sand stone; Carboniferous; Permian or new red sand stone) we have fishes preponderating or the age of fishes. During this period some fishes began to accustom themselves to living upon the land and thus gave rise to the amphibia class, which we find in the carboniferous period; these were the earliest air-breathing animals. (Query: How did the fish manage to get on the land, and how could they sustain life by the gills coming in contact with atmospheric air? They can not do it now.) Toward the close of the Permian period we find the first amnion or lizard like animals. In the Mesozoic or secondary epoch (Triassic, Jurassic, Cretaceous) was the age of reptiles; but the class of birds also developed during this period, undoubtedly originating from the flying lizard-like reptiles, from the fact that fossil birds with toothed jaws and lizard tails belong to this period. It was in the triassic strata of this period that we find the molar teeth of a small insectivorous marsupial, and all the mammals of this period belong to the low pouched animal division. The fourth division of the history of the organic earth is divided into three subdivisions: Eocene, Miocene and Pliocene periods. This, the Tertiary epoch, may be called the age of mammals. The most perfect section of this class (placental animals), among which is man, now first appeared. The development of man from the most nearly allied ape form dates probably from the Miocene period, (Vol. II, pp.11-15.) Now the strata, he tells us, deposited during this period were about 3000 feet thick. The deposition went on at the probable (blind belief again) rate of two inches for every 100 years, or 600 years for every foot. A total of one million, eight hundred thousand years. Now in this deposit there has been found about 1000 species of shells, only one fourth of which are extinct; also the crab, lobster, shark, seal, crocodile, horse, ox, different species of deer, bear, dog, cat, otter, beaver, hare and a host of other animals, living specimens of which exist at the present day, in fact everything but man. Is it not strange that in whole or part the skeleton man should

not have been found, or at least that of a monkey in the state of transition? It seems that all the species of animals which we find living on the earth existed then, and that the law now in force, that the offspring is of the same kind with the parent, at least is not two million years old. Thus we see, to be evolutionists, we must believe, (though belief is no good) in something which does not exist today and, so far as we have any proof, never did exist. Spontaneous generation through a nitrogenous carbon compound, that one-celled plants and animals developed from these so-called bodies; (i. e., they bestowed upon another that which they themselves did not possess) these developed into fish, then some fish crawled on the land and accustomed themselves to living in an unnatural element breathing air through their gills until lungs developed, not from their gills as they should have done, if they followed the law of evolution, but from their swimming bladder (Query: why don't they do this now? Except by a creative act how could lungs be found within a bladder, and how was the blood vessel changed so as to bring their contents in contact with the inspired air?) This gave rise to the amphitrua, these turned into lizards, some of them having wings, these changed into birds, birds into mammals, including man and the monkey. That the chief modifications of animals and plants result in the use or disuse of their organs. (If this is true then lungs in the fish never developed from the swimming bladder.) For example: the wood-pecker and humming bird developed their peculiarly long tongues by the habit of using this organ to take their food out of the narrow and deep crevices. (Query: how was this habit established, why at first did they not obtain their food like other birds?) The frog acquired a web between its toes from the habit of swimming. (Query: if he was not created to swim how did he first come to go into the water, and why was it necessary for their eggs to be deposited there? Why don't toads have webbed feet? From what were frogs evolved?) That the mammae were first merely large sebaceous skin-glands, and were developed in the marsupialia by the young sucking a gland. Now what are we to think of the mental vision of one who would believe that the contents of a sebaceous gland, one of those that keeps the skin soft

by its exudation of the black-heads which girls remove with a watch key, could sustain a young animal? They would have to suck on the same gland all the time. How strange it is that the young animal would develop two nearly opposite on each side in some animals, and 8 or 10 in each of the two parallel rows in the belly, like in hogs and dogs. Now I ask you if this explanation, founded on merely "no good belief," as offered by one who stood foremost in the ranks as authorizing on evolution, does not require a greater stretch of the imagination and credulity than any before presented by science or religion? Why, it's the worst kind of blind belief, it's mammoth cave piscatorial blindness, for there are no eyes at all. It is evident that Haeckel recognized this fact, for he says: "The special proof of all separate parent forms must always remain more or less incomplete and hypothetical. (Blind belief again.) For all the records of creation upon which we rely, are in a great measure incomplete, and will always remain incomplete for the germ history itself is known only in the case of very few species." Haeckel's theory makes one feel like saying with Josh Billings, "I would rather see a man who did not know anything than one who knew so much there was not any truth in."²

It has been denied that Darwin claimed that man descended from the ape, so I will give his exact language in two of his many declamations on this point. "As man agrees with the ape in all these characters which he possesses in common, we may infer that some ancient member of the anthropomorphous sub-groups gave birth to man." Again, "The species have not been separately created." Now let us see what Huxley's views were on this point. At a meeting of the British Association in 1879, regarding mans having been once an ape, he said: "I must confess that my opinion remains exactly where it was some 18 years ago."³ Speaking of the Neanderthal skull, he says: "I believe it to belong to the lowest form of human beings of which we have any knowledge and we know

2. Where did the life of this spontaneously generated minera come from?

3. I agree with Huxley when he says: "An opinion which outstrips evidence, is not only a blunder but a crime." Remember we can not produce or destroy the smallest particle of matter. No artificial process has ever made living matter out of dead.

from the remains accompanying that human being, that so far as all fundamental points of structure were concerned, he was as much a man, could wear boots as easily as any of us; so that I think that the question remains much where it was. I don't know that there is any reason for doubting that the men who existed at that day were in all essential respects, similar to the men that exist now."

Virchow said, addressing the savants of Munich: "Not a single fossil skull of an ape man has yet been found that could really have belonged to a human being. Every addition to the objects which we have obtained as materials for discussion has removed us further from the hypothesis propounded. As a matter of fact we must positively recognize that there still exists as yet a line of demarcation between man and the ape. We can not teach. We can not pronounce it to be a conquest of science that man descends from the ape or from any other animal. We can only indicate it as an hypothesis, however probable it may seem, and however obvious a solution it may appear. (Freedom of science in the modern state—page 62 and 3.) It is strange that a man possessing the faculty for observation shown by Darwin, with the evidence at hand, should have made the attempt to prove that man was evolved from an ape. Apes are governed in their movements entirely by instinct, no one possessing more intelligence than the rest. It is a deviation from the procreative without a parallel for the offspring. Man, although alike in his physical conformation and nature with his fellow man, differs from his ape progenitor in osseous and muscular formation in the possession of extra bones in the spine, an extra muscle in the hand as well as different insertions of mutual muscles, not to mention difference in form and expression, while mentally unlike the ape (one the equal of all the rest) they range from the mass on the ground to him who far in advance of all others stands high upon the mountain of knowledge.

The evolutionists say that man's consciousness has been gradually progressing from the lowest to a higher sphere of thought, knowledge and morality. Ethnology proves to the contrary; it shows a mental ebb and flow. Confucius, who lived 550 years before Christ, could find no reliable data for

the events recorded in Chinese history beyond 200 years prior to himself. This proves the priority of Egyptian chronology; for the great pyramid was erected in the fourth dynasty and has been shown by Mr. Smith of the British Museum, with other scientific men, to have been designed to perpetuate certain mathematical and astronomical truths which at the present day we can do no more than verify. The specific gravity of solids is determined by the theorem of the renowned Archimedes, by which he detected the fraud practiced upon King Hiero of Syracuse, by the goldsmith who furnished as a crown of pure gold, one of base metal. Compare Homer, Cicero or Shakespeare with the authors of the present day. In art Michael Angelo, Raphael and Van Dyke. In science, Copernicus, Galileo and Newton. In engineering, look at the Roman aqueducts. In architecture, the Coliseums and Egyptian pyramids. For inventive genius in forging steel, what will compare with the Damascus blade? Combining the keen edge of a razor with the elasticity of whale bone, it could be tied in a knot without breaking. How was steel treated that no matter what the exposure, it would never rust? How were images of glass blown into balls of the same material and remain loose in the cavity by which they were surrounded? These are only a few of the lost links of knowledge evolved from the brain of an ancient race of people. If your son expresses the wish to become a sculptor, painter or musician, in order that he may excel, he is sent to Europe to study the works of the old masters. Aristotle is credited with writing the first history of evolution. Again if this theory is correct, then the offspring of our learned men or bright minds should excel their parents; but on the contrary as a rule intellectually they prove to be inferior to their sires, (retrogression evolution) whilst he who advances to the front ranks of science and learning usually, like the meteor, flashes his light from a direction we least expect.

Lamarch says: "The most highly developed apes accustomed themselves to walk erect, and gained the ascendant over other animals. The absolute advantage they enjoyed and the new acquirement imposed upon them, made them change their mode of life, which resulted in a modification

of their organization, and their acquiring many new qualities, among them the wonderful power of speech. (Query: where are some of those speaking monkeys now?) Darwin accepts this theory, for he says: "As far as we can judge, the tail has disappeared in man and the anthropomorphous apes, owing during a long lapse of time to the terminal portion having been injured by friction (Descent of man, p. 60, 1881.) I presume this will account for the rabbit's short tail, the squirrel retaining his because of the *habit* of flopping it over his back when he sits down. (Query: why didn't the monkey, like the ape, wear off his appendage behind? Surely he sits down quite as frequently as the larger species of his family, and the friction would be equally as great.) Haeckel says: "Bats probably (blind belief again) developed their wings in their flight from tree to tree to escape an enemy, or in search of food. (Query: As they must, before their wings began to be developed, have had to jump from tree to tree, would not the legs be the part developed? Why were not wings developed on our common squirrel, in their flight from tree to tree?) We see that friction was an important factor in evolution.

Man is the only being endowed with speech because he is the only one upon whom God bestowed the scintillation of His essence—a reasoning soul—which enables him to look backward over his past life as well as that of the generations which have preceded him and profit by his and their experience. Forward, to so guide his craft as to be able to "luff and bear away" from the obstruction and dangers by which he is ever surrounded and which by carelessness or over confidence has wrecked many a staunch craft sailing o'er life's stormy sea, upward from the boundless depth with which a parent loves; from the charms of pleasure and the lures of gain to a lovelier image of the purely beautiful—that of the Creator of the Universe who has prepared for us in the realms above, a purer, brighter, happier home where the eternal dialect of love shall be the free gift of every living soul. Whence sprung such emotions? Can it be from the apes? Never! For they were not and are not in possession of them. Language results from thought and knowledge, but as we can not have thought and knowledge without language, they must have been be-

stowed at the same time. The mind of man is an actor, originating ideas which are absolute. Apes emit sounds like other animals induced by external impressions, not produced by the mind, language like the soul, is indispensable only as far as human nature is necessary and could not be evolved from an animal never in possession of it.

Another branch of the evolutionists say that there was a time when this earth was a fiery globe; when animal and vegetable life could not exist; but so soon as the temperature permitted, "organic life developed itself from external circumstances," or as Haeckel expresses it: "spontaneous generation through a nitrogenous carbon compound." In other words something was evolved from nothing and therefore had no parents. (Query: where did this fiery globe come from, and how did it originate? We don't want any blind belief, "it's no good.") Now if this was the case, why does it not happen today and crowd the earth with organic life, for the nitrogenous carbon compound is still to be found, at least the constituents are here in abundance. We are all conscious that it does not act in that manner now, for even the ciliated infusorium, so minute that millions and millions are swallowed in a draught of water, reproduce their species by means of eggs formed in special generative organs fecundated by the union of the sexes and their organization is as definite as that of the other classes of the animal kingdom. Admitting the theory of the survival of the best developed of each animal species and the consequent increased development of the osseous and muscular tissues in their offspring over the original stock as between the wild hog and specimens of our improved breeds; yet in the one case it would be an infusorian, as in the other it is a hog; for it is the law of nature that animals and plants are of the same kind as their parents and there is no deviation from this law. Geology furnishes us proof of the extinction of certain species of animals, the fossil remains giving evidence of their gigantic size. Why did evolution cease in this direction if it was not that the object of their creation had ceased to exist? The wild American bison for this reason has already been added to the list.

Life is the divided portion of some similar life. The

caterpillar is a young butterfly, though at this stage of its existence, in appearance, so different from its parents. For this reason the different species in the animal and vegetable kingdom have remained without essential change since the earliest historic record. It is a germination, growth, blossoming, fructifying, decay and death, resulting from the operation of laws in force since the world's creation. The only way the necessary change in the animal species can be effected, necessitates the merging of one species into another; but unfortunately for the evolutionists, this ends with the first generation, for hybrids can not procreate. This points, not to chance, but to a wise provision of the Creator, for it serves not only to keep every species distinct, but also places a barrier before the evolutionist which he can not overcome, as it matters not what a change in size, form, color, may be wrought in an animal, it will still retain enough of the distinctive features, which without a moment's hesitation enables us to say, that is a horse, that is a dog, and so on to the end of the list. For example; take a group of men, each one in some respect will differ from the others, yet the vainest fool or ignoramus anatomically, is a man, and he whose learning places him in the front ranks of science is no more. Evolutionists say that a change of food and condition produces the wonderful transformation which in the past they claim has taken place. Haeckel says: "New Zealand possesses two species of bats found nowhere else in the world," and many islands possess their peculiar bats that he accounts for by saying that they were some wandering species modified in their new home by change of condition. (Blind belief again.) They cite the honey-bee as an example where a neuter bee can be changed into a queen bee by changing the food. Grant this: but is it not a bee and easily recognized as such? Let them change a bumble bee into a honey-bee, (Query: which was evolved from the other?) a cow louse into one of the kind infesting a hog, dog, horse or man and thus get rid of their "blind belief." If their theory about the change of food is correct, there should be more points of agreement than difference between a hornet and a spider as they both catch flies for their young; and so on ad infinitum. Cattle lice would only need to be trans-

ferred to the horse or man to become changed into the parasite which naturally infests them; whereas, on the contrary, they die shortly after the transfer.

Every species of animals has its own epizoa and entozoa and they die transferred to an animal of another species and they infest the part where they find the proper pabulum for their development. To illustrate, one each 5. This shows quite a numerical difference and often in the wrong direction, we find that man has one more lumbar vertebrae than either one of the species that are supposed to approach him more closely, and one more sacral bone than the apes. Now let us see how the spinal column of a man could be evolved from the ape. He could get his 12 dorsal vertebrae from the Orang; the 5 lumbar vertebrae from the Gibbon; but whence came his fifth sacral vertebrae? The apes have but four. Coxycx man has four, Orang, Chimpanzee and Gorilla each five, Gibbon three. Now this snarl in the spinal column can't be unraveled by the evolution theory. They could not straighten it with a plaster paris jacket. It's a problem in spinal arithmetic that can't be solved by evolution algebra. The extensor muscle of the index finger is found alone in man. Now if there was only a rudiment of the bones or muscles in the ape, there might be some evolution theory for the conclusion that they had become developed as the necessity for their use arose; though how they could be thus developed is a mystery, since we find it so difficult and ofttimes impossible by the aid of electricity and massage to restore the atrophied muscle, contracted tendon, or lost osseous matter, but as there is not, then, admitting that the evolution theory is true, these extras for man must have been created, and this would necessitate a Creator, call it by whatever name you please. In the mammalia, the plane of the condyles are oblique, showing that the erect posture is not natural to them. The position of the face immediately below the brain is characteristic of man alone. Man is the only one of the mammalia who can stand on one leg. The skull of man is smooth, in the ape it has ridges for the attachment of muscles which are very strong. The fusion of the intermaxillary with the superior bone, at an early age of foetal life, characterizes the human cranium from that of the ape,

which remains separate to a much longer period. The flexor longus policis muscle is inserted into the great toe of man on which the weight of the body can be supported, whilst in the ape it is inserted to the three middle toes. In man there is an absence of the laryngeal pouches found in apes.

Another remarkable fact, unexplained by the erect posture of man is his adaptation to the varieties of his surroundings. He can endure the vicissitudes of climate; live on an exclusive vegetable and almost exclusive animal diet. The Chimpanzee and Gorilla are restricted to the hottest parts of Africa; the Orang to the tropical portion of the Indian Archipelago. They can not live in temperate climates except by the aid of artificial heat, and even then they do not long survive. Their diet is exclusively vegetables. Looking at the subject from this direction, I do not see how the necessary transformation could have been effected by any known physiological law, or the theories of evolution, descension or selection sustained. If the evolution theory is true, then man's first appearance was in a tropical climate.

At a recent congress of German anthropologists at Halle, Professor Klaatsch, of Heidelberg, read a paper contending that as the result of several years' investigation the alleged descent of man from apes was no longer maintained. His conclusions were based on the construction of the bicepalous muscle of the upper thigh. He contended that it was a mistake to regard man as the most perfectly developed mammal in all respects. His limbs and teeth do not show any high degree of development, and he is only superior to other animals by his extraordinary brain development. To prove our common origin, mention is frequently made of the fact that the human embryo in the third and fourth week of its existence exactly corresponds to the undeveloped embryo form presented by the ape, ox, horse, dog, rabbit and the other mammals at the same stage of their ontogeny. But although a close examination will disclose a marked difference, even in the plates presented by Haeckel, still admitting his declaration (VI p. 18) to be true, it adds nothing in support of the theory, for the germ frame work in all mammals being somewhat similar in its construction, necessarily there would be in appearance

in the inception of its creation, more points of agreement than difference, yet the fact that in its imago stage, it clearly shows which was man and which was ape, dog, horse, etc., proves beyond cavil that they were not the same form but distinct patterns of their own species. As well argue that because the fruit and seed of the mulberry resembles the blackberry so closely, they must have had a common origin, and that the tree was evolved from the vine.

The improvements we witness in the different breeds of domestic animals is accomplished by making a judicious selection of those possessing in a greater degree than others, assimilative powers, which enable them to increase their muscular and osseous system, or deposit a larger amount of the carbohydrates with a given quantity of food, and then propagate the species from them. But this improvement lasts only as long as the same care and attention is bestowed; simply this and nothing more can be accomplished by mortal man. To me, therefore, it seems more in accordance with common sense, reason and the evidence, to believe that all the species of animals were created perfect, with mechanism suited to the sphere and object that they were intended to fill, than that it was left to nature to evolve as occasion required, with assistance rendered, as a creative act; as an evolution starter we can never know that the evolution theory is true, as the law is not now perceptibly, in force so as to make us conscious of it; for remember, science deals with facts, and dares not have anything to do with belief. Confucius said: "To, know what you do know, and not know what you do not know is true wisdom;" and this precept seems to have been forgotten by evolutionists. We find that it is a law of nature that animals and plants are of the same kind with their parents, and the fossil remains of extinct animals proves nothing to the contrary. As well declare that sheep spring from the goat, the rat from the mouse, the boa-constrictor from the cobra, or vice versa, as man from the monkey.

If you will stop long enough to consider what a stupendous undertaking it would be to effect the anatomical and physiological changes necessary for the transformation of the ape into man, we will see the absurdity of such reasoning; as you must

rasp down the ridges and sand paper to produce a smooth cranium and then enlarge it internally and externally; fill up with osseous matter the foramen magnum in the middle of the posterior third, and cut a new one just behind the center of the base; shorten the arms; lengthen the legs; arch the feet; enlarge the pelvis; add a lumbar and sacral vertebrae; change the angle of the vertebral column; shorten the jaws; in fact, there is not a muscle or bone in the whole structure, but that some change in its form, origin or insertion would be necessary before evolution would be completed, not to mention soul and language which must have been created. Surely, such wonderful changes could not have been accomplished in a single leap, but must have gradually been graded up to man; and if this was the case where are the intermediate species? Haeckel answers: "It is evident that no single one of the existing man-like apes is among the direct ancestors, but they are the scattered remnant of an old caternine branch once numerous, from which the human race developed, as special branch in a special direction—Vol. 11, pp. 181-2-3.) In other words, they are lost. In this respect they resemble their advocates, for they assert that the fittest survive, and as each new development, as it approached man, must, according to their theory, have been superior to their predecessors, living specimens should be found, but inasmuch as they have failed to produce the fossil remains of these pen-pictured, wonderful animals, it is asking entirely too much, when they demand that we shall admit their existence from analogy, by observing the laws by which they profess to be governed, (Science deals with facts), we consistently can refuse to believe, because they do not know, and also because the evidence is not sufficiently clear to warrant their own members uniting upon it; but on the contrary there are three divisions, each positive they are right. Therefore the only way left for the evolutionist is to convince us, and this they must do by reasoning.

The first thing to be done is to show the necessity for the Creator to adopt this plan; or ignoring such a being, how external circumstances, or spontaneous generation, by a nitrogenous carbon compound, acting on an atom of original slime, could induce the formation of the different genera of

animals and plants; as well as why this law does not exist at the present time? They have not, and can not give satisfactory answer and it remains as at first, a very pretty theory, or chain of thought, mended with such ingenuity where the links are broken, that to the careless observer, the imperfections would never be discovered. We must estimate the value of the Darwinian hypothesis by the same rule that we apply to others, that is, its ability to account for all the facts of which it pretends to be the solution; for if there is only one fact which it cannot explain (and there are a host of them), if there is one fact at variance with the hypothesis (and there is a full legion) it must give way and the fact stand; for as Professor Huxley truly said: "One fact is worth 500 hypotheses."

Vegetable life in its various forms, must have been created. To view it in any other light would be contrary to observation and reason, as evidenced by the fact that it is possible to kill out any or all the different varieties of trees and plants by destroying the growth and seed. If the *trichina infusorum*, in fact any species of life from the highest to the lowest, could all be destroyed there would be no more on this earth. Disease, like syphilis, chorea, small-pox, etc., once stamped out would never reappear; that this is universally conceded, legislative enactments, having in view the extinction of contagious diseases and obnoxious plants, prove conclusively. It is therefore logical to conclude that they must have been created, and if this law applies to a few, why not (in absence of proof to the contrary) to life in all its various forms and conditions? In this wrestle on the "catch as catch can" plan between nature and organic life, as represented by the evolution theory, it is strange that we should find, as we do, every part adapted to the work it has to perform; the elephant's trunk; an ostrich's stomach, a shark's mouth, the lance of the mosquito, or the insect that builds its coral house far below the surface of the deep blue sea. No improvement can be suggested; all is perfection. Even when we meet with an exception to one of nature's laws, as in the density of water we see the evidence which points, not to chance, but to an omniscient and wise Creator, for organic life depends on this deviation. The fact that liquid bismuth also expands in cooling, does not invalidate the fact

that upon water possessing the same property depends the existence of organic life. At all events if this deviation is due to chance, it is a very fortunate thing that it chanced that way.

Finally, if the evidence adduced to sustain the evolution theory has been demonstrated to be irrefutably true, then all scientific men should agree upon it; but the fact that there are many who refuse to believe, a hesitancy on the part of others, proves to the Christian world that up to the present time that the evidence brought forward to sustain it is not sufficient for conviction among their own rank and file, when therefore the men standing on top of the evolution ladder cannot agree in the description of the creative changes, which by their wonderful scientific vision they claim can so plainly be seen has taken place, how can they expect the mass on the ground to believe that they see anything? It is like finding water in the desert; when you reach the spot where under an optical delusion you could swear that you saw it, it is not there but the same distance ahead and you follow on until lost. The truth is, that the greatest observers often form fallacious generalizations on a few selected facts.

I will now present the premises of both sides, and the deductions drawn from them. The evolutionist believes that the organic world sprung from a germ—a one-celled plant—and from this the various living forms were evolved. Man is the acme of vegetable life. And this is what Henry Ward Beecher called "The reigning philosophy for all time." And right here it would seem proper to ask, why in accounting for the drift, we find that the "reigning philosophy" of all the geological world has changed three times? Thirty years ago geologists thought that they needed not less than a thousand million years to account for the changes and distribution of living things on the earth and supposed that they could have an unlimited duration to draw from, but Lord Kelvin pointed out that the earth was a cooling body and receives from the sun a definite amount of heat each year, and the laws of heat did not allow that the earth could have been a habitable place for any living thing before 20 million years.

About four years ago Professor Perry investigated the problem and concluded that a thousand million years was more

probable, and so it stands to-day. When examining a number of deep sea dredgings, Professor Huxley discovered a grey gelatinous mass resembling protoplasm. This he called the primeval living slime, the unorganized beginning of life, that had floated from the beginning: the essence of life from which the earth had been clothed with green plants and populated with animal life. Recently, Sir John Murry found that when it was mixed with strong alcohol it threw down a chemical gelatinous precipitate. Thus a beautiful theory was demolished. It proved to have been a jumped at conclusion, stated as a fact. Now gentlemen of science, how are we to know that in this case you will not, as in the past, be ready to drop it for the first new theory advanced by some votary of science whose aspiration for fame overcomes his normal cerebration. The Copernicus system of astronomy is only a hypothesis, (blind belief) yet as there is not any fact which it can not explain, we accept it as true, but this can not be said of the evolution theory. We continually witness the truth of what Bulwer said: "The science of to-day may be the ignorance of tomorrow. Every year some bold guess lights on a truth to which but the year before the schoolmen of science were as blind moles."

Among other things in proof of this, collegiate science scorned Galileo and his telescope, as it might be a fraud; ridiculed Harvey's circulation of the blood; pronounced the crossing of the Atlantic by steam, impossible, and that electricity was incapable of competing with steam. It would seem that they could say with Ruskin: "I have little faith in my opinion until I have changed it three times." Apart from biblical history Christian belief in the existence of a Creator of the Universe is founded upon evidence that up to the present time has proved incontrovertible; for it is impossible to explain how, and therefore unreasonable to ask us to believe that external circumstances from an atom of original slime, with the assistance of a nitrogenous carbon compound, should have formed this earth, and male and female of the different species of animals, the one to contain a receptacle for a microscopic atom of the other, and from this minute particle form a little image of itself, with mechanism so complicated that human intellect up to the present time has been foiled

in its attempt to fathom it. How, and why evolve a species of locust that effects its alternation of generation every twelve months, and another kind require seventeen years? Why two kinds of wasps, whose chief difference is in color, the one should construct its nest of mud, and the other of woody fibre? Why the atoms should have been so grouped that from the same quantity of the same elements (C 6, H 5, O 5,) there should be formed such different bodies as sugar, starch and wood? Or how the rotation of the earth should be just sufficient to cause the waters of the ocean to remain on that vast slope that rises from the pole to the equator to a height of 18 miles, and thus prevent it from seeking its level and making the earth a perfect sphere? That this same external circumstance should have so formed the sturdy oak, that rears its broad head toward heaven's blue dome, that its pollen falling upon the flowers of the different varieties of the same family, or that others distinct from it should not fertilize them, until at last all the genera were evolved into one, or making an exception to the law of density in water, knowing that a law cannot change itself, the exception must have been caused by that upon which it depends, giving evidence of the thought, knowledge and wisdom of an intelligent Creator, for without this provision, this earth would be a globe of ice.

As this peculiar "combination of circumstances" in the beginning must have been in universal operation, how did it happen that in the origin of the animal species, that in America, the rat, house mouse, owl, moth and a host of other imported pests were not evolved? What did the germ that evolved the turkey in America make in Europe? The germ of the horse in Europe make in America? Why did this "universal one-cell green plant" from which the evolutionists tell us that all the forms of animal and vegetable life spring, work its way into a bumble bee in America and miss it in Australia? Why run into a buffalo here and not in Europe? It must have been a cross-grained green cell that evolved a grizzly bear. Again we ask if all animals have an evolutionary origin, why should they have a scent common to the species? A hound can be trained to chase deer by day and coons by night. A bird dog to hunt only quails or grouse. A blood hound

to keep through a crowd of men the human trail that he was given to follow by the scent peculiar to the individual. Can these things be due to chance or creative wisdom? Which is the more reasonable conclusion? Conforming to the law of nature we find that the offspring is of the same kind with the parent, or in other words that animals and plants are preceded by similar animals and plants and this we find to have been the case for millions of years; in the absence therefore of evidence to the contrary, we in accordance with an axiom in reasoning, conclude that this law must have always been in force, and as it is incompatible with, we exclude evolution as a factor in creation.

We also see that force is in the union of opposites; that everything, whether simple or compound, depends for what it is upon that which it is not. Water is formed by the union of oxygen with hydrogen; salts are formed by the combination of acids with bases, and so on to the end of the list will we find that the elements of matter depend one upon the other; they are numbered, each one possessing its own shape, size, weight and combinations with the other elements; therefore its action is limited and determined, and its existence depends upon the will of its Creator—something not matter. That the fossil remains of extinct species of animals afford no evidence to sustain the evolution theory is evidenced by the fact that an oryctologist at once can determine whether the osseous specimen belongs to a mastadon or a mammoth Megatherium or a Milodon. There is no chance to be mistaken because there has been no merging of the species, and there never will be. We argue that if natural selection, or the law of evolution had effected a continuous transformation the ratio of progress from one period to another should be nearly equal—at least there should be no diminution. Professor Thomas Hughes, S. J. of the St. Louis University, St. Louis, Mo., in his 9th lecture, post-graduate course, entitled "Arithmetic and Physiology Among the Fossils," 1884 and 1885, puts the ratio at the very modest figure of $3 \frac{2}{5}$. He says: "We should then come to only ten species in the Silurian period." Now, unfortunately, the Silurian period shows 10209 species; the Devonian, 5169; the Carboniferous, 4901; the Permian, 303;

the Triassic, 1310; the Jurassic, 4730; the Cretaceous, 5500; the Lertiarz, 16970; the present, 150,000. Where is the arithmetic of evolution? Natural selection is neither supported by the species claimed for it, not even by some of the choicest cases of variations referred to it. Thus Hilgendorf's 20 varieties of the multiform planorbis are found to be coeval, therefore not progressive by descension. Lo, those immense animals like the mastadon are not transitional between the adjoining species, but coeval with them. The theory halts everywhere.

Now I ask, does it seem reasonable, is it in accordance with the evidence to believe that God created this world and the laws governing it, as well as the stellar worlds by which it is surrounded, moving them with that undeviating certainty that we can foretell for years in advance, the minute where their shadows will fall, and then only create life in a one-celled green plant or a few forms of the lowest order capable of developing into other forms, as needed, culminating in man as the present perfection of evolution? Such a thing must certainly detract from God's glory and majesty to a greater degree than that He spoke creation into birth, organic and inorganic by a simple command. Therefore just as when we find a flint arrow-head we, reasoning from a visible effect to an invisible cause, recognize the work of man's hands for it gives evidence of design; so and for the same reason we see, distinctly and indistinctly, in every animate and inanimate object the part that they were designed to fill for they, like the arrow-head, are fashioned in a manner peculiar to themselves. Therefore we believe as we exclaim—Behold the works of the Creator, for all the evidence points to individual creative design.

PRESBYOPHRENIA OF WERNICKE AND
PSYCHOPOLYNEURITIS.*

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THE presbyophrenia considered by Wernicke, Wallenberg and Kraepelin as a particular form of senile dementia, has been studied in France in a very special manner during the past months. That is to say, there has been published on this subject most various and diverse opinions. Among the hypotheses which have been advanced in regard to what place should be assigned this affection among mental diseases, that of MM. Dupre and Charpentier¹ is perhaps the most ingenious, and it is also the one which offers most to discussion. We know that, contrary to the German conception, these authors claim that the presbyophrenia of Wernicke is not a form of senile dementia but solely a stage of the polyneuritic psychosis or Korsakoff's disease which, occurring in the already aged subject, terminates in chronic dementia. This view of the subject has been accepted by MM. Deny and Camus.²

On the other hand Beaussart,³ Brissot,⁴ Hamel and Trenel⁵ have refused to accept this opinion which does not seem to agree with the real facts. Since the publication of the first work⁶ on this question we have examined several patients in this category and consider the presbyophrenia a form of senile dementia deserving a special description by reason of the particular symptoms which compose it and give it individual entity.

*L'Encephale, Vol. 1, 1911.

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One knows that for several years Kraepelin⁷ has maintained the symptomatic analogy existing between presbyophrenia and psychopolyneuritis and the difficulty in making a differential diagnosis between the two affections.

That is to say, the task of these who liken the presbyophrenia to the psychopolyneuritis is just as difficult as that of those who defend its anatomy. The mental symptoms common to the two affections are multiple, the amnesia, the disorientation, illusions of false recognition, and the confabulations exist with a remarkably analogous character in the two classes of patients. The personal history of the patients often reveals alcoholic excesses, evidence of a toxic origin of the infection. Finally for M. Dupre the symptoms of polyneuritis are ascribed to the level of the lower extremities in the two and show the bipolar affection of nervous system whether the case be presbyophrenia or Korsakoff's disease.

The advocates of the presbyophrenia of senile dementia reply on the other hand by diverse arguments, among which those of Dissaut and Hamel⁸ deserve some attention. "If, say these authors, we admit that presbyophrenia is a chronic form of the Korsakoff's psychosis having evolved without motor troubles we must remark that Korsakoff's syndrome without polyneuritis is the exception, while that of presbyophrenia without motor troubles is the rule." This argument draws its value from the fact shown by Beaussart⁹ of the relatively rare frequency of motor symptoms in the course of presbyophrenia. This author has examined eleven patients of this class and he has found in his subjects the integrity of the functions of the lower extremities without motor or sensory symptoms is the usual finding.

One can certainly agree with M. Dupre¹⁰ that these motor troubles, which were at first very obvious, have now disappeared and that the presbyophrenia is only a psychopolyneuritis in which the symptoms of polyneuritis, very pro-

7. Kraepelin, *Psychiatrie*, 7th edition, 1904, et introduction (traduction Devaux et Mercklen.)

8. Brissot et Hamel. *Loc. cit.*

9. Beaussart. *Loc. cit.*

10. Dupre. (*Societe de psychiatrie*, 27 mai 1909. Discussion sur un cas Deny et Camus.)

nounced at the onset of the affection, have gradually diminished and disappeared with time.

But this argument does not stand in the presence of certain well characterized clinical cases where the symptoms of the onset of the affection are described with precision in the case records, and where one is in a position to affirm categorically the absence of all polyneuritic symptoms in a subject in the course of the preceding history. In the history of the presbyophrenics which we have studied and in which the history has not permitted any doubt in the progress of the affection, the symptoms of polyneuritis have always been wanting. Only one patient in which we give further careful observations, actually presents abolition of the patellar reflexes. In the absence of all other symptoms and positive history we are not authorized to consider our subject as a case of chronic psychopolyneuritis.

To make the differential diagnosis the age must be considered. Is not the disease of Korsakoff more especially a disease of the adult? The presbyophrenia is on the contrary the lot of the aged, but its age of predilection oscillates around the seventieth year. The idea of sex is not devoid of interest. In fact, the presbyophrenia we know occurs almost uniquely as an affection of the female. But the Korsakoff psychosis is far from being rare in men. Why should a psychosis occurring in its acute form with equal frequency in both sexes in its chronic form attack almost exclusively the female?

Finally a certain number of differential signs can be drawn from the mental states to allow us in our opinion to establish a distinction between the two morbid conditions.

The mood of the presbyophrenic—always gay, euphoric, self satisfied—is very different from that of the psychopolyneuritic, which is usually depressed or apathetic and in which the facial expression is immobile, while the features of the presbyophrenic are of extreme mobility, that he laughs, makes grimaces in which the muscles of mimic participate. The facies of the psychopolyneuritic is always dull and fixed and without expression.

The loquacity is a symptom which is rarely absent from Wernicke's disease. These patients speak without ceasing

on all subjects with equal volubility. It is garrulity continuous and uninterrupted. This symptom is wanting in the chronic form of Korsakoff's disease. Besides the patients of the first category have a lively disposition, are attentively polite and are especially amiable and cordial. These are the symptoms one seeks for in vain in the psychopolyneuritis, acute or chronic.

The disorders of consciousness are much more pronounced in the presbyophrenic. These patients have no appreciation of their abnormal state, and laugh when answering a question relative to their physical or moral health. Much to the contrary, the polyneuritics comprehend to some extent their condition and are the first to grieve over their state. Their judgment even in the chronic form is less perceptibly affected and the degree of intellectual enfeeblement less evident. The amnesia finally seems more pronounced in the presbyophrenic; besides in that affection the patient most often does not even possess a realization of the amnesia, contrary to that observed in the chronic forms of Korsakoff's disease where the subjects indicate spontaneously to their questioners the profound defects of their memory.

The first three cases which follow were cases of psychopolyneuritis, two of the acute and one of the chronic form with dementia. The fourth case is that of a presbyophrenia of 81 years of age.

CASE 1: *(Resume.) Lec. — Armadine, day worker, aged 40 years, entered the asylum d. Evereux July 25, 1910, spends all day in a corner of the infirmary without making a movement, perfectly calm, shows no phenomena of excitation which call attention to her. She responds with complacency to questions asked her, submits voluntarily to different tests of which she is the object.

The gait is hesitating; Lec. — shuffles her feet over the floor. She complains of violent pain in the calves of the legs and along the internal surface of the tibia. The patellar and plantar reflexes are abolished, the sensibility is reserved but sometimes dulled. No other physical signs are revealed.

11. Kraepelin dans sa 8th edition (1910) estime que la presbyophrenie comprend 23 p. 100 des cas. de demence senile.

The pupils are equal, react to light; there is no disarthria, tremor of the tongue or hands. The urine is normal; the cerebro spinal fluid content is normal and there is no lymphocytosis.

Lec. — has sometimes involuntary evacuations.

Mental state is characterized by the following symptoms: Lec. — is docile, calm and shows some little apathy. The dominating symptom is the total amnesia, retroanterograde, of which the patient is perfectly conscious. She does not know how long she has been here, does not know her age nor the date. She is disoriented, cannot tell where she is nor does she know the name of the institution. She sees the physician each day on his visits. However, she affirms that she sees him for the first time in this place. She was acquainted with him formerly, but she does not know under what circumstances.

The patient often gives the physician a strange name and profession. We cannot establish confabulations. Lec. — is a little loquacious; one is obliged to ask questions many times to obtain a single response. She has no euphoria and she scarcely smiles at a pleasantry. She is inactive.

Seated in the same place for hours without making a movement, she shows no evidence of ennui.

The affectivity is diminished; she is not interested in her children nor in anything concerning them.

Such is the present state of Lec.

We are not able to obtain any information as to her heredity. Lec. — has been married, she is divorced. Her husband was an alcoholic and they drank together, whiskey, wine and coffee. The patient has three children in good health.

The onset of the actual affection dates back six months and the use of alcohol is the most evident cause of the illness. The mental troubles consisted at the beginning of excitement, nocturnal agitation and insomnia with visual hallucinations and zoopsia (visions of serpents.) This was accompanied with marked disturbances of gait, severe pains in the lower extremities. This is the condition in which Lec. entered the asylum d. Evereux.

After a few days the excitement disappeared and her condition since then has remained similar to that above described. This brief account is a clinical history of the patient.

CASE 2: (Resume.) The female Rad. entered the asylum d. Evereux August 31, 1910, at the age of 35 years.

The family history shows that her father died in the asylum of General Paresis.

Rad. — is married and the mother of five young children in good health and normal intellectually. It was in 1908 that the patient began to indulge excessively in alcohol. She drank large quantities of wine and whiskey called calvados in coffee houses. Under the influence of these libations Rad. presented visual hallucinations, insomnia and professional dreams. The mental troubles became exaggerated three weeks before she entered the asylum in the early part of August, 1910. The excitement changed considerably and it was accompanied with loquacity. Rad. constantly accused her husband of infidelity. The insomnia is absolute, accompanied with agitation, visual hallucinations of a terrifying nature. Rad. complained of violent pains in her legs, pain on walking and considerable hyperaesthesia in the region of the knees and coldness of the lower extremities.

On her admission to the asylum the diagnosis of polyneuritic psychosis was made. She was in a constant state of confusion with accompanying amnesia and confabulations, illusions of false recognition and the accompanying polyneuritis.

These later consisted in great difficulty in walking, abolition of the patellar reflexes, pain over the lower extremities becoming lacinating on pressure, abolition of the plantar reflex. The mental examination reveals absolute amnesia, total retro-antegrade, accompanied by disorientation.

The patient does not know her age, date of birth, current month or year. She does not know where she is nor how long she has been here, she believes herself sometimes at home and again at a neighboring chateau, the confabulations are very pronounced. Rad. related to us that she was this morning at her own residence, that she was doing her housekeeping, that she had dressed her children and prepared breakfast.

Following that she went to work for Countess X where she worked making hay and taking care of cattle. She invented many imaginary stories on most various subjects. It is noted that she has insomnia and visual hallucinations. Rad. declares that last night serpents had wound around the sheet of her bed and threatened to bite her.

The condition of Rad. has remained absolutely stationary during two months. The amnesia lessened but there still persists a profound dysamnesia. The patient knows how long she has been in the asylum but she is ignorant of her age, the date and the season. She is no longer disoriented and she does not invent imaginary experiences of late.

Rad. — is calm, a little depressed, weeps at times and is conscious of her morbid state and of her memory defect. The affectivity is perfectly preserved.

When her children visit her she seems very happy. She shows to them a loving tenderness and cannot be separated from them without regret. The symptoms of polyneuritis are extremely pronounced, spontaneous pain is still evident and walking impossible. The patellar reflexes are abolished.

CASE 3: T. — Woman P. Age 36 years, entered the asylum at d. Evereux January 12, 1902.

The following certificate accompanied the patient: "This woman entered the hospital January, 12, 1902 in a state of general paresis of alcoholic origin, presenting at the time actual cerebral troubles."

The history furnished by her husband was that "she had been addicted to the excessive use of alcohol for eight years. She was continually in a state of drunkenness and imperfect elementation. From a mental point of view the excessive drunkenness had caused insomnia and nightmare, a state of indifference with diminution of the emotional tone."

"She abandoned her young child; she would not occupy herself in the care of her household duties, lost interest in her former occupations. Spent part of the day intoxicated."

In 1901 she showed a progressive emaciation and impaired motility of the lower extremities. She first complained of pain in the legs and thighs, then they became powerless and would not support the weight of her body, and walking was

utterly impossible. It was then P. entered the hospital of B. in February, 1902.

After a stay of several months in this institution, P. manifested the idea of suicide and made two unsuccessful attempts; she tried to hang herself with a handkerchief and she swallowed pins. It was at this time she entered the hospital at d. Evereux.

P. — is a paraplegic. It is impossible for her to stand or walk alone. Examination at this time shows abolition of the patellar and Achilles reflexes. Great spontaneous pain and tenderness in the legs and thighs increased by pressure. A notable diminution of sensibility. No Romberg present.

The ocular reflexes are normal. Physical examination reveals nothing abnormal in the different organs of the body. Has involuntary evacuations.

Mentally confusion predominates. P. — is inert, apathetic, indifferent to her surroundings, remains the entire day without speaking if one does not address her. Never asks for food.

Interrogated she showed some ideas of unworthiness. Declared she had burned a spinning mill and poisoned her sister. The most striking symptoms are memory defect and disorientation. Her replies are irrelevant. She does not remember her age, that of her child nor the date of her marriage. Does not know the current year, month or season. Does not know where she is nor how long she has been here. P. believed herself at home, later that she was in a hospital.

She was in a hospital at B. and had a mistaken identity of persons.

June 25, 1902. State of P. shows no change since admission. Still is apathetic, indifferent; involuntary evacuations.

April, 1903. P. presents no appreciable change in her condition. She is still paraplegic and there is still loss of sphincter control.

In 1904 the phenomenon of paraplegia is diminished. She walks with much difficulty. She is able to advance but slowly by the aid of a chair. She succeeded in climbing or dragging herself upstairs and can get in bed without assistance.

Patellar reflexes are abolished. Her feet show very marked edema. (They are cyanotic and pit on pressure.)

The mental state of P. is characterized by apathy and emotional indifference, she presents stereotyped attitudes, remains for hours in the same place, does not take the initiative, is willing to be assisted in the most elementary acts. As she does not respond to questions it is impossible to determine the state of her memory. Always has involuntary evacuations. In Januray, 1905. At this time P. is described as "demented, apathetic, indifferent to everything, incontinence of feces and urine. Confined to bed on account of edema of feet and lower extremities."

April, 1905. P. does not recognize her bed, her place at the table, believes that she has seen the physicians who interrogated her for the first time this morning, and recognizes among them a relative and friend. She has forgotten her age, does not know how long she has been in the hospital. She thinks the present month is December.

The patient's gait is unchanged.

In 1906, 1907 and 1908 her condition remains exactly the same, characterized by a state of emotional indifference with mutism. Memory and orientation are very much impaired.

We have examined the patient in 1909 and 1910 and the following is her actual state:

Physically there is no lesion of the circulatory or respiratory systems. Urine is normal; the only symptom of interest is the impairment of movement in the lower extremities. Gait is hesitating; she drags her feet on the ground, advances slowly step by step, and declares she is fatigued on the least movement. The pain on pressure is still very distinct. There is also spontaneous pain in the level of the calves of the legs.

The patellar reflex is abolished on the right side and is very feeble on the left, it can scarcely be noted, and sometimes is totally absent. Plantar reflexes are abolished; sensibilities are preserved on the surfaces of the legs.

The mental state of P. is one of dementia, total amnesia, retro-antegrade. Patient is ignorant of her age, the date of her birth and the current year.

She is completely disoriented, does not know where she is nor in what institution or hospital she has been for eight years. P. does not know the season, declares it is summer but that it is ending, when it is actually December.

Disorientation to time is very pronounced. P. is conscious of her mental condition and knows that her memory is impaired. She often repeats "I have no longer memory." Patient is apathetic, indifferent, affect wanting. Never occupied; never inquires to see her child, never makes a request for her relatives to visit her. She passes the whole day in a stereotyped attitude and her behavior is analogous to catatonic state. She does not speak spontaneously, responds to all questions with words of one syllable. No evidence of loquacity. The emotional tone remains always identical. She is never seen to smile. The mask of indifference which characterizes her expression is uniformly the same.

CASE 4: Joa. Woman A, age 81 years, entered the asylum d. Evereux, June 5, 1896, at the age of 66 years.

The records relative to the antecedents or the hereditary element is unknown.

The woman was married twice. She has a daughter who is married and the mother of seven children, and shows no mental trouble. The patient formerly kept a fruit stand in Paris. Her husband was an inebriate and she herself appears to have used alcohol, occasionally to excess, although at no time did she have any mental trouble from the use of it.

The onset of the mental trouble goes back to the time the patient was 61 years of age. This is five years before her admission to the asylum. The woman at this time had lost her husband and had given up her business and had sought refuge with relatives in the Province. Her memory progressively failed. About this time she forgot her husband was deceased and declared he had run away with a woman. It is chiefly the memory of fixation that is affected. Patient still retains the principal events of her early life but memory for recent events is defective.

At this time confabulations were evident. A. related to her relatives that she had just received a visit from old friends and she enumerated what she had said during their conversation.

Besides she narrated at length many imaginary voyages and promenades.

It is noted at this time that there are no physical symptoms present; gait is normal; that the patient shows no painful phenomena in the lower extremities.

On her admission June 5, 1896, the following certificate accompanied her: "Dementia characterized by intellectual enfeeblement and enfeebled memory and affect."

She presented further some ideas of persecution. She believed her husband who had been dead five years had her locked up so that he could live with a mistress. She pretends to have seen her husband and to have slept with him the last few days.

Does not know the day, the month nor the year. Says she is 50 years old, although she is 66."

On the certificate a fortnight later she pretends she is here eight days only. She does not know the day, month or year, believes her husband is living.

In November, 1896, A. declares she has only been at the asylum eight days because she has gone only once to mass at the chapel.

During the years that followed she remained in the same state, calm, docile but demented and amnesic.

In 1899 we find in her record the following note: "She has totally forgotten her age, date of birth, time of entrance to the asylum, does not know the current year, month nor day of the week. She laughs and weeps without reason. Continues to believe her husband is not dead, that she has seen him lately."

There is another note in 1901 as follows: "My husband is in Paris with another lady. I am not unhappy here. My husband is not dead and there is no danger."

In 1903 observation contained the following phrase pronounced by the patient: "I have been here fifteen days. I have only gone once to the chapel." In fact, each Sunday she believes she visits the chapel for the first time and does not remember to have been there a number of times.

In 1907 she declares she is only eight years old and that she has been here several days. The disorientation is absolute; she believes she is at the hotel Dieu. She is unoccupied,

laughs continually without apparent reason and responds always when she is questioned "I don't know. That is all I can say."

We have observed A. since July, 1908, and that her state has remained uniformly the same. The following describes the actual condition.

"The patient is physically an old woman presenting the ordinary attributes of senility, arcus senilis of the cornea and symptoms of arteriosclerosis."

The pulse is heard and often times irregular. Auscultation of the heart reveals nothing particular. Examination of the lungs shows a certain degree of emphysema.

The urine contains no sugar or albumin.

Ocular and pupillary reflexes normal. No appreciable tremor of the extremities.

The patellar reflexes are abolished. The plantar is present and cutaneous sensibility is normal. The gait is normal, and is not unlike that of old people. She is not very alert but goes about without assistance; has no difficulty in moving. Has usually pain in the region of the legs, either spontaneous or provoked. Sight and hearing are impaired.

A. is a little old woman, smiling and euphoric, loquacious. She talks constantly; she questions the physician when he enters the hall, laughs in a noisy fashion, clapping her hands, making many gestures. On familiar terms with all questioners.

AMNESIA: Patient does not know how long she has been in the asylum. "It has been some days. I don't know how long but I am certain it is not more than a month." Does not know her age, says, "I am old." Says, "I have lived 40 years, perhaps 50."

"You say that I am 80 years old, no you are laughing." A. does not know the year nor the month. She retains events of her early life. Recent events of her life are likewise abolished.

She does not remember having seen the physician before and each morning on his visit says she has seen him for the first time in the institution. She has met him formerly but does not know where.

DISORIENTATION: A. does not know where she is, she declares that she is at the Hotel Dieu, but she cannot say in

what town. Sometimes she says she is in Paris, sometimes at Gallin or at Lille. She calls that city "Lille in Flanders," and speaking of Reims where her daughter lives she always says, "Reims in Champagne."

ILLUSIONS AND FALSE RECOGNITION: The illusions are numerous and all the people who surround her are given a name and strange profession. This name varies from day to day and at different times in the day.

CONFABULATIONS: This symptom is very pronounced in A. and its intensity varies from one day to another. Often times it is wholly absent, but frequently A. holds up and relates the following events: "I saw my husband day before yesterday. He came to see me in the parlor and I went there. He has not grown old. I reproached him for having been with a woman and he has promised to come and see me soon, on returning we went to the woods up there, but I am very tired for I am old. This morning I went down there and I have washed. Yesterday morning I went to church."

This is imaginary for A. never leaves her quarters.

Her knowledge of geography, history and calculations appears to be lost. A. has little education and is practically illiterate. She remembers the price of wares and business of the first interest, of clothing and dress.

If one makes before her an absurd statement as, white is black, for example, she remarks at the absurdity and accompanies her rectification with a loud laugh, facial grimaces and gesticulation.

A. is always gay, loquacious, docile, obliging and polite. She strives to render service to the best of her ability. She lends herself willingly to questioning. She has never given evidence of irritability. Her mood is always stable. She is lively, contented and satisfied. A. has no realization of her mental state. The impairment of her judgment is extremely pronounced.

SUMMARY: The three observations of the psychopolyneuritis present, it seems to us, without the observation of our case of presbyophrenia, differences which the reader readily perceives, are obvious. We will simply call attention to the fact that in our third observation, which describes a case

of chronic psychopolyneuritis with dementia, the patient, far from resembling a presbyophrenic, presents a symptom complex very closely allied to that observed in the catatonic form of dementia precox.

The intellectual enfeeblement is evident but its degree is not comparable to that of senile dementia. It bears particularly on the affectivity and the will which, nearly abolished, leads to a state of apathy with emotional indifference and suggestibility. The confabulations and illusions of false recognition are absent. That symptom complex seems to us very different from that which we meet with in our last observation, where, to the symptoms of apathy and emotional indifference, of mutism in the first case, are opposed in the second by euphoristic loquacity, expressive and playful mimicry. In the first case we have a subject conscious of her physical and intellectual decay. There is a complete disorder of the consciousness.

To resume, are we to regard the presbyophrenia according to Wernicke and Kraepelin as a variety of senile dementia or do we assent to the opinion of M. Dupre, who considers it a chronic psychopolyneuritis with dementia? The arguments enumerated above inferred from the ages of the patients, from their sex, from their disorder of consciousness, which is a rule nearly absolute, of polyneuritic troubles (observations of Nouet, Halberstaff and Brissot and Hame, Beaussart. etc.), a disorder not only present, but even previously mentioned in the records, and other symptoms of a psychic nature placing in evidence different disturbances of the mood, of the emotions, of the activity, of the memory and consciousness, authorize us, it seems, to adopt the point of view of Wernicke and Kraepelin, and to consider presbyophrenia as a special form of senile dementia. Rare in typical cases, extremely frequent in atypical cases where the symptoms are only suggested, and where certain of them may be absent, the presbyophrenia draws perhaps its distinctive characteristics from the arteriosclerosis, which seems more pronounced in these subjects than in those with simple senile dementia. Death is caused in nearly all of those cases by cerebral hemorrhage, and the nerve centers at autopsy show marked atheromatous lesions. The

pathological anatomy of this affection, of which the study, as begun by Fisher and Redlich, will give us, without doubt, some day valuable information and perhaps we will definitely come to classify presbyophrenia among the psychoses of the aged, a place to which it seems henceforth to have a right by reason of its very particular clinical symptomatology.

SEXO-AESTHETIC INVERSION.¹

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BY "sexual inversion," we mean exclusively such a change in a person's sexual impulses, the result of inborn constitution, that the impulse is turned towards individuals of the same sex, while all the other impulses and tastes may remain those of the sex to which the person by anatomical configuration belongs. There is, however, a wider kind of inversion, which not only covers much more than the direction of the sexual impulses, but may not, and indeed frequently does not, include the sexual impulse at all. This inversion is that by which a person's tastes and impulses are so altered that, if a man, he emphasizes and even exaggerates the feminine characteristics in his own person, delights in manifesting feminine aptitudes and very especially, finds peculiar satisfaction in dressing himself as a woman and adopting a woman's ways. Yet the subject of this perversion experiences the normal sexual attraction, though in some cases the general inversion of tastes may extend, it may be gradually, to the sexual impulses.

The first fully and accurately described case presenting this condition in a completely developed and typical form was that of a doctor who sent a detailed account of himself to Krafft-Ebing in 1890. This doctor was married and not attracted to his own sex; but his feelings were feminine and he felt himself like a woman. He was really somewhat feminine in appearance. There were no actual delusions. Krafft-Ebing published the case in his *Psychopathia Sexualis* and described it as representing a stage of transition to *metamorphosis sexualis paranoica*, that is to say, a stage on the road to insanity.

1. Read before the Chicago Academy of Medicine, April 11, 1913.

This manner of regarding the case is not now acceptable. To describe a mental condition which, though abnormal, is sane, by its relation to an insane state which it never reaches, although such a method of designation may be the most obvious to an alienist, is to take up too pathological a standpoint. The case itself, however, as described by the subject himself, may still probably be regarded as the most typical and complete in existence.

I have been acquainted with cases of this psychic anomaly for many years, but have been in doubt how to classify them. They seemed to me to represent a combination of feminism with fetichism. But such a method of classing the anomaly was unsatisfactory, although it avoided the error of Krafft-Ebing, for there is no true fetichism in these cases, the garment possessing no dynamic erotic power in itself, or even when worn by another person, but only when worn by the subject himself; in some cases, moreover, clothing plays little or no part.

In recent years, however, this anomaly has been greatly elucidated by Hirschfeld in his substantial work, *Die Transvestiten*.² Hirschfeld insists mainly on the tendency to adopt the garments of the opposite sex, but the class of cases he deals with is clearly the same that I am here concerned with. Hirschfeld was able to bring forward a number of detailed examples, discussing them fully, and making clear that in most cases there is no sexual inversion.³

Hirschfeld made a highly important step forward in our knowledge of this anomaly, alike by his elaborate description of cases, by his conception of the anomaly as a simple rather than compound perversion, and by his realization that specific sexual inversion here played an almost negligible part. It is difficult, however, to accept Hirschfeld's term of Transvestism, (*Transvestitismus*) or cross-dressing,⁴ which is not only

2. Magnus Hirschfeld, *Die Transvestiten: Eine Untersuchung über den Erotischen Verkleidungstrieb*, 1910.

3. Stekel in an interesting review of Hirschfeld's book (*Zentralblatt für Psychoanalyse*, Vol. I. Heft 1-2) thinks that Hirschfeld has unduly minimised the tendency to homosexuality. There is room for some difference of opinion here but it certainly appears that in this class of case homosexuality is rare and usually secondary.

4. "Cross-dressing," as suggested by Edward Carpenter (*American Journal of Religious Psychology and Education*, Vol. IV. 1911) is probably the best English equivalent of "Transvertism." According to Hirschfeld's terminology, a cross-dressed man is a transvertit, a cross-dressed woman a "transvertitin."

unsatisfactory in itself (even from a Teutonic point of view) but by insisting exclusively on inversion of tastes in matters of dress, unduly narrows the phenomenon with which we have to deal. Nacke, who equally objects to the term "Transvestism" and prefers Hirschfeld's secondary name, has proposed to call this condition "the desire for disguise" (*Verkleidungssucht*.)⁵ Hirschfeld himself now seems inclined to prefer this name, for he has adopted it in the title of subsequent publications in which he has brought together much ethnographic and historical information bearing on this matter, with many interesting illustrations and portraits, as well as additional cases.⁶ I must confess, however, that this title, in so far as it implies disguise, seems to me even more unsatisfactory than the other. There is the capital objection that it is psychologically altogether inaccurate. The subject of the anomaly, so far from seeking to disguise himself by adopting the garments of the opposite sex, feels rather that he is thereby revealing himself. It is only when so clothed that he feels really himself; these garments suit him, he is at home in them, he feels really himself, not so much disguised as emancipated from a disguise.

I propose, therefore, to adopt a term suggested to me by a man of intellectual distinction, himself the subject of this condition in a pronounced form, and to call the condition at all events provisionally, *aesthetic inversion*, or more exactly, *sexo-aesthetic inversion*.⁷

5. P. Nacke, "Zum Kapital der Transvestiten," *Archiv für Kriminalanthropologie*, Vol. 47, 1912, p. 237.

6. Hirschfeld und Max Tilke. *Der Erotische Verkleidungstrieb (Die Transvestiten)*, 1912; Hirschfeld and Burchard, "Zur Kasstik des Verkleidungstrieb." *Aerztliche Sachverständigen-Zeitung*, Nos. 23 and 24, 1912. From the first Hirschfeld has felt doubtful regarding the nomenclature of this condition and in *Die Transvertiten* (p. 300) he proposed and rejected the term "sexual metamorphosis," and stated that "transvertism" by no means exhausts the contents of the phenomenon.

7. I admit that the names are not completely satisfactory. "Sexo-aesthetic inversion," while a fairly good descriptive term, is open to the objection that it is a hybrid Graeco-Latin compound. "Aesthetic sexual inversion" would be misleading since it would apparently be equivalent to "aesthetic homosexuality." The same subject of the anomaly who suggested "aesthetic inversion" also preferred "psychical hermaphroditism" but that is not quite accurate, for these people are not usually conscious of possessing the psychic disposition of both sexes but only of one, the opposite sex. Hirschfeld regrets that the difficulty cannot be solved by adopting the name of some well-known subject of the condition, as in the terms "Sadism" and "Masochism," but thinks none is sufficiently well-known. It has, however, seemed to me that we might coin the name "D'lonism," after the well-known Chevalier D'lon, who exhibited this impulse in a well-marked form.

Some years ago a man was found drowned off the Cornish coast dressed in woman's clothes and with his hands fastened together. Among his effects at the hotel he was staying at were found numerous refinements of the feminine toilette and feminine articles of dress. He was a lawyer, practicing as a solicitor near London, and regarded by his acquaintances as an ordinary and normal man of quiet habits. There was no suggestion that his death was due to violence. It was evident that he had sought what was from the point of view of an aesthetic invert (apparently with Masochistic tendencies) the most voluptuous death possible.

Such a case indicates some of the peculiarities of aesthetic inversion. It tends to occur among educated, refined, sensitive and reserved persons. It is for the most part successfully concealed from the subject's friends and acquaintances, even from the nearest members of his own family. It is sometimes associated with manifestations which recall Masochism or passive algolagnia. Thus it is a form of erotic symbolism which, while it must be classified under inversion, in the wider sense of that term, yet has resemblances to erotic fetichism and occurs in the kind of people who tend to be subject to fetichism. It also resembles, in some of its features, the kind of auto-erôtism called Narcissism or erotic self-admiration. Aesthetic inversion cannot, however, be identified either with fetichism or with Narcissism; the subject is not really in love either with a fetich or with himself.

The precise nature of aesthetic inversion can only be ascertained by presenting illustrative examples. There are at least two types of such cases; one, the most common kind, in which the inversion is mainly confined to the sphere of clothing, and another, less common but more complete, in which cross-dressing is regarded with comparative indifference but the subject so identifies himself with those of his physical and psychic traits which recall the opposite sex that he feels really to belong to that sex, although he has no delusion regarding his anatomical conformation.

Before bringing forward a fully developed case of each type, it may conduce to an understanding of the anomaly if we consider some of the intermediate stages between aesthetic

inversion and the normal sexual attitude.

There are many graduations in the extent to which aesthetic inversion may occur. It may even be found only in the dreams of a person who during waking life is absolutely normal and shows not the faintest tendency to any kind of inversion. I will first present a well-marked case of such aesthetic inversion confined to dreams.

The subject is a Welshwoman, twenty-nine years of age, married two years since. Though not muscularly strong, she is very healthy, entirely normal, tall and supple, with good complexion and hair, fond of swimming and of country life though compelled to live in a city. She is somewhat emotional in temperament, quick, vivid, high-spirited; it is a type not so very rare among her country-people. Her intelligence is of a very high order and she earns her living by literary work. Her ways and feelings are feminine; she is attractive to men and attracted to them. She has never at any time had any homosexual impulses and regards such things with horror. She has, moreover, never masturbated or played with herself. Until marriage, at the age of twenty-seven, she had had indeed, no sexual experiences, auto-erotic or other,—except in dreams.

From the onset of sexual life at the age of twelve, she had experienced erotic dreams, coming usually (as shown by a diary she kept for a long time) two or three nights before the monthly period, which, as a rule, is fairly easy; sometimes a period is not preceded by the dream. These dreams have been accompanied by complete sexual satisfaction, and she awakens, she states, "all thrilling with the sensations—and I've tried to prolong them by lying hard on my face; but in a couple of minutes they've gone."

The dreams have, however, this special peculiarity that, invariably, the dreamer imagines that she herself is a young man of about twenty-three years of age, who is making love to a young girl. She has never had a normal erotic dream about a man, although she has sometimes dreamed of kisses that had actually occurred. Indeed, in all her very vivid dreams, even apart from those of an erotic character she dreams of herself in this masculine shape. (She makes exception

of a nightmare, to which she is occasionally liable, in which she retains her own feminine personality and is pursued from room to room by a loathsome woman.)

"In these dreams," she writes, "I *feel* myself masculine; in one or two of these I have touched myself and found it different from a woman, and once I saw myself in a mirror and recognized the face as one long forgotten somehow.⁸ Personally, I believe I must have been a boy once. My girl is always the same type, though I've only *seen* her about five times, and not clearly. I *feel* her absolutely distinctly, soft-skinned and very full-breasted. The only time I saw her clearly enough to remember, she was dark haired and light-skinned (as I am), but not of my figure; she was small and plump and had on a weird costume—sort of Turkish, with a scarlet jacket and gold jewels and white trousers and a scarlet close cap on her long, long hair. The costume I must have got from a picture, though I cannot call it to mind. All this is absolutely apart from my real life and I seldom give it a waking thought."

Some extracts from the subject's diary, (after marriage) may illustrate the occurrence of the dreams and their nature.

21st Sept. (Saturday.) I had that dream last night. I had intense feeling but could not see my girl.

24th Sept. Monthly period.

20th Oct. (Sunday) My girl came. I saw her lying in the scarlet and white costume. She was very sweet and I loved her, *besides* the feeling, which was strong when I awoke. I kissed her very much on the breast. I had a feeling that there was a younger girl somewhere near that I was *supposed* to take, but I kept to my own one because she was so pretty. She was ever so fond of me.

22nd Oct. Monthly period.

12th Nov. That dream with a girl. Couldn't see her.

18th Nov. Monthly period.

13th. Violin dream. (That violin dream found me so distinctly as a young man that it might be part of the other dream, though I wasn't having the feeling with a girl at all.

8. This paramnesic feeling (as I have pointed out in *The World of Dreams*) is very common in dreams, even in connection with the most insignificant details.

A party of us—tourists, I think—were in a certain Welsh hotel, in the coffee-room. There is a big mirror over the mantelpiece. I saw myself in a grey tweed suit with a grey cap. My hair was as dark as usual and I was about my usual (woman's) height, but it looks less in a man. I saw myself more clearly than the others—men and girls, I don't know who. I felt myself fond of one of the girls, though she was only one of a vague crowd, but I was quite aware of her—and the young man's love in me was *not* the same as my woman-feeling all through my real life. I remembered that vividly afterwards. I felt I was taking care of that girl, but I didn't see her. We were waiting for tea. There was a violin case on a table at the other end of the room. Everybody knew it was something *horrible* and the girls were frightened. Then the violin case lifted itself up without being touched, and everyone was in a state of horror. I (the young man) had a feeling that I must stand on the hearthrug with my back to the mirror. I saw my own shoulder, and the back of my head in the mirror (I don't see how I did it), I put my left hand up as if I were playing, (I've never learnt the violin) and waited. I felt the girl looking at me and I was sorry she was so frightened. Then the violin suddenly flew through the air like a bird from the other end of the coffee-room, came straight at me and nestled under my chin in the right position for me to play. I held my other arm down at my side, and the loathsome violin played a tune as if someone else were bowing, but there was no bow, and no one there. It played the same little tune twice over, and then dropped out of my hands. I turned to the girl as I woke. It was an extraordinarily vivid dream; myself, the room and the violin were as clear as real life; my feeling for the girl was very strong. Only the other people were the usual dream crowd.

15th Dec. Monthly period. I had rather a bad time.

23rd Feb. That dream. I saw her shoulders and breast and her face. She held me tight with her hand down there, hurting me. I awoke in pain. (This pain was all up me and in my thighs, like, I imagine, acute cramp. I was not touching myself, both arms being around my husband, who was asleep. In about five minutes that pain went, leaving

me light and easy.) Before breakfast the monthly period came. Easy time."

These erotic dream experiences had lately acquired a certain importance in the subject's eyes, owing to circumstances following her marriage. Much as she loved her husband the expected emotions of intercourse failed to come about. The sensations of marriage union, while agreeable so far as they went, were not to be compared with those of the dreams. The husband, who had been without experience before marriage, was ignorant of the sexual life of women and knew nothing of the art of love. He had not only failed to arouse the wife's erotic emotions, he had not even been aware that they needed arousing, or that anything beyond penetration and ejaculation was required of him. Having sought advice, she speedily realized what was amiss, took the matter into her own hands, instructed her husband who was quite willing to learn, and according to the latest report, the sexual union of marriage speedily became almost, if not quite, as satisfactory as the dream experiences.

In these dream experiences we see aesthetic inversion carried to a point which is not possible in real life except during insanity. We see, that is, an inversion which is not homosexual but heterosexual. The interesting point about these dreams is the seemingly complete divorce from real life. It is fairly evident that the subject herself could not explain the origin of the systematized delusion in her dream-life. She set forth her history with an evident anxiety to conceal nothing, however trivial; her motive for keeping a diary of the dreams at one time was the wish to discover the meaning of them. It is possible that more minute psychological investigation might have given a clue to the first constitution of the dream-system, but this was not possible, for the subject, having received the solution of the special difficulty for which she sought advice, disappeared from sight. So far as we can judge of the mechanism of the dream-system from the available indications, it would appear to be determined by the impulses of childish sexuality, corresponding to the age at which the dream system arose. The aggressive tendency, the homosexual tendency, the tendency to Narcissism are

all youthful tendencies, belonging to the period of puberty or earlier, and all appear clearly marked in this dream-system. As regards Narcissism, the subject notes that her dream-girl when seen, failed to correspond in all respects to her own waking self, but the most striking features of the dream-girl were certainly those which the dreamer, when awake, most values in herself. The transformation of sex still remains to account for, and it would seem to have been a device of the subconscious mind whereby the tendencies to aggression, to homosexuality and to Narcissism might have free play. It may be recalled also that the desire to be a boy is really a very common wish of young girls, even girls of entirely feminine constitution.⁹

This aesthetic heterosexual inversion in dream-life is, in the nature of things, a manifestation which cannot occur in sane waking life. When we turn to waking life we have to make a fresh start. The next case to be brought forward seems to me to present a partial approximation to the attitude of aesthetic inversion.

J. G. aged 35. Married. Father nervous, high strung individual. Very quick tempered. Storms of rage quickly and easily produced and as easily subdued. Mother of a rather phlegmatic type. Two brothers and one sister, who seem to have been normal. Sister very religious.

As a child he was quick tempered, but his likes and dislikes were strongly mastered. It seemed to him that he was unmercifully plagued for the purpose of exciting a tempest of rage, when he was punished, usually by whipping. At the age of seven he became very fond of a little girl, the child of a neighbour, and enjoyed caressing and kissing her. They always met secretly and the practice was kept up until discovered by a nuresmaid who informed his mother that he was very forward. He was punished, he could not understand for what cause, but decided that kissing and girls were bad. He was not allowed to play with the children of his own age for some unknown reason; but he thinks that his mother

9. Maeder (*Ueber Zwei Frauentypen*," *Zentralblatt für Psychoanalyse*, Vol. I, Heft 12, 1911) attributes to what he calls the "clitoris-type" of woman, a tendency at puberty to want to be a boy and to have dream-phantasies in which she plays the masculine part especially in sexual matters. Our present subject, however, only corresponds to Maeder's clitoris-type of woman to a very slight extent.

thought he would be contaminated by even the innocent associations thus engendered. He was left pretty much to himself and as he was bright he soon learned to read and his days when not in the school room were spent in the library where he pored over many books not written for children. He thus read translations from Maupassant, Balzac, etc. His particular favorite was the "*Heptameron*" of which there was a finely illustrated and unexpurgated edition. He was taught French and at the age of eleven could read it well; he was thus enabled to dabble in other works that had heretofore been closed to him. He was also fond of working with tools and constructed several rather ingenious mechanisms. This bent was discouraged by his parents. He now began to have hazy notions in regard to sexual matters. Because of a question of his as to the difference between a boy and a girl he was sent to school. And evidently his parents chose wisely because the master was a kind, fatherly middle-aged physician who seems to have understood the workings of the boyish mind, and here many matters were explained to him that he had grown to look upon as nasty. Unfortunately for him the master died after he had attended the school for just two sessions.

He was now thirteen and puberty was beginning to show signs of its approach. He was very gloomy and despondent, had thoughts of suicide. At this time he began to masturbate. The act was not done through the suggestion of any one, but was spontaneous, and he felt ever so much better for it. He was very desirous of seeing a girl dress, more especially as he had been unceremoniously hustled from his sister's room while she was at her toilet, and when he had asked one or two of the maids to permit him to see them dressing they had laughed and called him a bad boy and threatened to inform his father.

One night he was left alone in the house, the rest of the family having gone to the theatre, and happening to want a needle for some purpose, he went upstairs and entered the sewing-room in search of one. The room in question was angular and on turning the corner he was astonished at what he saw. Standing in front of the large mirror there was his mother's maid busily engaged in lacing her corset. She was

scantly clad and seemed to him a vision of loveliness. As he was apparently unnoticed he stood still and gazed, fascinated. Being finally laced to suit, she tied the strings and then with her hands on her hips, waltzed about the room, finally discovering him with apparently great surprise. "Oh, Monsieur Jean, you are naughty boy." And then as she regarded him, "How old are you?" He told her thirteen. "Well, if you are like ze French boy you are old enough." She then kissed him passionately and putting an arm about his waist led him to a lounge in the room upon which she threw herself and then she initiated him into the mysteries of coitus. He had no emission nor did he have as much pleasure as when masturbating. Erection still persisting she performed *fellatio* and dismissed him. This maid pursued the boy for the next year and several times dressed him up in female apparel, including a tightly laced corset, and had coitus with him. He noticed that pleasure for him was greatly increased at these times. This liaison was at length discovered and he was sent to a military school. He entered a university at nineteen and on numerous occasions visited prostitutes but never successfully performed coitus as erection failed to occur. Masturbation was still kept up. He took his degree with honors and after graduation went abroad. While on the steamer some amateur theatricals were got up and he was selected to play a burlesque old maid. In dressing for the part he noticed a vigorous erection occurring while lacing himself into a corset. This fact started a train of thought, and as soon as possible after arriving in London he purchased a corset, and with it under his arm sallied forth for a promenade in Piccadilly. He soon made the acquaintance of an attractive member of the *demi-monde* and accompanied her to her lodging where upon disrobing and having her lace him tightly he was pleased to find that his surmise was correct and that a vigorous erection ensued. He had coitus with her several times and he also discovered that erection was produced by him lacing the woman's corset for her. As he was very sensual he consorted more and more with prostitutes. He remained abroad for over a year and on his return trip met a charming young woman, with whom he fell in love and whom he finally married.

He told her nothing of his perversion until after marriage, when he confessed his inability to consummate the marriage without the stimulus of a corset. She yielded to his request, also she herself started lacing tightly, squeezing a twenty-six inch waist into an eighteen inch corset to please him. He never had coitus with her except when she wore a corset which he had laced her into or else when she wore one. In recent years both have worn them. He was insatiate in his sexual desires; in three years he performed coitus twice daily except when his wife was menstruating. In conversation with several married women of her acquaintance she gleaned enough to realize that her husband's sexual life was very peculiar. She consulted a physician in regard to him and finally persuaded her husband also to do so. He would not submit to a physical examination, but was not effeminate in appearance, well-built and apparently muscular. He had a neuropathic eye and there was a slight tremor of the hands and fingers. He asked if anything could be done to make him normal sexually and hypnotism was suggested, but he refused to allow any experiment. His wife later secured a divorce.

This case may be said, quite truly, to be one of corset fetichism. But it has the peculiarity, bringing it near to aesthetic inversion, that the subject not only feels attracted to the corset on the woman he is attached to, but feels it essential that he should himself wear a corset. To that extent cross dressing characterizes his psychic attitude.¹⁰

10. The fact that fetichism really represents in some cases a transition to aesthetic inversion, or constitutes an initial stage of it, is well brought out in several cases that have been published. Thus in a case of developed foot and corset fetichism in a student of twenty-two, studied by K. Abraham (*Jahrbuch für Psychoanalytische Forschungen*, 1912, pp. 557 et seq.), the subject when a boy wanted to be a woman, not in order to exercise a woman's sexual functions, but in order to dress as a woman. Again in a very completely developed case of cross-dressing investigated by Hirschfeld and Burchard (*Aerztliche-Sachverständigen Zeitung*, 1912, Nos. 23 and 24) a well marked shoe-fetichism preceded the development of the aesthetic inversion and seems to have led up to it.

IS GENIUS A SPORT, A NEUROSIS OR A CHILD
POTENTIALITY DEVELOPED?*

BY JAS. G. KIBERNAN, M. D.,

Chicago, Ill.

Fellow Chicago Academy of Medicine, Foreign Associate Member French Medico-Psychological Association; Honorary Member Chicago Neurologic Society, Honorary President Section of Nervous and Mental Diseases Pan-American Congress 1893, Chairman Section on Nervous and Mental Diseases American Medical Association 1894; Professor Neurology Chicago Post-Graduate School 1903, Professor of Nervous and Mental Diseases Milwaukee Medical College 1894-5; Professor of Nervous and Mental Diseases Illinois Medical College 1905; Professor of Forensic Psychiatry Kent-Chicago College of Law.

THE mental attitude of Oscar Wilde in "De Profundis" seems an egocentric expression of instability rather than a result of crime, conviction and imprisonment. While the evidence left little doubt of Wilde's guilt, still a large element of "chantage" was present. Blackmail is a marked feature in British crime which, if the presumption of innocence were properly applied, would be impossible. The usurpation of jury provinces by the judge's summary of the evidence is often responsible for conviction of the innocent persons. The suspiciousism of primitive man often finds expression in the assumption by the press and the public of a police, crowner's quest¹ and grand jury infallibility. The same omniscient ignorance appears in one Illinois Supreme Court decision that chantage didn't occur in sexual pervert accusations. In the case of the People vs. Kemp, a Chicago jury found choir boys guilty of it and acquitted the accused despite newspaper dicta to the contrary. In the Palmer case, tersely

*Continued from *Alienist and Neurologist*, February, 1913.

1. *American Journal of Ins.* April, 1896.

yet logically analyzed by Allan McLane Hamilton, such chantage was markedly in evidence.

The case involved the issue of spendthriftness in the course of whose investigation it was discovered that Palmer had given away to a boy companion \$70,000 in 25 years. He was a highly respected officer of a church. In another case the victim of sex pervert undue influence, a young woman fell under the "love spell" of an invert female "physician" who extorted large sums from her. The egocentric element which Sherard calls a pose and which Hichens depicts in his *Amarinth* of the "Green Carnation" appears prominent in "DeProfundus."

"I was a man, who stood in symbolic relations to the art and culture of my age. I had realized this for myself at the very dawn of my manhood, and had forced my age to realize it afterward. Few men hold such a position in their lifetime, and have it so acknowledged. It is usually discerned, if discerned at all, by the historian or the critic, long after both the man and his age have passed away. With me it was different. I felt it myself and made others feel it. Byron was a symbolic figure, but his relations were to the passion of his age and its weariness of passion. Mine were to something more noble, more permanent, of more vital issue, of larger scope.

"The gods had given me almost everything. But I let myself be lured into long spells of senseless and sensual ease. I amused myself with being a flaneur, a dandy, a man of fashion. I surrounded myself with the smaller natures and the meaner minds. I became the spendthrift of my own genius, and to waste an eternal youth gave me a curious joy. Tired of being on the heights, I deliberately went to the depths in the search for new sensations. What the paradox was to me in the sphere of thought, perversity became to me in the sphere of passion. Desire, at the end, was a malady or a madness, or both. I grew careless of the lives of others. I took pleasure where it pleased me and passed on. I forgot that every little action of the common day makes or unmakes character, and that, therefore, what one has done in the secret chamber, one has some day to cry aloud on the housetop. I ceased to lord over myself. I was no longer the captain of my soul, and did not know it. I allowed pleasure to dominate me.

I ended in horrible disgrace. There is only one thing for me now, absolute humility."

In development of his nature during two years' imprisonment, are such stages as "wild despair; an abandonment to grief that was piteous even to look at; terrible and impotent rage; bitterness and scorn; anguish that wept aloud; misery that could find no voice; sorrow that was dumb." He asserts that he passed through every possible mood of suffering, and finally reached "an ultimate discovery" which he accepts as "the starting-point for a fresh development."

"I see quite clearly what I ought to do; in fact must do. And when I use such a phrase as that, I need not say that I am not alluding to any external sanction or command. I admit none. I am far more of an individualist than I ever was. Nothing seems to me of the smallest value except what one gets out of oneself. My nature is seeking a fresh mode of self realization. That is all I am concerned with. And the first thing that I have got to do is to free myself from any possible bitterness of feeling against the world.

"Morality does not help me. I am a born antinomian. I am one of those who are made for exceptions, not for laws. But while I see that there is nothing wrong in what one does, I see that there is something wrong in what one becomes. It is well to have learned that.

"I want to get to the point when I shall be able to say quite simply, and without affectation, that the two great turning-points in my life were when my father sent me to Oxford, and when society sent me to prison. I will not say that prison is the best thing that could have happened to me; for that phrase would savor of too great bitterness toward myself. I would sooner say or hear it said of me that I was so typical a child of my age that, in my perversity and for that perversity's sake, I turned the good things of my life to evil, and the evil things of my life to good.

"The fact of my having been the common prisoner of a common jail I must frankly accept, and, curious as it may seem, one of the things I shall have to teach myself is not to be ashamed of it. I must accept it as a punishment, and if one is ashamed of having been punished, one might just as well never been

punished at all. Of course there are many things of which I was convicted that I had not done, but then there were many things of which I was convicted that I had done, and a still greater number of things in my life for which I was never indicted at all. And as the gods are strange and punish us for what is good and humane in us as much as for what is evil and perverse, I must accept the fact that one is punished for the good as well as for the evil that one does. I have no doubt that it is quite right one should be. It helps one, or should help one, to realize both, and not to be too conceited about either. And if I then am not ashamed of my punishment, as I hope not to be, I shall be able to think, and walk, and live with freedom.

"In the very fact that people will recognize me wherever I go, and know all about my life, as far as its follies go, I can discern something good for me. It will force on me the necessity of again asserting myself as an artist, and as soon as I possibly can. If I can produce only one beautiful work of art I shall be able to rob malice of its venom, and cowardice of its sneer, and to pluck out the tongue of scorn by the roots.

"And if life be, as it surely is, a problem to me, I am no less a problem to life. People must adopt some attitude toward me, and so pass judgment both on themselves and me. I need not say I am not talking of particular individuals. The only people I would care to be with now are artists and people who have suffered: those who know what beauty is and those who know what sorrow is; nobody else interests me. Nor am I making any demands on life. In all that I have said I am simply concerned with my own mental attitude toward life as a whole; and I feel that not to be ashamed of having been punished is one of the first points I must attain to, for the sake of my own perfection, and because I am so imperfect."

The philosophy of life which Wilde states, experience finally revealed to him is that sorrow is the supreme emotion of which man is capable, and that it is "at once the type and test of all great art."

"What the artist is always looking for is the mode of

existence in which the soul and body are one and indivisible; in which the outward is expressive of the inward; in which form reveals. Of such modes of existence there are not a few: youth and the arts preoccupied with youth may serve as a model for us at one moment: at another we may like to think that it is subtlety and sensitiveness of impression, its suggestion of a spirit dwelling in external things and making its raiment of earth and air, of mist and city alike, and in its morbid sympathy of its moods and tones, and colors, modern landscape art is realizing for us pictorially what was realized in such plastic perfection by the Greeks. Music, in which all subject is absorbed in expression and can not be separated from it, is a complex example, and a flower or a child, a simple example, of what I mean; but sorrow is the ultimate type both in life and art.

“Behind joy and laughter there may be a temperament, coarse, hard, and callous. But behind sorrow there is always sorrow. Pain, unlike pleasure, wears no mask. Truth in art is not any correspondence between the essential idea and the accidental existence; it is not the resemblance of shape to shadow or of the form mirrored in the crystal to the form itself; it is no echo coming from a hollow hill, any more than it is a silver well of water in the valley that shows the moon to the moon and Narcissus to Narcissus. Truth in art is the unity of a thing with itself: the outward rendered expressive of the inward: the soul made incarnate: the body instinct with spirit. For this reason there is no truth comparable to sorrow. There are times when sorrow seems to me to be the only truth. Other things may be the illusions of the eye or the appetite, made to blind the one and cloy the other, but out of sorrow have the worlds been built, and at the birth of a child or a star there is pain.”

The impulse of artistic creation strongly reasserted itself during the days when prison life was nearing an end. “If I ever write again, in the sense of producing artistic work, there are just two subjects on which and through which I desire to express myself: one is ‘Christ as the precursor of the romantic movement in life;’ the other is ‘The artistic life

considered in its relation to conduct.' " He goes on to express the following hope:

"Perhaps there may come into my art no less than into my life a still deeper note, one of greater unity of passion and directness of impulse. Not width but intensity is the true aim of modern art. We are no longer in art concerned with the type. It is with the exception that we have to do. I can not put my sufferings into any form they took, I need hardly say. Art only begins where imitation ends, but something must come into my work, of fuller memory of words perhaps, of richer cadences, of more curious effects, of simpler architectural order, of some esthetic quality at any rate.

"When Marsyas was 'torn from the scabbard of his limbs'—*della vagina della membre sue*, to use one of Dante's most terrible Tacitean phrases—he had no more song, the Greek said. Apollo had been victor. The lyre had vanquished the reed. But perhaps the Greeks were mistaken. I hear in much modern art the cry of Marsyas. It is bitter in Baudelaire, sweet and plaintive in Lamartine, mystic in Verlaine. It is in the deferred resolutions of Chopin's music. It is in the discontent that haunts Burne-Jones's women. Even Matthew Arnold, whose song of Callicles tells of 'the triumph of the sweet persuasive lyre,' and the 'famous final victory,' in such a clear note of lyrical beauty, has not a little of it; in the troubled undertone of doubt and distress that haunts his verses, neither Goethe nor Wordsworth could help him, tho he followed each in turn, and when he seeks to mourn for 'Thyrsis,' or to sing of the 'Scholar Gypsy,' it is the reed that he has to take for the rendering of his strain. But whether or not the Phrygian Faun was silent, I can not be. Expression is as necessary to me as leaf and blossoms are to the black branches of the trees that show themselves above the prison walls and are so restless in the wind. Between my art and the world there is now a wide gulf, but between art and myself there is none."

Nordau's² alleged detection of the sexual in Wilde which was so widely exploited as a Nordau advertisement failed entirely to detect homosexuality and certainly ignored religiosity

Religiosity was as well marked in Wilde's later career as in Verlaine's. With a tendency to paedophilia it crops up far from rarely in clergymen and also, as in Portland, Oregon in Y. M. C. A. officials and social purity white cross enthusiasts.

(To BE CONTINUED.)

HAPPY THOUGH INSANE

BY C. H. HUGHES, M. D.,

St. Louis.

THE editor of this magazine, while presiding over an institution for the care and treatment of the insane, often noted the surprise of visitors at the apparent happiness of certain inmates and not all of them being in the grandiose delirium stage of paresis. The asking of the question; "Are insane people ever happy?" by an office neurotic patient concerning a mentally maimed friend, suggests this editorial.

Some people are never so happy as when insane and some are never happy till they become so. They fret and worry and strive for so much more of the happiness they consider themselves specially entitled to, that the brain breaks under the strain and under the anxiety, insomnia, depressed nutrition and lowered assimilation, sequent neuratony and psychatony a reversion of feeling comes to them in reactionary exaltation. A delusional alternate happiness comes to them, as may also be seen in folie circulaire.

Among the author's patients a family of hereditarily psychopathic variety, contentious at home but happy in the asylum, who alternated with each other in spending terms in the hospital, illustrates. Each one appeared happy in the latter place when their mental malady, folie circulaire, began to show signs of returning convalescence. They always, each one of them, after a period of enforced rest and regulated habits, recovered within a period of six months usually, and returned home, when another member of the family would soon be brought for treatment. This family was a trio of wife, son and daughter.

The happiest of this lot, when insane, was the son. He

was exuberant in his delusion of well being and he was almost too young for paresis, not being over twenty-eight and never developed typical general paralysis, but appeared to remain many months free from intellectual disturbance after recovery and engaging in business. He was a farmer and cattle raiser. One of his attacks was precipitated by a trip to St. Louis, an unprofitable disposition of his cattle and a bout of dissipation.

Turning the leaves of the *Journal of Mental Science* an incidental reference to a recent article by that venerable Corypheus of psychiatry, Henry Maudsley on "mental organism" suggests this clinical note. We extract briefly to comment in clinical confirmation of Maudsley's statement that the pictures of torment drawn by Jeremy Taylor and others of "the torments of hell" they have "depicted in flaming rhetoric" were in the end "unfelt fantasies of the imagination," many of the chronic insane giving similar utterance.

Charles Lamb, who had a brief attack of mania, wrote to Coleridge after his recovery: "While it lasted I had many hours of pure happiness. Dream not, Coleridge, of having tasted all the grandeur of and wildness of fancy till you have gone mad. All now seems to me vapid, comparatively so." Eloquent writers, like Jeremy Taylor, have used all the resources of language to depict in flaming rhetoric the burning torments of hell through endless time, but their pictures were in the end unfelt fantasies of the imagination which did not seriously horrify those who uttered them, rather perhaps pungently tickled their fancies, not as in a torturing delirium unspeakable horrors of feeling from which death would be a blest deliverance.

In specially pertinent confirmation was a patient of mine toward the end of the first decade after the American civil war who, depressed to mental dethronement about the close of this war, had fall upon him an irreparable calamity to his family and estate. He was accustomed to pace his room and the hospital corridors and when out on the grounds walking, bent over as if carrying a great burden continually exclaiming "my God, how can I stand it" just as he did at the onset of his melancholic malady, but merely automati-

cally, without the real feeling, clearly manifest at the beginning of his mental disease. Acute psychic emotional feeling had departed, but the painfully sounding utterance yet automatically and subconsciously persisted to the end of a rather lengthy life of chronic uncured insanity.

The dolorous rhythmic speech had become merely an automatic subconscious utterance without the earlier accompanying emotion. He would pause in his doleful speech to ask for a chew of tobacco and refrain from its repetition long enough to thank you for it and then would start on his pitifully appearing but not painfully felt utterance and bent-over pace.

Thus certain chronic utterances and appearances startling and deceptive to the novice, are better comprehended by the alienist clinically experienced expert.

And here obtrudes the potent and true Esquirolian dictum. "We must live with the insane in order to fully understand them" in all phases of their peculiar maladies of mind.

One of my patients, a young man, given to manustupration and with exalted religious ideas, who looked upon a comely maiden hotel waitress to lust after her, gouged out his eyes, saying it was just "if thine eye offended thee to pluck it out" and he plucked out both of his eyes. Another religious paranoiac, a masturbator, strangulated his testicles on the misinterpreted principle if thine hand offend thee cut it off, only it was not his hand alone that he thought harmed him but another member. These men did not complain of any pain in the hurt organs, but seemed quite well satisfied at the time with what they had done.

A chronic dement, given no special reason and hardly capable of giving a reason, plunged scissors into her abdomen and cut away several feet of her upper bowel, resulting soon after, in peritonitis and death, but made no outcry or complaint of pain at the time of the act. These illustrations are enough. A word to the clinically wise in psychiatry is sufficient.

A young girl just out of school, brain tired and mentally overstrained, fell ill with Blandford's acute delirious insanity after a brief period of mental depression with headache, mental and intestinal torpidity and scanty menstruation when a reactional exaltation of ideation came on, limited in its range

to her farm home. She would skip and waltz up and down the corridor of the hospital in imagination calling and feeding the chickens, calling and petting the domestic animals of the farm and with cheerful voice and manner singing the songs of her normal childhood days.

With adequately enforced sleep and nutrition, to which at first she was indifferent, and due attention to bringing about a normal state of function in liver and bowels, both being atonic and torpid in action, she recovered, was discharged from the hospital at the end of three months and has not relapsed into any form of mental aberration after many years. This type of insanity, so well described by Blankford but which some make no note of by its proper name, in these days, is exceedingly interesting for it is a real delirium without fever in its later stages especially, a psychosis that typifies Galen's definition of insanity in general, viz.: *Delire sine febre*.

All forms of insane exhilaration are neither religious paranoia nor the secondary stage of paresis. There is a condition of psychic anaesthesia and analgesia, as well as physical, among the insane that not infrequently enables them to withstand pain without feeling it intensely, which accounts for the self infliction of painful injury by certain insane, like the glass eaters and cavity stuffers of pins, needles, plaster, etc., without greatly disturbing them. They are like men wounded in passionate combat in battle or duel, or like the exhilarated anesthetic hysterics in this one aspect of this malady of the brain and allied nervous system especially.

Spring Grove State Hospital (for insane) near Caronsville, Baltimore County, Maryland.

In the February number of this magazine we printed a domestic picture of women patients weaving and mending hosiery. Here is a class of patients engaged in making baskets and below is an outdoor study of a class of chronic patients, many of them incurable, in the same institution. The most of these patients are usually classed as incurable, in the dementia precox class, but they seem not unhappy nor as fit to be killed as some pseudo and novice psychiatrists would consider some of them from their histories.

Insanity can not be understood in all of its phases at a glance as some assume. It is here especially that a little knowledge is a dangerous thing, especially in a false medical expert who testifies as a guess on non-clinically enlightened conclusion and non-psychopathically informed judgment.

CLASS IN BASKETRY

Spring Grove State Hospital For Insane. Catonsville, Md.





The preceding is a dementia-precox class from same hospital receiving an outing instruction; and they appear not unhappy.

Other illustrations will appear in later issues of this Magazine.

“PROTECTING THE MENTAL HEALTH OF THE
GROWING CHILD.”

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THE census records in successive periods at the close of the last and the opening of the present century while evidencing the progress of our great nation, give also a bugle note—a clear warning of an advancing army of Idiots, Imbeciles, Epileptics and Insane, and the steady growth and persistent encroachment of that worst enemy of a race—Degeneration.

In this repletion of evidence, we find clear confirmation of the intimations given by scientists after prolonged research in the various fields of Physiology, Psychology and Education.

Surely we should recognize that the correlated evidence of two such bodies—Practical and Theoretical—may no longer be despised as mere fadism, but demands immediate installment of measures of defence, found only in legal protection from fateful heredity by authorizing sterilization and in safeguarding from pernicious influences the mental hygiene of the growing child.

And yet when we assert the necessity for the unsexing of the unfit the clamor is at once raised that we are assaulting the inalienable rights of man.

Rights! What right has any man to wilfully injure his neighbor, himself and still less his own children? Of which wrongs that American family through which can be traced harlots for eleven generations, and the Walker family numbering 83 idiots, are striking proofs. The strong arm of law

*Read before the “Mental Hygiene Congress,” Baltimore, Maryland, February 26, 1913.

forbids injuries in every other line, and I contend that the careless or wilful procreation of vicious progeny is a crime against humanity more far reaching than murder or burglary.

The incompetent is not committing either of these crimes it is true, but he is using a power conferred, not upon a man mark you, but upon mankind, for a noble purpose—to manufacture criminals and diseased beings by wholesale. Surely the service of the government of mankind is being prostituted to evil purposes, and needs protection of law, such at least as our postal service claims and gets.

Many today re-echo the cry of that poor mother over her child—"an innocent" convicted of the murder of another for which he was wholly irresponsible: My poor son! "Oh, had I but known he would never have been born!"

Far better that children remain unborn than that they should be introduced into life mental or moral cripples, and Heaven speed the day when men and women shall realize that parenthood is not a RIGHT but a vocation, to which all are not called, and the grasping of it by the vicious, the diseased or the defective is practically the crime of touching the sacred ark of the Covenant of which the penalty was death.

Quality being the thing sought in the propagation of species—both vegetable and animal—just so with the human. It is an axiom long accepted that upon mental potentiality depends mental efficiency, and, as a specialist years ago replied to a mother seeking cause for her child's mental condition: "Ah, for that we must go back fifty years or more!" Just so it is. A knowledge of antecedents is as absolute a necessity to the protection of the mental, as to the physical hygiene.

One must know the character and quality of the material with which one is dealing, before adopting methods towards the furtherance of healthful growth. For truly, what is meat for one, is poison for another; thus, where one child needs excitement, another demands repression, or rather diversion of aims into quiet channels; and, too often, inertia or highly nervous conditions are legacies of forebears.

The work of diagnosing such influences has been greatly facilitated by the formulation of tables of etiology based upon the study of 6430 mental defectives in England and America.

Herein, causes are broadly considered in three periods—Before, —At time of,—and After birth. My personal study of 4050 cases reveals Heredity foremost, and heredity of imbecility direct, an unfailing cause of mental defect, although it may sometimes skip a generation.

For instance, one of these shows a father and mother both mentally defective, aged respectively 38 and 36 years, with a family of 19 children, all either idiots or imbeciles.

Of the causes acting at birth an example is found in a case recently brought to me for examination. The child born in an army post, miles away from a reputable physician, circumstances enforced the attendance of an unskilled practitioner. The head appearing to be rather elongated, the doctor, using much force, pressed and manipulated it into a real ball, with the result, that today just entering upon young womanhood, beautiful in form and feature, she has the undeveloped cranium and mind of a little child.

Of the third period—acting after birth—causes are diverse, and show some 623 or 20.61 per cent from fevers, insolation, etc., and 262—8.59 per cent—from traumatism.

Acquaintance with these tables by mothers, present and prospective, might aid in prevention of mental defect, as it undoubtedly does aid teachers in the work of protecting from retrogression, and in insuring healthful growth. Pursuing in the nursery this same idea of protection, one must follow, according to nature's law with the lower animals, the awakening of the senses through physical activities stimulated by the emotions, alternating regularly with periods of rest, repose, and silence; this awakening extending through the third year with normal children, or with backward or defective children through the seventh, as needs of individual indicate. Early application to practical work of all, or indeed any of the senses, might precipitate stultification.

The short kindergarten periods of alternate work and play are expressly designed to guard against the danger of over-pressure, while giving stimulation to the child of companionship with his peers in broader avenues of games, and concerted employment.

In the sixth or ninth year, the faculties having gradually

attained healthful growth, now clamor to make practical exemplification of inherent power, to show "what I can do." But even here, still must the mental health be guarded, and watchful care keep the abstract behind the concrete. The working hand not only makes strong the working brain, but it will best present to its owner that view of the abstract suited to his peculiar needs, enabling him to see and grasp for himself as no other can for him. Through this period of grasp and assimilation, he lays up a healthful store of mental power for the period of education when training in the purely abstract will, with less danger, begin. Less danger, I say for this period will include adolescence, when continued study of the individual and adaptation of methods is imperative. Weakness or defect hitherto unsuspected, coming from far back generations, or superinduced by sudden accident or disease, respond readily to call when the changing nervous system is under comparatively slight control. It is at this critical period when the mental and physical powers are acting and reacting upon one another, that a healthful environment is imperative. Simple, nourishing food, and that oversight insuring regularity in the action of the digestive system, alternate periods of rest and exercise with free life in the open, if possible, are essentials in protecting the mental hygiene of the growing child.

To this end the enlargement of play-grounds, and the providing of school lunches in many places have been great aids.

That the physical efficiency thus acquired may contribute, as it should, to mental power it is essential that the *actual area* of brain cells be used with such care as not to encroach too early upon the *potential area*.

Every sense avenue must be investigated and tested, and the child not pushed beyond its mental limit, lest there be an outbreak into insanity, or a sinking into idiocy.

The precocious child is rarely heard of in after years—the tiny girl who can repeat "Thanotopsis" without a break, the four year old boy who can memorize "Marco Bozzaris," or even the musical phenomenon, except as true idiot savants. And why? Because they have used both the active and potential cell areas and there are no more. They have overdrawn

their account in the bank of life and are mentally penniless—intellectually bankrupt.

The craze for college courses follows in this same line, for which many are as totally unfit, as they are for the examinations they feel they must pass by fair means or foul. "Get there; honestly if you can; anyhow get there," is the motto of many under excitement conducing largely to mental deterioration.

A practical illustration is found in the experience of two young fellows, each, with neurotic heredity, feeling unequal to purely intellectual labor.

One obedient to his father's behest, passed with difficulty a university examination, only to return within a week to his home an insane wreck.

The other, whose mother, also ambitious that he should undertake a similar course, although he felt himself both physically and mentally unable to cope with class work, after consulting some half dozen specialists, came to me, only to receive the affirmation that if she persisted, the boy's final graduation would infallibly take place under ground.

Removed from an atmosphere for him absolutely pernicious, and given an opportunity to test his powers, he is now a successful business man, and the father of a family apparently healthy.

Herein may be seen the necessity for affiliation of teachers and parents, that the school and the home may work together for the good of the child.

More important too, than mere scholarship in the teacher, is that quality of parenthood which insures to both boy and girl a sympathy and good comradeship in work, together with firm control—a guiding as well as a compelling hand.

Such qualities in teachers mean more for the mental hygiene of children than the mere intellectual ability to pass an examination in subjects often never used, which is practically the standard too often demanded by many school boards.

My own experience in selecting teachers, recalls and fully confirms, that of a superintendent of one of your own school districts which I heard of years ago.

A physician, a man of independent means, engaging in

the work as a psychological study, found a teacher in a rural school doing excellent work in adapting methods to individual needs.

Recognizing that they could ill afford the loss which the enforcement of a prescribed examination would doubtless occasion, he examined her all right, and she remained for years a power for good in her little community, in entire simplicity with no idea that she was solving psychological problems, contributing to the mental hygiene of its children.

That the poor, rather than the rich, may be fortunate in being reared under conditions suited to needs, is illustrated in a comparison of two cases coming under my personal observation.

A young man with exceptional heredity and brilliant connection—the son of a lawyer of repute, a diplomat *par excellence* and ambassador to a foreign court.

The pampered child of wealthy parents, with nurse, companion, valet and tutor, he did not have what was to him most important, that comprehension of needs giving incitement, without undue excitation, avoiding under stimulation and consequent inertia. With mental powers thus enfeebled in the period of childhood and youth, pushed beyond his mental strength, on entering college, he, the sad misunderstood, broke down completely, and for years has been the inmate of an insane hospital.

The contrasting case is that of a waif and stray from the almshouse, where his mother and her two sisters—feeble-minded, harlots all—had died; the father an insane suicide; and an uncle and aunt both confirmed criminals—the one an expert counterfeiter, and the other a notorious player of the badger game.

This boy, adjudged an imbecile, was at the age of 10 committed to a training school. Here he accomplished without undue effort the lessons adapted to his grade of mentality, and the exercises in both physical and military drills, while excelling in athletics. Notwithstanding that physical conditions required frequent attention of both nurse and physician, he was able to push forward in both musical and manual training, becoming expert in the building and carving of furniture,

as well as in the setting of type, and he became easily the chief of the corps of printers, accomplishing all the work of the place. In music, equally successful, he was leader in band, orchestra, special chorus, and the operettas of the various seasons. Proving entirely dependable, he was frequently placed in charge of classes in these various departments, in the absence of teachers during vacation.

Having gained such experience in quiet community life, it was but natural that in his early twenties there should be a longing for "beyond the beyond." Desiring to try his theatrical experience on a broader stage, it was arranged for him to join a dramatic company then playing in New York. Here the competition with normal talent and the loneliness of a great city proved, as had been surmised, his best mentor, and he gladly returned to former duties amid familiar surroundings, as an attendant. After a few years of satisfactory work, in spite of medical care and treatment, his weak constitution easily succumbed to a sudden attack.

In reviewing this history, one cannot but recognize that but few normal people have attained before 30, the preparation and fulfillment of life's call more fully than did, under common-sense protection and practical direction, this victim of a fateful heredity, who realized to the full, his peculiar mental condition, and also his incompetency for parenthood.

That we have, in the new century, entered upon a new plane of thought regarding mental hygiene, there can be no doubt. That the mind of the public is awakened to the necessity for protection from vicious heredity is shown in the action of legislative and social service bodies, and also of various churches demanding as a requisite to marriage the certificate of reputable physicians as to the health of contracting parties.

Likewise as to maintaining healthful mentality, school boards and medical boards begin to unite in recognizing that healthful developmental growth must precede education, as we cannot draw out what is not there, any more than we can train a plant before it begins to grow; and all horticulturists know what is the ultimate result of forcing.

It is interesting also to note the suggestion to a New York educational association by its medical secretary that eventually

grades might express degrees of mentality, not mere book knowledge.

When children are grouped, classed and distributed on this basis, and manual training and physical culture are given wider space in the curriculum; then may we hope to see a natural drift into the various avenues of industrial, manual and professional pursuits, each going to his or her own place and, as contributing to the good of the whole, fulfilling the office of good citizenship, the end and object of true education.

SELECTIONS.

NEUROPATHOLOGY.

WOMEN AND GOITER IN SOUTHERN NORWAY—According to Schiotz's observation on 177 cases, only 10.2 were males. See Jour. A. M. A., 2-15-13.

CLINICAL PSYCHIATRY.

THE POPULAR IDEA OF AN INSANE INDIVIDUAL is that of a person devoid of all sense and appreciation of environment. Many think that the afflicted must even howl, froth at the mouth and seek to commit homicide on all those with whom they may be thrown in contact; tear their clothing; destroy all articles that are breakable; fail to recognize their relatives and friends, before the world at large will admit that the poor wretch is, in their opinion, insane. They do not seem able to comprehend that a person may be very sane in some particulars and very insane in others; in fact that a man may carry on a very learned discussion on various topics and be very lucid and far-seeing in his deductions and yet when about to take his departure refuse to shake hands, with a remark that "I can not shake hands with you for I am, as you are aware, a brass kettle." Now a man can hardly have such a delusion and still be considered sane. So long as the daily affairs do not entrench upon their peculiar hobbies, or obsessions, these people may pass muster in any crowd as being perfectly sane, but, let such an infringement occur and then all of their acts and talk will show the mental warp.

This misconception, at times, is a stubborn thing to combat and much injustice to families and friends is imposed; because, those having these erroneous ideas, rapidly imbue

others, even juries and judges, with the belief that an injustice is contemplated by those directly concerned; especially should there be a property of any magnitude involved. Fear of this unkind censure causes many families to desist from trying to protect the patient, as well as themselves, and they are compelled to placidly look on while the man wastes his substance, carrying out vagaries instead of safe investments, reaping shadows rather than dividends and is often abandoned by his family and friends, without credit being allowed him as being fatally ill and irresponsible for what he does.—C. C. Goddard, M. D. (The Journal of the Kansas Med. Society.)

ALCOHOLISM AND PSYCHONEUROSIS (L'Encephale, July 10th, 1912.) Mouratoff. In this paper the author discusses the relation of alcoholism to the several psychoneuroses with which it is most often and most closely associated, namely, hysteria, epilepsy, and periodic insanity. Considering dipsomania from this point of view he expresses the opinion that in a large number of cases of this condition, especially those where the alcoholic tendency is clearly intermittent, the real disorder is periodic insanity. In some instances, the dipsomaniac impulse may be due to epilepsy, but the rarity of convulsive attacks in dipsomania and the tolerance of alcohol which these patients so generally show, go to prove that this is not a common association. The pseudo-dipsomania of chronic alcoholism, on the other hand, is an expression of general psychic degeneration complicated very usually with hysteria. It is with the latter neurosis also that the author would connect the numerous cases of alcoholic automatism with incomplete loss of memory.—W. C. Sullivan.—(Excerpt by Jour. Ment. Science.)

PSYCHIATRY AND BACTERIOLOGY. (Psychiatrisch-Neurologische Wochenschrift, No. 28, 1912-13.) Bresler, J.—Dr. Bresler in this paper discusses the relationship of infective intestinal disease to mental disorders.

NEUROTOXICOLOGY.

A PECULIAR CASE OF COMMON SALT POISONING—O. H. Campbell, M. D., St. Louis, reports on a healthy boy of 5 years. Parents living and well. Had mumps at 4 years, measles at 3, no other illness. The mother believed the child had worms; administered a salt enema. The suggestion had been to use one tablespoonful in a quart of water, but she misunderstood and used one pound in a quart of water.

The enema was given at 5 p. m., July 13. In from five to ten minutes the child cried, with severe pains in head, became intensely thirsty, vomited violently, and soon began to purge violently; within thirty minutes he became unconscious and had one convulsion after another. I saw him at 6:30 p. m. and found him unconscious and unable to swallow, with one clonic spasm quickly following another. The temperature was 99.2, pulse 150, bowels moving often, passing blood and mucus. At 8 p. m. the temperature was 102.5, pulse 170; the eyes were crossed, and all the symptoms seemed worse. At 9 p. m. the temperature was 104.6, pulse about 200. All of the symptoms seemed worse and continued to increase in severity until 10 p. m., when the child died. I was unable to have a post-mortem examination. I have searched the literature carefully but can find no parallel case. 3542 Washington Avenue. (Jour. A. M. A., 5-12.)

CLINICAL NEUROLOGY.

THE HYPOPHYSIS AND POLYUREA—Simmonds, in Munich Med. Woch, Jan. 21, ult., relates a case history which shows beyond a doubt that a lesion of the hypophysis can produce persistent polyuria. The organ, now known to possess three, instead of two separate portions, exerts an unusual variety of functions. Only the anterior portion is concerned with skeletal growth. The posterior lobe, long believed to be inert, was eventually brought in relationship with metabolism and the genital glands. Finally, the third, or middle lobe, or interlobular portion, first isolated by Schafer, stands in definite

relationship with the renal blood vessels and cells. While acromegaly and adiposogenital dystrophy have been sometimes accompanied by diabetes insipidus, the present case seems to be the first isolated example of the latter and was evidently determined by a cancerous metastasis.—Medical Record.

THE AFFILIATION OF PSYCHOLOGY WITH MEDICINE is of necessity a most intimate one, and this has long been recognized. Lotze's "Medicinische Psychologie" on the one hand and Tuke's Dictionary of "Psychological Medicine" on the other, bear testimony to this affiliation. Or we may pair off in much the same way the various text books of physiological psychology, written by psychologists, and the books on abnormal psychology, written for the most part by medical men. The Vienna and Zurich schools of psychiatry make much use of psychanalysis, which, in its various forms, is but an elaboration of classical experiments of the psychological laboratories. On the other hand men whose chief interests are psychological are seeking and being appointed to research positions in connection with many of our leading hospitals. All of these facts indicate that psychology and medicine are, in part at least, joint tenants of some common ground of content or of method. I hope some time to hear a medical man discuss the contributions of his science to psychology.

The first half of a paper on "Modern Psychology in Medicine and Law," read, by invitation, before the Society of Medical Jurisprudence, New York City, November 11, 1912 by H. L. Hollingsworth, Ph. D., N. Y. Dept. of Psychology, Columbia University.—(Med. Record.)

NEUROTHERAPY.

SPIROCHAETA PALLIDA IN THE BRAIN PARESIS—By Hideyo Noguchi, and J. W. Moore, is thus discussed editorially in the Jour. A. M. A., March 29th.

"Noguchi and Moore examined the brains in seventy cases of typical general paralysis, and in twelve they succeeded in demonstrating Spirochaeta pallida in all the layers of the

cortex save the outermot one. Both macroscopically and microscopically the anatomic changes correspond wholly to those regarded as characteristic of this disease, so that there is no good ground for the possible assertion that they were dealing with frank instances of cerebral syphilis in the narrower sense rather than genuine general paralysis. This demonstration consequently must tend strongly to support the view that general paralysis is the result of the direct action of the parasite of syphilis in the brain; that cerebral syphilis and general paralysis in reality are, as asserted by Dunlap and others, part and parcel of the same process.

DEATH UNDER STOVAINE—A patient, aged 50, died at the Polyclinic Hospital, November last, just as Dr. William Seaman Bainbridge was about to operate for strangulated hernia. Anesthesia had been effected by the spinal injection of stovaine, but the autopsy showed that the man was in extremely bad physical condition, and Dr. Bainbridge has expressed the opinion that the death was not due to this drug. It may, perhaps, be recalled, however, that when Jonesco was demonstrating his method of stovaine spinal anesthesia three years ago, in one or two of the cases it was with difficulty that the patient was saved from fatal syncope.—*Boston Medical and Surgical Journal*.

TUBERCULIN IN PARESIS—Within recent years recourse has been had to the use of tuberculin in the treatment of general paralysis. This treatment was first carried out by Jauregg and later by Pilcz. Their aim was to bring about increased temperature and oxidation. A hyperleucocytosis followed the injection of tuberculin, and they claim to have produced prolonged remissions in many of their patients, who were able to resume their ordinary occupation. Pilcz states that three out of four patients were cured, but they were in the early stages of the disease.—*Brown & Ross, Jour. Ment. Science on Leucocytosis in Mental Diseases*.

THE INFLUENCE OF THE CHEMIST ON MODERN THERAPEUTICS—One of the advances of modern chemistry has been to show that cod liver oil possesses more virtue than merely as a convenient means of administering fat to the patient.

With a clearer understanding of its chemical construction has come a more just appreciation of the large therapeutic value of its essential qualities. Before modern chemistry had succeeded in isolating the active principles of cod liver oil, the patient whose stomach was unequal to the difficult task (a difficult task even to the normal organ) of digesting a greasy mass, was of necessity denied the advantages of this valuable agent. Unfortunately this was too often the case because the very patient who needed cod liver oil was possessed of a defective gastric organ. It was not until the pharmaceutical chemist made a practical use of his more theoretical colleague's investigations that a preparation of cod liver oil was secured which was freer from fat and which was capable of being digested by the impaired stomach. The most popular of such cod liver oil preparations is easily *Cord. Ext. Ol. Morrhuæ Comp.* (Hagee) which contains in palatable form the active principles of the oil, and by means of which the patient may enjoy the therapeutic advantages of the whole oil and yet be spared the distress inevitable upon taking the whole oil. *Cord. Ext. Ol. Morrhuæ Comp.* (Hagee) has for many years been put to the severest tests, and no stronger argument in favor of its clinical value may be advanced than that those who have used it longest use it the most.—*Therapeutic Review.*

NEUROPHYSIOLOGY.

THE FUNCTION OF THE HYPOPHYSIS—Amos W. Peters. (*Reviews of Bio-Chemical Literature*)—As an example of the merit of the training school's meritorious endeavors, we transcribe this from its magazine.

"Aschner shows that the supposed results of previous experimental work are largely vitiated by the fact that they were partly due to injury of the adjacent parts of the brain to which the pituitary gland is attached. It was to these incidental injuries that the large mortality of the operated animals was due. With his improved technique, Aschner comes to the conclusion that the removal of the pituitary gland is not fatal, as has been heretofore held. The damage of this procedure

to the psychical and growth process of young animals remains, however, well established.

“The results of extirpation of the pituitary as described in differ according to the age of the animal (dog.) In adult animals these effects are not marked beyond a moderate adiposity, slight depression of character, somewhat subnormal temperature, decrease of the general power of resistance and some damage to the sexual glands. Marked and characteristic trophic disturbances, however, follow the removal of the pituitary gland from young animals. At the age of four months the operated dogs showed a great excess of fat, were excessively quiet and inactive and in their growth had made only half the development shown by the normal control animals. Infantile characteristics were prominent in the hair and skin, the dentition showed persistence of the milk teeth, the bony system showed lack of fusion and calcification and the continuance of juvenile proportions, the genital organs showed marked microscopical changes. No positive changes were found in the central nervous system exclusive of the operative results. In the other glands of internal secretion the thyroid frequently showed disturbances of structure, the thymus persisted abnormally late, which is well in accord with the general infantile physiological character. Liver and pancreas showed fatty degeneration.”

PSYCHO-EUGENICS

EDITORIAL ON INSANE CRIMINALS IN NEW ALBANY MEDICAL JOURNAL—A new system went into effect in the Tombs prison, of New York City, on Jan. 1st, which is intended to show, if possible, how many of the 18,000 prisoners who are admitted each year, are mental defectives. If the number is found large enough, it will be advised that a new State Institution be created, says the Post-Graduate, to which can be sent those cases which belong neither in the state prisons nor asylums for the criminal insane, to which latter they are now committed if their defectiveness happens to be revealed. Dr. Frank A. McGuire, the Tombs physician, has pointed out

that too many mental defectives were slipping by either as normal criminals or as insane criminals; and that probably the majority of cases are not detected at all and are dealt with like ordinary criminals. "In European countries, there are separate institutions for mental defectives convicted of crime. We have none here. The European statistics show that about 8 per cent of those in prison awaiting trial are mental defectives, which would mean about 1,200 cases in a year out of a total number imprisoned here in the Tombs. We want to determine just what the figures are." To help decide this question, as each man reaches his cell, the tier-keeper is given a card, on which is a column of questions, which must be answered after careful and extended examination of the prisoner. Like our present care of the habitual drunkard, this will be another step in advance, in the treatment of those who are committed to the State Institutions.

It may be instructive here, says the Post-Graduate, to recall the history of Ada Jukes. From her were descended one thousand two hundred persons. Of these, one thousand were criminals, paupers, inebriates, insane or on the streets. Unquestionably, if Ada Jukes and her immediate family had been prevented from perpetuating their kind, the state would have been spared much expense, and American manhood would have been considerably better off. Such instances are not isolated; and their study is the reason for the science of Eugenics as given us by the late Sir Francis Galton, and ably continued by Karl Pearson, and other followers. By means of statistics they show, not only the danger which arises from the marriage of criminals, lunatics, etc., but the degenerating effect upon mankind. It has been shown, e. g. that in Great Britain, 25 per cent of the population (and that the undesirable element) is producing 50 per cent of English children and that, if this is allowed to continue, it must inevitably lead to national deterioration. Undoubtedly, the proper attitude towards inferior types is that supposed to be assumed by Huxley, "We are sorry for you, we will do our best for you, but we deny you the right to parentage. You may live, but you must not propagate."

EDUCATIONAL PSYCHIATRY.

EXAMINATION FOR THE DIPLOMA IN PSYCHOLOGICAL MEDICINE—By the University of Cambridge, England.

Any person whose name is on the Medical Register is admissible to Part I of the examination.

Candidates for Part II of the examination must, at the time of entering for the examination, be registered medical practitioners of not less than two years' standing, and must produce evidence of having had twelve months' clinical experience in any one or more of the following institutions:

- (1) Registered mental hospitals in the United Kingdom.
- (2) District, county, borough, city or royal asylums in the United Kingdom.

The first part of the examination will consist of (1) a paper and (2) a practical and oral examination in the anatomy and physiology of the nervous system, (3) a paper and (4) a practical and oral examination in physiology.

The examination in the anatomy and physiology of the nervous system will include the following subjects:

The structure of nerve-cells and nerve-fibres.

The neuron theory.

The course of the principal nerve-tracts and the connections of the principal nuclei of the central nervous system.

Reflex action. The spinal cord as a path of conduction.

The decerebrate animal.

The localisation of function in the cerebrum. Association areas.

The functions of the cerebellum. The co-ordination of movements.

The development of the brain.

The more usual methods used in examining the structure of the nervous system.

The examination in psychology will include the following subjects:

General analysis and classification of modes of consciousness. The relation of mind and body. Methods of psychological investigation.

Sensation; adaptation, fatigue, contrast, after-effects.

Specific nervous energy.

Local signature. Localization and reference of sensation, normal and abnormal.

Perception. Spatial and temporal perception. Illusions. Agnosia. Orientation and its disorders.

Movement; apraxia. Speech; aphasia.

Imagery; hallucinations.

Memory; recognition and their disorders. Association. Imagination and its disorders.

Thought. Flight and fixity of ideas.

Volition and its disorders. Attention, normal and abnormal. Distraction.

Deliberation. Judgment. Belief. Doubt. Delusions.

Muscular and mental work.

Affective tone. Emotions. Moods. Sentiments.

Personality and its disorders.

Suggestion. Hypnosis. Sleep. Dreams.

The effects of drugs on mental processes.

Individual differences. Temperament. Character.

The second part of the examination will consist of (1) a paper and (2) a clinical and oral examination in neurology; (3) a paper in Psychiatry, Lunacy Law and asylum administration; (4) a paper containing a choice of subjects for an essay in psychiatry; (5) a clinical and oral examination in psychiatry.

The examination in neurology will include the following subjects:

The phenomena resulting from injury and disease of the peripheral nerves.

The course of the principal nerve-tracts and the connections and functions of the chief nuclei of the central nervous system, as revealed by disease.

The methods of examining patients with nervous disease—(1) for diagnostic, (2) for scientific purposes.

The clinical manifestations of the more frequent nervous diseases and their pathology.

The elements of neuro-pathology, including the clinical methods commonly used in examining the nervous system.

The serological and chemical examination of the blood

and cerebro-spinal fluid (especially in such diseases as syphilis and parasyphilis.)

Important—The foregoing schedules are not to be understood as limiting the scope of the examination, which is intended to test the candidate's theoretical and practical knowledge of every branch of psychological medicine.

The examinations for the Diploma will be held once in each year. In 1914 and in subsequent years the examination for Part I will be held in Cambridge during May or June; that for Part II will be held in London during March or April. In 1913 there will be an examination for Part I, beginning on Tuesday, June 3rd, and for Part II, beginning on Tuesday, July 1st.

Every candidate will be required to pay a fee of six guineas before admission or re-admission to either part of the examination.

A candidate who has passed both parts of the examination to the satisfaction of the examiners will receive a Diploma testifying to his competent knowledge of psychological medicine.
—From the Journal of Mental Science.

THE THERAPEUTIC APPLICATION OF THE DUCTLESS GLANDS.

—By Hobart Amory Hare, M. D., Philadelphia.

These glands can be used in three ways: viz., to produce a sudden, positive and positively demonstrable effect, to cause certain changes in physiological function which can be recognized only after the results of these changes have had time to develop, and lastly, that a considerable part of drug therapy depends upon the effect which these glands (in the body) exercise when under the influence of drugs.

The first glandular product considered is pituitrin, obtained from the posterior portion of the pituitary body, which, when injected into a vein or subcutaneously causes a rise of blood-pressure, similar to that produced by adrenalin but much more prolonged, due to its action upon the muscular coats of the blood-vessels. It is therefore useful in cases of shock where there is a fall of blood-pressure depending upon depression of the vasomotor center, which, in its depression, might fail to respond to a drug acting directly upon the center. Pituitrin

also causes a marked increase in urinary flow, its constricting action being confined to the peripheral vessels; hence, it is efficient where partial or complete suppression follows labor or operative interference with the genito-urinary tract, and also by its stimulant effect upon the muscular coats of the bladder may relieve vesical atony and so render unnecessary the use of the catheter. Its direct effect upon the uterus is to constrict the vessels, to produce uterine contractions when pregnancy has reached its completion, and to diminish the possibility of or to control actual post-partum hemorrhage. Most German writers agree that it is the best ecbotic agent, acting promptly (usually within ten minutes from time of injection), having a fairly long continued effect, and having no injurious effect upon the child, its only action being to increase the strength of the fetal cardiac contractions. * * *—*In Maine Medical Journal.*—Abstracts from an article by Hobart Amory Hare in *Amer. Jour. of Obs.*, the above which we partly reproduce.

MEDICAL GREEK by Achilles Rose is a valuable and instructive book for all physicians, philologists and educators.

The author's idea demonstrated in this book is: However valuable the scientific achievements and literary contributions of medical authors may be, we are nevertheless, and indeed all the more, justly entitled to expect from these authors correctness in language, and the first essential of correctness is the use of correctly formed technical terms. The moderate price of this book is one dollar.

The publisher is Peri Hellados, 87 Frankfort Street, New York.

Greek, that is, philological Greek is so intimately interwoven with the technical language of medical philology that it would be of great service to us of that profession and to all of the learned professions, in fact, if Dr. Rose could find the time to construct for us a medical lexicon with especial reference to Greek origins of our professional terms, a Greek medical dictionary in fact.

THE
ALIENIST AND NEUROLOGIST.

VOL. XXXIV.

ST. LOUIS, MAY, 1913.

No. 2.

Subscription

\$5.00 per Annum In Advance.

\$1.25 Single Copy

This Journal is published between the first and fifteenth of February, May, August and November. Subscribers failing to receive the Journal by the 20th of the month of issue will please notify us promptly.

Entered at the Post-office in St. Louis as second-class mail matter.

All remittances should be made to CHAS. H. HUGHES.

The Alienist and Neurologist is always glad to receive articles or photographs from subscribers or friends and material acceptable for publication. Address manuscripts and photographs to the *Alienist and Neurologist*. For return of non-accepted manuscript send addressed envelope and sufficient postage.

Any Comment, favorable or unfavorable, specifically set forth, is always welcome from friend or enemy or any "mouth of wisest censure."

CHAS. H. HUGHES, M. D., Editor and Publisher.

Editorial and Business Offices, 3858 W. Pine Boul.

HUGHES PRINTING Co., Printers and Binders

EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

"THE CONTINENT" records that the Canadian government, following the lead of the United States, recently prohibited the sale of intoxicating liquors in the army canteens. The liquor dealers have been making subtle attempts to restore the army grogeries, but Colonel Hughes, minister of militia, has put a quietus on the movement, stating that "the government will not act as bartender to serve drinks to fellows who are foolish enough to be addicted to the habit."

The Prussian minister of the interior has decided to add to the medical division of the ministry a department which shall be a central office for warfare against alcohol. The bureau will be under the direction of the privy medical counselor,

Dr. Abel, and will make use chiefly of literature and operate through the public schools.

Fifty-six per cent of the Swedish Reichstag are now identified with the temperance reform. Of the 128 temperance members, fifty are members of the Good Templar order and the rest are active temperance workers in other temperance societies.

CHAIR OF EUGENICS—Cambridge University, England, recently received a gift of \$100,000 from an anonymous donor to be used for the endowment of a professorship of eugenics in the University, and for supplementary studies of and experiments in heredity. The new chair is to be called the Balfour Professorship of Genetics, as the donor received his first inspiration from Mr. A. J. Balfour. The offer of a further gift for the equipment of an experimental station at the University for the use of the Balfour professor, if such shall later be deemed desirable, is also made.

INSANE IN MISSOURI (last census). Missouri shows an increase of more than 1,000 insane. In 1904 there were 5,103 mental weaklings in the hospitals of the State. In 1910 there were 6,170. In the decade closed in 1910 the population of Missouri increased, but the increase was far less proportionately than that of insanity.

THE AMERICAN ACADEMY OF MEDICINE meets at Minneapolis, Minn., June 13, 14, 15, 1913. An interesting and instructive program is offered for the instruction of the physicians, eugenists and philanthropists.

A GOOD OMEN FOR THE CHINESE REPUBLIC is that a medical man educated in America is China's first president.

Our country might do well to give the medical profession and its advice concerning a National Board of Health and a physician in the American President's cabinet, more effective consideration than it has up to date. Our Government has had at least one President of late who has approvingly considered medical men for their merits and ought to have such a ruler always living in the White House and presiding over the Nation's welfare.

A CASE FOR EARLY VASECTOMY or castration was reported in the Associated Press, April third in or near Joliet, Illinois. A precocious boy thirteen years old asking a girl of seven to marry him and being refused, stabbed her. Kids of this abnormal "proclivity to sin" should receive with their juvenile court sentence to corrective treatment, and proper surgical eugenic procedure enjoined by the court, as preliminary to final release.

The breed of such young unstable erotopaths should be cut short for the good of posterity. Similar older erotopaths likewise should receive such sentences, especially in the murderous and erotically degenerate convict class.

DORA DOXEY AND THE COURT—The Court is having much trouble getting this lady into Court on account of her inopportune relapses into sickness and inability to attend. For the ninth or tenth time in several years her case has been reset for trial on charge of bigamy, because of these frequent relapses. A better understanding of the relapsing power of an opium habitue when the opium is suddenly withdrawn from the system and the alarming symptoms which soon follow sudden withdrawal of the drug and which disappear on restoration of the drug would explain her condition to lawyers and court. A sentence of a term under due hospital restraint and treatment and then immediate trial with merciful consideration of the court, would be fairer to such unfortunates than forfeiture of bond, as was done in this case, but considerately renewed.

VISITING PRACTICE FOR MEDICAL STUDENTS, in the homes of out patients' clinics is a good suggestion coming from the Medical Era. The practice might be extended into the summer months and a few of these months added to the curriculum. This would bring back to the student some of the advantages he used to have when, under the old system, he spent at least one year at home with his preceptor, but usually two.

By this means, says the Era, the patients would receive much of the advice and supervision as to environment, etc., the need of which is often so manifest to hospital physicians. The student, on the other hand, would learn something of the art of practice, as distinguished from its science, of the difficulties of environment, bad hygiene and sanitary surroundings,

and so forth, which he will have to encounter and overcome when he has patients of his own, etc.

There should also be psychiatry for the too much neglected out patients.

CERTIFICATE IN PSYCHOLOGICAL MEDICINE IN GREAT BRITAIN.—Candidates for this must produce a certificate of having resided in an institution for the treatment of insanity (affording sufficient opportunity for the study of mental disorders) as a clinical clerk or medical officer for at least three months, or of having attended a course of lectures on insanity and the practice of an asylum (where there is clinical teaching) for a like period, or they shall give such proof of experience in lunacy as shall, in the opinion of the President, be sufficient.

The examinations are held once a year, at such times as shall be most convenient, in London, Scotland and Ireland, and are both written and oral, including the actual examination of insane patients.

ANNOUNCEMENT—The next (Three hundred and twenty-third) regular meeting of the New York Neurological Society will be held in June, 1913. Time and place to be announced later.

The May meeting will be omitted as the American Neurological Association meets in Washington, May 5, 6, 7.

American Psychopathological Society, Washington, May 8.

American Psychoanalytic Society, Washington, May 9.

Smith Ely Jelliffe, M. D., President. C. E. Atwood, M. D., Secretary, 14 East 60th St., New York.

DR. P. L. MURPHY'S PORTRAIT.—The North Carolina Medical Society has presented a handsome oil painting of the late Dr. Patrick Livingston Murphy, many years superintendent of the State Hospital at Morgantown, to the State Library.

When Dr. Murphy assumed the duties of superintendent in January, 1883, he found only the administration building and one wing with capacity for 150 patients finished—the bare building without furniture or other equipment of any kind. The outside appurtenances, in the way of garden, farm, dairy, etc., were entirely lacking and the grounds were native

woods and gullied hillsides. When he laid down his work with his life on September 11, 1907, after nearly twenty-five years of faithful service, the main building with its base line of just one mile and various other buildings, modern in structure and equipment, with a total capacity of eleven hundred patients, had been completed. The farm, garden, dairy and other outside departments were models of their kind and the grounds with their smooth, sloping lawns, beautiful shade trees, shrubs, and flowers of many varieties appealed most keenly to the sense of beauty and taste. No North Carolinian could approach the pile of massive buildings along the smooth roadway with its graceful curves winding through this scene of beauty without a feeling of pride in the fact that this splendid institution was the creation of his State. Dr. Murphy was born Oct. 23rd, 1848 and died Sept. 11th, 1907.

THE STATUS OF ASSISTANT MEDICAL OFFICERS IN MENTAL HOSPITALS is the subject of an interesting editorial in the *London Hospital*, March 8th, from which we abstract some introductory paragraphs only.

In the interests of the public the question of the status of the assistant medical officers in our large hospitals for mental diseases is one which demands immediate attention. Indeed, any possible doubt of its importance must have been completely brushed away for all who had the opportunity of reading the discussion at the quarterly meeting of the Medico-Psychological Association of Great Britain. * * * This class plays a necessary and increasingly important part in a large public service, while receiving no recognized status in keeping with its work. The burden of administration which falls upon the medical superintendent of such an institution leaves little time for purely medical work. He can in that respect do little more than act as consultant to his junior colleagues. The general medical work must fall upon the assistant medical officer. It is, therefore, essential that the service should attract and retain the best type of medical man. The work is of a highly specialized nature. It is a branch of medicine in itself, and is more and more calling for peculiar qualifications.

This is now so clearly recognized that, for example, the

Universities of Cambridge, Edinburgh, Durham, Leeds, and Manchester are instituting a diploma in Psychological Medicine.

RUPERT BLUE ON HEALTH BOARDS AND HEALTH EDUCATION—(From Chairman's Address and Oration on State Medicine before the Section on Preventive Medicine and Public Health of the American Medical Association, at the Sixty-Third Annual Session, held at Atlantic City, June, 1912.)—Much as a strong federal bureau of health is required and earnestly as we must strive for its accomplishment, the great problem lies in the improvement of the state and local health agencies, in the extension of their powers and the increase of their appropriations. The key to the solution of the problem lies in education, the simultaneous education of both the leaders and the led. The great universities are now providing for the training of competent health officers, and various public-spirited medical bodies are acting in cooperation with the sanitary authorities as teachers of the adult public. This agitation is largely the result of the continued efforts of the American Medical Association for the past sixty-five years and its wisdom is apparent, because no law can be effectively enforced which is not in accord with public sentiment. This has been conclusively demonstrated in recent years in the various campaigns for the suppression of epidemic disease in this country. Plague was not eradicated from San Francisco, in 1907, until the public had been educated by lectures and newspaper articles and their cooperation thus obtained. Similarly the yellow fever suppressive measures during the New Orleans epidemic of 1905 would have failed of the highest accomplishment, in the broadest sense, had not the public conscience been quickened by the thorough inculcation of the mosquito dogma.

Wisdom in matters medical and sanitary is profitable to State and people—the best political investment a person or people can make.

THE SANITATION OF THE PANAMA CANAL ZONE having made possible the prompt completion of that great work of engineering skill, its presiding genius (whom most people con-

sider to be Col. Goethals, but who in reality from our professional standpoint of merit is Col. Gorgas,) proposed to let the jungle there grow up from reasons of military strategy. This would have been a fatal step backward, as Dr. J. Ewing Mears has so clearly shown in the April 13th, 1912, *Medical Record*, on the part of the engineer.

Mears intimates that Goethal's proposition would prove to be a boomerang in its effect and suggests a Sanitary Park instead and "so say we all of us."

Sanitation has made the canal's building a possibility; its neglect would repopulate the cemeteries and mar the merit and utility of the canal for the world.

MISS. VAL. MED. A. will meet at the Gruenwald, New Orleans, October 23, 24, 25, 1913. The orators are Dr. Henry B. Favill, of Chicago, Medicine; Dr. Jno. A. Witherspoon, of Nashville, Memorial oration. Preventive and other medical problems of the Mississippi Valley and a Consideration of the Ductless Glands, as Relates to Infantilism, the Nervous System and its Surgical Aspect and Medical Research. Symposia also on Pediatrics, Neurologic subjects, including Industrial and Occupational Diseases, and a discussion of Blood Pressure in its Relation to Life Expectancy with a clinical discussion of its Relation to Cardio-Vascular, Cerebral and Renal Conditions, will be considered by eminent men in medicine and will constitute interesting and instructive features of this great and growing organization of the profession. A trip to Panama is contemplated after the close of regular business. Dr. Albert E. Sterne is the President, Dr. Henry Enos Tuley, Secretary, 705 South 3rd Street, Louisville, Ky.

THE PSYCHIC SHOCK THAT KILLED J. P. MORGAN—"His day was done—he knew it and he died" is the conclusion of a *Mirror* comment on what killed Mr. Morgan after Mr. Reedy's reference to the work and money trust regulation recommendation of the Pujo investigation committee. To this might be added, as additional to Mr. Morgan's paralyzed resistance to disease engendering environments, the sudden and startling political reversion to the party whose leaders, friendly to Mr. Morgan and his related interests, the defeated

party he controlled. Mr. Morgan fell as General Grant fell under the prostrating strain of unexpected shock to life's ambition, letting in invading disease, always ready as it is to attack and subjugate unto death the weak. Thus Napoleon, Europe's conquerer, fell after Moscow's defeat, Waterloo and St. Helena; as Grant succumbed after Ward's dishonorable betrayal; as Missouri's statesman, Thomas Hart Benton, fell after his political failure following his thirty years honorable career in the United States Senate; as Webster and Clay soon fell after the blasting of their political hopes and perhaps Blain later. In all walks of life profound psychic shock has to be reckoned with as a predetermining cause of destructive intercurrent disease.

IMMIGRANT PSYCHIATRY AND IATRIC PROPHYLAXIS—The paper of Dr. James V. May, of the New York State Hospital Commission, read before the last meeting of the American Medico-Psychological Association, suggested and secured the unanimous passage of the following resolutions urging Congress to provide a more thorough mental examination of immigrants by trained alienists of the United States Public Health and Marine Hospital Service.

The question as to whether causes of degeneracy in the recent immigrant existed prior to landing is solved by making aliens, who become public charges within three years, deportable unless it is shown that they are public charges from causes arising in the United States.

Deporting insane and mentally defective aliens without proper attendants is condemned. It is proposed also to fine ship companies bringing insane immigrants to this country.

INEBRIATE HOSPITALS.—Dr. F. W. Hatch, in report of the State Lunacy Commission of California, recommends the repeal of the law regarding the commitment of inebriates to state hospitals and that a special institution be provided for the care of liquor and drug addicts, also a new state hospital be established at some point in Southern California to relieve the congestion in the other state hospitals. Inebriate hospitals should be established in every state and large city for drug and liquor habitues, especially in Missouri, since so much

effort is being made to foster liquor inebriety, especially in St. Louis.

New York made a grave mistake against the welfare of that commonwealth and of thousands of its unfortunate alcoholic addicts when it converted its inebriate hospital into an insane hospital and required lunacy proceedings for admission to its insane hospitals in cases of inebriety, notwithstanding confirmed inebriety is more or less mental derangement, the product of alcoholic brain disease, functional or organic.

FIFTEEN THOUSAND mentally defective children are among the pupils in the New York schools, according to the report of Dr. Henry Goddard to the School Inquiry Committee. Here is food for reflection and action for the eugenically minded patriots of the country. What of the conjugal fruitage of this mental degeneracy and for one state of the American Union alone?

Figures similar to this elsewhere, the Jukes family record of psychic decadence and Henry Herbert Goddard's record of the Kallikak family and study in the heredity of feeble-mindedness are almost enough to justify the almost hysteric alarm of the English psychologist, Dr. Hyslop, who gives us his prophetic conclusion that the ratio of the unfit to the fit to propagate and live half a century from now will be as one to one. But fortunately the better minded of the world are getting their eugenic eyes open and are beginning to "watch out."

FOREIGNERS IN OUR COLLEGES—Among the regular students at American colleges and universities during the year 1911-12 were 4,856 from foreign lands. The constituency of this group of young men who had come to the United States to study is interesting. Naturally, we find that the neighboring countries sent many: Canada, 898; Mexico, 294; the West Indies, 698. It is gratifying to know that 549 came from China and 415 from Japan. There were 123 Filipinos, who ought to take back to their countrymen a better understanding of the United States, whether or not they acquiesce in its policies toward their native land.

The twenty-one Koreans who will return to their unfortunate land ought to be equipped to do something for its elevation.

These are all understandable. But what are 143 young Germans doing away from their own universities, popularly reputed the world's most enlightened centers of science and philosophy?—World's Work.

THE MENACE OF THE FEEBLE-MINDED has become so terrible that the English Parliament, during the last year, has been making extensive investigations with a view to adopting comprehensive legislation to stamp it out as a plague that threatens the existence of the nation. No subject before that legislative body has received more earnest attention and consideration than the mental deficiency bill and when it finally becomes a law it will probably be a fit example for other countries to follow.—Third An. Rept. State Char. Commission III.

AFTER ALL THESE YEARS OF UNSELFISH CHARITABLE ETHICS on the part of the American Medical Profession, whose code enjoins everything for the welfare of humanity, including the inhibition of the use of secret remedies, a German physician comes into this country with a secret tuberculosis turtle serum cure and sells it to a commercial stock syndicate—press report says—for an enormous sum. This serum company is to be organized in thirty-six different states under the name of the Frederick F. Friedman institutions and the turtle dispensed as a secret consumptive cure.

How about this, gentlemen of the ethical guild of the A. M. profession?

THE UNFORTUNATE VICTIMS OF THE OPIUM HABIT and of some other drug addictions deserve our commiseration and more charitable consideration from courts, juries and police.

The protecting mantle of medical charity should be over these unfortunates, in the later stages of their psychosis especially.

AN EUGENIC BILL, modeled somewhat after New York, New Jersey and Indiana similar laws, drafted by Dr. D. H. Calder, Superintendent of State Mental Hospital, Provo, Utah, was introduced by Mrs. Skoefield in the Utah Legislature in January. We hope that it is a law by this time. Under

right safe guards such a bill should be a statute of every state.

MEDICAL REASON FOR NAPOLEON'S SALE OF LOUISIANA TO THE U. S. Orator William M. Thornton, of the University of Virginia, referring at the recent Jefferson Memorial dedication to this great territorial cession to the United States in 1803, told how Napoleon lost all of the great army sent to Hayti from yellow fever and thus became convinced it would be well to sell Louisiana, believing the scourge would be encountered there likewise.

Aside from Napoleon's need of funds for military purposes and his antagonism to Great Britain, this was one of the important reasons why the great military genius gave his own consent to part with the vast territory the purchase of which St. Louis commemorates with a monument to the great Thomas Jefferson.

THE POPE IS CONVALESCENT.—Dr. Falconia, the Pope's chief physician, announces nothing remaining but a gradually improving bronchial irritation which is probably but a mild *tussis senilis* peculiar to many of his years.

This is a relief to his solicitous, faithful subjects who were, a while ago, kept in continual alarm by the startling and ridiculous press bureau announcements of almost every possible morbid implication from arterio-sclerosis to impending fatal pneumonia, persistent insomnia, Bright's disease, etc., etc. His Eminence has a right to be very ill but should not be inflicted with all the diseases of the nosological category at one and the same time.

MEDICAL PROVISION FOR AND BY INDUSTRIAL PLANTS.—It would be economical to the larger manufacturing as well as to labor interests if the Kern's Workman's Compensation Bill provided for medical first and after aid, to the injured on the factory premises. This would mean a good surgeon, a good physician and suitable hospital nurses for every large manufacturing plant, always on the ground and always at hand for any accident emergency, with consequent saving of expense of law suits and health and time of workmen and factory and

sometimes saving life. Perilous business, like armies, should have convenient and efficient medical and surgical help.

THE TURTLE SERUM.—A large illustration is given space in a Sunday newspaper of a big amphitheater audience watching, but practically seeing nothing new, while a hypodermic needle is inserting the turtle tuberculosis serum, Friedman and three white robed attendants being about the patient, who lies prone on a surgical table, although the patient might as well be sitting and the little operation which is no more than the prick of a needle done by the doctor unaided, as similar serums are injected in most tuberculosis patients by other doctors of this country.

This picture is called a demonstration of the cure. It only illustrates the common every day method of inserting a hypodermic needle (except the audience,) in vogue in every hospital and with private practitioners. This looks like press agency publicity for business advertising purposes, the commercial method of a publicity bureau.

CORRESPONDENCE

NEED OF UNIVERSITY STUDENTS TO STUDY MAN—The Editor, My dear Sir:- If I were able, I should be glad to write to every University student, who is interested in the scientific and sociologic study of man, especially criminal, pauper and defective man. I trust therefore, you will publish this letter, and I request each student to regard it as a personal letter to himself, whom I shall be pleased to help all I can, should he desire to devote his life to the fundamental study of social pathology.

I appeal to the University students to direct their attention more to the scientific study of humanity. It is a cry to "Come over into Macedonia and help us." Let the University encourage students more to take up these subjects which have been so long neglected and in which there are great opportunities to aid humanity, directly, by scientific investigation of the causes of crime, pauperism and defectiveness, in order to prevent and lessen them through knowledge gained by first-hand study of the individuals themselves.

When a student chooses for his life work, a subject in the older branches of knowledge, as physics, philosophy, philology, Greek, Latin and natural history, he finds the field somewhat well developed; but not so in more recent sociological lines of research, as criminal anthropology (criminology, shorter term), and other cognate subjects, in which there is full opportunity for mental acumen and scientific ability of the highest character, to carry out most lofty purposes.

The question may arise as to what course of study will prepare one best for such work. I would suggest the following:

1st. A two years course in psychology, especially laboratory work.

2nd. Medical studies to the extent of anatomy, physiology,

general pathology, nervous disease and insanity (especially clinical studies.)

3rd. A practical course in craniology in the laboratory.

4th. Facility in reading modern languages, especially German and French.

Thus social pathology, especially criminal anthropology, one of its branches, requires more extensive preliminary training than most subjects, for it involves the investigation of man both mentally and physically. Such training is synthetic, which in this age of specialism, is much needed. As such education is relatively new and experience in it as yet limited, it is difficult to designate a preparatory course. I have myself followed the course of study just indicated, but more extensively, especially in medical lines, but such additional preparation might not be practicable for most students.

Leaflets by the undersigned entitled, "Study of Man," explain the work more fully. I shall be glad to mail copies to any student gratis, who will send me his address. As I have said in this leaflet, "Criminals, paupers, mattoids and other defectives are social bacilli, which require as thorough scientific investigation, as the bacilli of physical diseases." I beg leave to remain, most faithfully, ARTHUR MAC DONALD.—"The Congressional," Washington, D. C., January 21, 1913.

THE MILWAUKEE SANITARIUM, (for nervous and mental diseases), Wauwatosa, Wisconsin.—Dr. Richard Dewey has secured the services of Dr. Herbert W. Powers as senior assistant physician.

Dr. Dewey continues to reside at the Sanitarium and in active personal charge of the medical service.

Dr. Powers comes from seven years successful service at the Kenilworth Sanitarium.

A MEETING OF ALIENISTS AND NEUROLOGISTS of the U. S. will be held in Chicago, June 24-27th, 1913, the week following the meeting of the American Medical Association at Minneapolis. This meeting is the outcome of a similar one held in Chicago in 1912. This meeting is to be under the auspices of the Chicago Medical Societies. Harold N. Moyer, Chairman; W. F. Mefford, Secretary.

DEAR DOCTOR:- Two years ago, with an incredulity amounting to suspicion, and with every determination to be no man's dupe, we began a searching investigation of Doctor Schafer's claims for his modified bacterial vaccines (Phylacogens). In that interval a vast mass of work has been done—in the laboratory, on animals, in the hospitals, at the bedside. Literally hundreds of discriminating physicians have administered thousands of doses of the Phylacogens for Rheumatism, Gonorrhoea, Erysipelas, Pneumonia and mixed infections. A cool, critical survey of the clinical results has convinced us that the Phylacogens possess great therapeutic power. We believe in this remarkable group of products as we believe in Antitoxin, in Adrenalin, in Pituitrin, in mercury, in quinine. Hence the great satisfaction we take in presenting to the medical profession this instructive symposium of five papers by well-known practitioners, with full discussion, reprinted from the *New York Medical Journal*.

If you are interested in the subject matter, we shall be glad to send you further literature and to answer any questions you may put to us. Very respectfully yours, Parke, Davis & Co., Detroit, Mich.

A MEDICAL STUDY OF THE ALCOHOLIC PROBLEMS.—In 1870 a number of prominent physicians and medical experts formed in New York City, The American Society for the Study of Alcohol and other Narcotics.

This was the first medical association in the world to take up the scientific study of alcoholism and inebriety, and determine from experience, laboratory studies and groupings of facts, the phenomena and diseases of spirit and drug neuroses.

The special purpose was to examine this subject above all theories and conclusions, particularly its etiological, physiological, therapeutic and medico-legal relations, also to compile and make available such studies for home, office and institutional treatment, and point out the remedies and prophylactic measures for restoration and cure.

The 42nd. annual meeting of this society was held in Washington, D. C., Dec. 10th and 11th, 1912. A large and instructive scientific program by medical men, many of them distinguish-

ed foreigners, was presented.

This meeting and the subjects discussed attracted much attention, not only from medical men, but an increasing number of laymen, who have personal interest in the great questions of alcohol and drug taking. T. D. CROTHERS.

THE ORGANIZING COMMITTEE OF THE SECOND INTERNATIONAL CONGRESS OF NEUROLOGY, PSYCHIATRY AND PSYCHOLOGY—Prof. Dr. Dubois, (Berne) President—Prof. Dr. v. Monakow, (Zurich), Dr. P.-L. Ladame, (Geneva), Vice-Presidents;—P.-D. Dr. R. Bing, (Bale), Substitute—P.-D. Dr. L. Schnyder, (Berne), P.-D. Dr. O. Veraguth, (Zurich), Secretaries; to meet in Berne, Switzerland, Sept. prox., first days, sent out to members of the late Amsterdam Congress the following questions:

I. Do you acknowledge for the Congress of Amsterdam of 1907 the title of First International Congress of Neurology, Psychiatry, Psychology and of Nursing of the Insane, taking the point of view of the Dutch Society of Psychiatry and Neurology, and in consideration that this point of view has been sanctioned by the Congress of 1907?

II. Will you intrust to the Swiss Society of Neurology the care of organizing the Second Congress of Neurology, Psychiatry and Psychology which would take place at Berne in the month of September, 1914?

It seems to them that these two questions might be discussed in the heart of the Committees without it being necessary to call together the members of the Society. They ask to receive a prompt answer to these two questions.

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

NERVOUS AND MENTAL DISEASE MONOGRAPH SERIES No. 14. GENERAL PARESIS by Professor Emil Kraepelin of Munich. Nervous and Mental Disease Publishing Co., New York, 1913.

The name of the distinguished author of this Monograph is sufficient commendation of its merit. It is well translated and edited. The illustrations are properly given of the text and plentiful for the author's purpose of correct elucidation. Price, three dollars.

THE ADVANCEMENT OF PSYCHOLOGICAL MEDICINE by Frederic Lyman Wells, Ph.D., from the Popular Science Monthly, January, 1913.

THE INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY. Mary A. Spink, M. D., Indianapolis. From Indiana Bulletin of Charities and Corrections, December, 1912.

SPINAL ANALGESIA—DEVELOPMENT AND PRESENT STATUS OF THE METHOD with brief summary of personal experience in 1,065 cases by William Seaman Bainbridge, Sc.D., M.D., New York. From the Journal of the American Medical Association, November 23, 1912, Vol. LIX, pp. 1855-1859.

THE CLINICAL CONGRESS OF THE SURGEONS OF NORTH AMERICA.—This is a review of the Third Annual Session, held in New York, November 11 to 16, 1912. By Samuel W. Kelley, M. D., LL. D., Cleveland, Ohio; Honorary Professor Surgical Diseases of Children, Medical Department of the National University of St. Louis; Pediatrician and Orthopedist, St. Luke's Hospital, Cleveland; Author, "Surgical Diseases

of Children." From the American Journal of Clinical Medicine, January, 1913.

TWENTY-SECOND ANNUAL REPORT of the Rochester State Hospital at Rochester, N. Y. to the State Hospital Commission for the year ending September 30, 1912.

REPORT OF THE COMMITTEE ON PREVENTION OF BLINDNESS of the Council on Health and Public Instruction of the American Medical Association made at the Atlantic City Session, A. M. A., June 4 to 7, 1912.

COLLEGE OF PHYSICIANS of Pittsburg, Pennsylvania. Symposium on the Use of Phylacogens (Modified Bacterial Derivatives), Session of April 25, 1912. An interesting discussion for practicing physicians.

BETTERMENT OF LIFE INSURANCE SERVICE from proceedings of the sixth annual meeting of the Association of Life Insurance Presidents, containing many valuable suggestions for insurance for physicians, policy holders and legislators.

SIGHT SAVING AS A NATIONAL MOVEMENT by F. Park Lewis, M. D., President of the American Society for the Conservation of Vision, Buffalo, N. Y. (Read by invitation in the Section on Eye, Ear, Nose and Throat Diseases of the Medical Society of the State of Pennsylvania, Scranton Session, September 24, 1912.) From the Pennsylvania Medical Journal, January, 1913.

THE POSSIBLE FUNCTIONS OF THE LIFE INSURANCE COMPANY in the Conservation of Health. By Eugene Lyman Fisk, M. D., Medical Director Postal Life Insurance Company, New York. Address delivered before the Section on Social and Economic Science, American Association for the Advancement of Science, Cleveland, O., January, 3.

READY FOR DISTRIBUTION—"Carbohydrates in Infant Feeding" is now being mailed to every physician in the United

States whose address is given in the National Directories. Physicians who have recently changed their location or whose address does not appear in the professional directories may secure a copy of this brochure upon request, as a certain number of extra copies will be held for a brief period in order that no one may be disappointed. Please make request promptly. Mellin's Food Company, Boston, Mass.

CONTRACTURE OF THE NECK OF THE BLADDER, by Charles H. Chetwood, M. D., Professor of Genito-Urinary Surgery, New York Polyclinic Medical School and Hospital, etc. From *The Journal of the American Medical Association*.

STARR ON ORGANIC AND FUNCTIONAL NERVOUS DISEASES—A Text-Book of Neurology. By M. Allen Starr, M. D., Ph. D., LL. D., Sc. D., Professor of Neurology, College of Physicians and Surgeons, New York. Fourth edition, enlarged and thoroughly revised. Octavo, 970 pages, with 323 engravings and 30 plates in colors or monochrome. Cloth, \$6.00, net. Lea & Febinger, Philadelphia and New York, 1913.

In its early editions Professor Starr's work won a leading place both as a text-book for students and as a guide for practitioners, and the author has spared no effort to keep it in the forefront by a thorough revision as each new edition was demanded. Its position is so well known that little need be said beyond mentioning the changes and improvements in this new issue. It has been rearranged so as to present its subjects in a still more convenient order and to accommodate the double space allotted to the functional diseases. Everything new and approved in neurology has been introduced, several chapters have been wholly rewritten, subjects of recently recognized importance, such as pellagra, have been discussed and particularly valuable new chapters on headaches and disorders of sleep and other new features have been added. This single volume is a complete presentation of Neurology, suitable for readers of all classes, whether undergraduate or practising. It opens with anatomy and general diagnosis, and then covers the whole field of organic and functional diseases, and those of the sympathetic system especially. Prof. Starr's eminent

position and extensive clinical experience attest the value of this excellent book.

THE TECHNICAL SUPPLEMENT OF THE UROLOGIC AND CUTANEOUS REVIEW publication office, 3700 Morgan Street, St. Louis, Mo., U. S. A. Edited by Martin Brothers (S. C. & C. M.) and filled with indispensable reading matter from home and foreign sources and unique illustrations of famous faces and pathologic demonstration in its special field ought to be in every library and on every practicing physician's table, especially such as work or study on uro-cutaneous lines.

THE FIFTY-EIGHTH REPORT OF THE BOARD OF EDUCATION of the City of St. Louis is a document of enlightenment in the line of unavailed public utility of the public school buildings which should be read, pondered and utilized in its wise and intelligent suggestions for the welfare of the child and oncoming citizen, by everyone having the welfare of our children and country at heart.

The illustrations and comments therein are especial features in line with the motto on our state escutchen, "salus populi suprema lex esto."

GENESIS, a manual for the instruction of children in matters sexual for the use of parents, teachers, physicians and ministers by B. S. Talmy, M. D., former Pathologist to the Mothers' and Babies' Hospital and Gynecologist to the Yorkville Hospital, New York, with nineteen cuts, forty-seven drawings in the text. Price \$1.50. The Practitioners' Publishing Co., New York, 12 W. 123rd Street.

A valuable, indispensable book as all physicians who read it (and all should) must recognize. Instructors of the youth of both sexes should read it and ponder as to how best and when to impart the knowledge of its pages. There is a stage of young life where ignorance is bliss and likewise times and places when and where ignorance is perilous. Pure innocence in child life, short of peril to the child, is to be fostered. It is possible to instruct too soon and too much.

There is preferably a time of guardianship. We should,

as Foerster of Zurich says, be cautious in this matter. Premature instruction is dangerous to normal sexual purity.

We must go slow in imparting sex instruction as Waldo Coe enjoins. Character training is the thing and exclusion from contamination of our children by lascivious nurses and the few little lecherous buds of human plants in whom lasciviousness and life below the diaphragm is to them about all there is of living that might come in contact with pure children.

We can instruct our children, even though quite young, that nude contact with any of the opposite sex is dangerous, because of the fear of loathesome disease peculiar to many. The prenuptial certificate of bodily freedom from disease would also be a wise eugenic foundation for delicately imparting sex protective knowledge and conservative precautionary thought.

THE TRAINING SCHOOL, at Vineland, New Jersey, should be read by every eugenicist and neurologist. Following is contents of January Number:

Humanity, Sa'di of Shiraz; Medical Research at The Training School, William J. Hickson; Laboratory Equipment, E. A. Doll; Bio-Chemical Literature—Review, Amos W. Peters; Mental Tests at the Mental Hygiene Congress, E. A. Doll; From the Field; Notes; Review.

A PRACTICAL DEVICE TO SIMULATE THE WORKING OF NERVOUS DISCHARGES by S. Bent Russell, M. Am. Soc. C. E., St. Louis, Missouri. From the Journal of Animal Behavior, January and February.

JUDICIAL HISTORY OF THE STATES, TERRITORIES AND PROVINCES OF NORTH AMERICA.—The work will be edited by Clark Bell, Esq., of the Bar of New York City, and this volume 3, initiated in the closing months of the last four decades of his work since he assumed the Presidency of the Medico-Legal Society in the fall of 1872, and the editorship of the Medico-Legal Journal, June 1, 1883. Address orders and subscriptions for Vols., Parts or Single States to The Medico-Legal Journal, Publisher, 39 Broadway, New York City.

SENATE MEMORIAL relating to the Conservation of Human Life as contemplated by bill (S. 1) providing for a United States Public Health Service, prepared by Prof. Irving Fisher of Yale University, President of the committee of one hundred on national health, assisted by Miss Emily F. Robbins of New York City, executive secretary of the committee. Presented by Mr. Owen.

A department of Public Health with its chief in the President's cabinet is quite as important as any other of the nation's departments of state. It would be "more than armies for the public weal."

EXPERIENCE WITH VANADIUM IN TUBERCULOSIS by William Franklin Harpel, A. M., M. D., Chicago, Ill. Reprinted from *The Journal of the American Institute of Homoeopathy*.

Recently a metal regarded as having no medicinal properties has been proving its therapeutic worth. It is vanadium, discovered by del Rio, re-discovered by Sefstrom, a Swedish chemist, in 1830 and named by him in honor of Vanadis, the Icelandic name of the mythological goddess Freyja.

As French, Belgian and German physicians who have used vanadium noted only good effects, he made a study of its action and became convinced that a powerful ally in the war on tuberculosis has been secured and gives his experience, considering it as a purveyor and impartor of oxygen. This paper must be read in extenso to be fully appreciated.

THE MEDICAL REVIEW and the Medical Era have consolidated to make a better Medical Review, say the publishers, and while both were good we concur that the two fused into one are likely to be better.

We are sorry with the editors of the newly blended Review that the Era ceases to exist, but it has truly not lived in vain, and in passing out of existence it is useful, for it gives its strength to the Medical Review.

NERVOUS AND MENTAL DISEASES for students and practitioners by Charles S. Potts, M. D., professor of neurology in

the Medico-Chirurgical College of Philadelphia, neurologist to the Philadelphia Hospital, formerly associate in neurology in the University of Pennsylvania. Third edition, revised and enlarged, illustrated with 141 engravings and six plates. Lea & Febiger, Philadelphia and New York, 1913.

Another revised and up to date volume of this excellent neurological manual with its fluent text and ample illustrations, is before us. We can not do more nor justly do less, than heartily commend it, as we have done the preceding volume. Its possession will well repay the purchaser. We congratulate the author and publisher upon giving to the medical profession so valuable a book. A book of enlightenment to all who may read.

The discussion and illustration of a nerve fourteen days after injury (osmic acid stained) will especially interest certain skeptical railway surgeons who too often unjustly contest conclusions of neurologists as to the gravity of nerve injury sequences in nerves after accidents, even when external solutions of continuity of texture are not markedly manifest. See page 32 also page 31.

CONTRIBUTION TO THE SURGERY OF BONES, JOINTS AND TENDONS by John B. Murphy, A. M., M. D., LL. D., Chicago, President of the American Medical Association from the Journal of the American Medical Association. Will interest and instruct all surgeons. Dr. Murphy has unique surgical genius and has "sought out" and accomplished many valuable inventions of which the Murphy button is not the least and all are valuable. This valuable brochure should appear in book form flatly bound and not sent out in a roll. The illustrations are many and the text attractive and enlightening.

THE INITIATIVE AND REFERENDUM, the latest publication issued by the National Economic League, 6 Beacon Street, Boston, Mass. Price bound in cloth, fifty cents. Price in paper cover, twenty-five cents. Contains arguments for and against the Initiative and Referendum by Robert L. Owen and George Southerland, both senators, and others. The best argument for

both sides of this important question from the best sources are presented in this interesting treatise on this important question of our time.

AN ATLAS OF THE DIFFERENTIAL DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM, Analytical and Semeiological Neurological Charts by Henry Hunn, M. D., Professor of the Diseases of the Nervous System in the Albany Medical College, member of the Association of American Physicians, The American Neurological Association, etc., author of "Syllabus of a course of lectures on the diseases of the nervous system", etc. The Southworth Company, Publishers, Troy, New York, 1913.

"The peculiar characteristic of this book on diagnosis as the author truly says in this excellent introduction, is that it gives to the student or physician a key by which, in a comparatively easy manner from one or more important symptoms, he can arrive at a diagnosis. It also has the advantage that it divides the diseases into groups, the members of which have a definite relationship with each other, so that in the process of using the charts the student is constantly catching glimpses of the natural relationships between the different diseases of the nervous system. Although the symptoms of different diseases have often been contrasted in tables of parallel columns, in no other book, has the subject been presented as it is here, and this is the author's excuse for publishing it and the excuse is a good one. There is no model which could be followed in preparing it. But no apology need be made for any page in this book. It is painstaking and thorough, evincing knowledge and love for the great subject the author here presents.

The author's capacity and knowledge for the task he has undertaken and performed so well, none dare dispute. Only a devotee could have performed the great task so thoroughly. The book is indispensable to the neurologic diagnostician. The book is lovingly and worthily dedicated to his father, likewise a physician of merit, wisdom and knowledge. The illustrations are unique and enlightening, especially as to focal lesions of the brain and spinal cord.

SION.—Before us is a pamphlet containing a message on Public Health, to the New York Legislature by Governor William Sulzer. The message also transmits a report by the Governor's special public health commission, contained in the pamphlet. This commission was appointed by Governor Sulzer January 10th, 1913, for the purpose of collecting facts, receiving suggestions and making such recommendations as may seem fitting with regard to what changes, if any, are at this time advisable in the laws of this state relating to and affecting public health, and in public health administration.

This is a good and eugenically hopeful awakening of our day and of this particular State Governor, to the enlightened health and life saving demand of modern scientifically enlightened duty to the welfare of the people. "Salus populi suprema lex esto" is the motto on the shield of one of the best States, Missouri, which New York, through the present enlightened Chief Executive well appreciates, through this example for emulation by all Governors.

THE SURGICAL TREATMENT OF BRIGHT'S DISEASE by Dr. Geo. M. Edebohls, an eminent surgeon of New York City, published by Lisieki (Frank F.,) of Murray Street, New York, is a remarkable book in whose author's conclusion we do not fully concur, but which is well worth the reading by all surgeons, renal surgeons especially. It is suitably illustrated. The text entertainingly presented. The author plausibly, but not convincingly, advocates decapsulation for Bright's disease. In fact, the author offers "the first formal proposition to treat chronic Bright's disease by decapsulation of the kidneys."

SURGERY, GYNECOLOGY AND OBSTETRICS, official Journal of the Clinical Congress of Surgeons of North America, a magazine of surgery. Franklin H. Martin, M. D., Managing Editor, Allen B. Kanavel, M. D., Associate Editor.

With the February number of Surgery, Gynecology and Obstetrics, was issued the first number of the International Abstract of Surgery. The addition of the new publication

doubles the size of the older magazine and likewise the cost of producing it.

This is the first serious attempt to publish in English a complete, comprehensive and authoritative review and index of the surgical literature of the world. We appreciate the magnitude of the task undertaken and bespeak due appreciation and cooperative support of the profession for this great undertaking.

The publishers have entered into agreements with the editors and publishers of the three most important abstract journals of France and Germany, whereby there is to be an exchange of material, under which arrangement the publishers are to furnish these journals with abstracts of worthy contributions appearing in American and English journals and are to receive from them abstracts of articles appearing in foreign publications.

DR. HELEN C. PUTNAM has dedicated her forthcoming book "School Janitors and Health," to the American Association for Study and Prevention of Infant Mortality, as follows: "The surest prevention on the largest scale is to develop through public schools potential fathers and mothers with wholesome bodies, minds and ideals."

This book is a popular discussion of standardizing details by instruments of precision, with training schools and civil service testing and sanitary care of school premises. It discusses existing details of school housekeeping of importance to school physicians and nurses, teachers and parents. Price \$1.00 postpaid. For special rates address the publishers. American Academy of Medicine Press, 52 North Fourth Street, Easton, Pa.

SCHOOL LIFE AND NERVOUS DISEASES OF CHILDREN, by John Puntton, A.M., M. D., Kansas City, Mo.

Among the evolutionary changes incident to modern medical progress none are more conspicuous and striking than the attitude assumed toward the study of nervous diseases of children. Formerly when a child was sick the family physician was called upon to prescribe solely for the disease,

but medical advice concerning its prevention, much less the management and training of the child was neither sought nor welcomed.

Today, however, this attitude is rapidly changing and the public are beginning to learn that morality is largely a question of health, temperament, environment and education and that vice depends to a large extent upon disease, hereditary or acquired. Moreover pedagogists are beginning to learn that education concerns the development of the whole man, his mental, moral and physical powers and capacities, beside the recognition and correction of any abnormal or pathological tendencies which may even seem to lean toward his social degeneracy. The medical aspect of education and more especially the medical inspection of our public schools therefore marks a new era in the progress of civilization, for it has already emphasized the wisdom of enforcing preventive measures against the further spread of contagious and infectious diseases, beside disclosing the marked prevalence of both congenital and acquired nervous defects among the pupils of our public schools, which require immediate attention.

Introductory to paper read before the Jackson County Medical Society at Kansas City, Mo.

This is a good and timely subject for parents, pedagogues and physicians at this perilous time when brain failure, enfeeblement and degeneracy are becoming so manifest in so many of our school children and schools for the feeble minded are multiplying in the land.

THE LAST ILLNESS OF NAPOLEON.—“The interminable controversy regarding the nature of the illness to which Napoleon Bonaparte succumbed on May 5th, 1821, has been opened afresh by the publication of Dr. Arnold Chaplin's book. It must be confessed that the records of the captivity do not form pleasant reading for British readers, and to us as medical men the chapters dealing with the illness and treatment of the august prisoner bring little comfort. Even when we bear in mind the comparatively limited resources of medicine in Napoleon's day it is impossible to resist the conviction that the provision made for his care and treatment was far from adequate. The

opinions of the various attendants who were in turn assigned to Napoleon were throughout influenced more by political considerations than by such scientific knowledge as they possessed, and the prospect of their own professional advancement was too often allowed to override the interests of their patient.

For his facts Dr. Chaplin has relied on the "Lowe Papers" in the British Museum, which contain the daily reports of the physicians responsible for the treatment of the patient, and it appears to us that he has brought forward sufficient evidence in support of his thesis that the gastric cancer which eventually proved fatal was engrafted on a chronic ulcer of the stomach.

Professor Author Keith has investigated afresh the specimens in the Hunterian collection of the Royal College of Surgeons, which are alleged to have been surreptitiously removed at the post-mortem examination at St. Helena, and presented by O'Meara to Sir Astley Cooper. In spite of professor Keith's able argument there is still room for doubt as to the authenticity of these relics, but if they are genuine the microscopic evidence which he has produced throws valuable light on the nature of the early symptoms of Napoleon's last illness and does something to rehabilitate the sorely battered clinical reputations of O'Meara, Stokes and Antommarchi.

The illness and death of Napoleon Bonaparte (London: Hirschfeld Bros., Ltd., 1913.) *Edinburgh Medical Journal*, Editorial Notes.

DAS SKAPHOIDE SCHULTERBLATT und sein klinische Bedeutung für die Prognose der Lebensdauer,

Von Dr. V. Kollert, Aspiranten der Klinik. Wein und Leipzig. Wilhelm Braumüller, k. u. k., Hof- und Universitäts-Buchhändler, 1912.

Separat Abdruck aus der Wiener klinischen Wochenschrift, Organ der k. k. Gesellschaft der Ärzte in Wien, XXV Jahrgang, Nr. 51.

Aus dem pathologisch-anatomischen Institute in Wien (Hofrat A. Weichselbaum) und der II medizinischen Klinik (Weil. Hofrat E. V. Neusser; derzeitiger Leiter Professor W. Turk.)

All this concerns a discussion of Dr. W. W. Grave's interesting and instructive original contribution on the scaphoid scapula in diagnosis and prognosis.

It is gratifying to the editor of the *Alienist and Neurologist* to note that St. Louis neurological research workers like Graves and Chaddock are appreciated enough to be discussed in German neurological literature. Chaddock's external Malleolar sign has already been noticed in this magazine.

SAVING TIME AND KILLING MEN.—Every day during the last quarter century 181 persons have been killed or injured on the railroads of America—nearly eight every hour or one every seven minutes. For the twenty-four years covered by the statistics of the Interstate Commerce Commission, 188,037 persons were killed and 1,395,618 injured. "The ravages of war pale into insignificance before these silent indications of the destruction of human life accompanying the peaceful operation of our railroads" is the comment, not of some careless "muckraker," but of the Commerce Commissioner charged with the enforcement of the Federal Accident Law, Charles C. McChord.

This needless loss of life is due to several causes, some of which Congress could eliminate. For instance, the weakness of the train-order system of operating trains, as disclosed in official investigations, gave rise to the demand that the block-signal system be made compulsory. This was in 1903 and Congress has yet to act. Further to eliminate the personal equation, and as a result of an inquiry ordered by Congress, the Interstate Commerce Commission reported that "the use of automatic train stops is necessary to the safety of trains." Congress has merely pigeonholed this report and recommendation. But the responsibility rests primarily with railroad officials. Amazing in this regard, is the public statement of Commissioner McChord, giving this as the underlying cause for railroad disasters:

"Rules have been violated with impunity, with the full knowledge of officials whose duty it was to enforce them, and disciplinary measures have been applied only in cases where disaster has followed disobedience." Again, "When-

ever it becomes the unwritten law on a railroad that schedules must be maintained and trains moved over the road regardless of rules that have been enacted to secure safety, the conditions of disaster on that road are ever present and its managers are gambling with fate."

The best additional assurance for railway travel safety is an unvarying eight hour shift, in so far as may be practicable, longer retention of good experienced employees in road and telegraph operator service and pay and rest enough to sustain the vital energies of all employees and absolutely enforced sobriety both while on and off duty. Impaired vitality either through inebriety, loss of sleep or inadequate food, or normal rest deprivation is bad, cruel and unprofitable management.

The human machine and its capacity for best service should be hygienically considered. The welfare of the men is as important as the repair of the road bed, rails and machinery.

The best and most profitable service is the best possible power and experience and judgment; proficiency in service in good health after they have become efficient is better economy than discharging them for kids and novices whenever they ask for better pay.

Superintendents and other managers should think of the men and their outpaying nerve and body energy as well as of earnings and dividends. Economy in railway management should not be considered to be exclusively financial showing on the bond and stock market but it should also include personal safety of travellers and employees. Conservation of health and life is quite as essential as right repair and building in inanimate machinery.

WHITE & JELLIFFE ON THE MODERN TREATMENT OF NERVOUS AND MENTAL DISEASES, VOL. I.—Published by Lea & Febiger, Nos. 706, 708 and 710 Sansom St., Philadelphia, Pa.

The publishers justly call attention to the fact that insanity and idiocy are increasing in some of the States faster than the population, and that a very large percentage of the feeble-minded men and women are not properly cared for

and procreate mentally deficient children, and to the great importance and timeliness of a work dealing with the problems involved in this situation becomes at once apparent. These volumes go fully into the most modern medical phases of the issues under discussion, they devote a large amount of space to the broader question of prophylaxis, which is obviously the department where the greatest and most far-reaching results can be attained. This work marks a new departure in giving full consideration to such subjects as Eugenics and Heredity in Nervous and Mental Diseases, Education, Sexual Problems, Educational Treatment of the Feeble-Minded, Delinquency and Crime, Immigration and the Mixture of Races, Alcoholism and the Alcoholic Psychoses. It takes up the treatment of the various forms of nervous and mental diseases, and discusses them conjointly, for the authors and editors regard the nervous system "as inclusive of the mind." It exhibits throughout the most modern points of view, and the most advanced methods for handling these cases. This valuable book is of prime interest, not only to all medical men, but to all hygienists, government, State and municipal officials, legislators, military men, social welfare workers, charity organizations, and all eugenists and philanthropists, and to courts, juries and attorneys. The authors and editors are both eminent and capable as well as the American and British authors whom they have included in this valuable volume.

MORTALITY IN MANITOU, COLORADO.—Compiled by Dr. B. B. Creighton, City Physician.

The total number of non-residents at death (55.5 per cent) were under 60 years of age and average 44 years, 6 months; 7.4 per cent were above 60 and below 70 and averaged 64 years; 22.22 per cent were above 70 and below 80 and averaged 73 years, 1 month; 7.4 per cent were above 80 and averaged 83 years.

Among adult residents at death 46 per cent were under 60 years; 54 per cent over 60 years. 17.07 per cent were between 60 and 70; 25.58 per cent between 70 and 80; and 11.25 per cent were over 80. Those between 60 and 70 averaged 65.2 years; those between 70 and 80 averaged 76 years, $2\frac{1}{4}$ months; those over 80 averaged 82 years 3 and 1:8 months.

The average duration of residence of non-residents was $3\frac{1}{2}$ months.

The average duration of residence of residents of all ages excluding only the first two weeks of life was found to be 19.7 years.

Number of cases of typhoid among residents, none. Number deaths, none. Per cent deaths, 0.00.

Number of deaths from all contagious diseases both resident and non-resident, none.

Number of deaths in children of school age from all causes, 1; due to organic heart disease. Percentage of deaths occurring in five years among children of school age, compared with total number of deaths, 3-4 of 1 per cent. Percentage per annum, .3-20 of 1 per cent; as compared with number of children of school age per annum, 1-20 of 1 per cent.

Number of deaths in children under six years of age, both resident and non-resident (except classed as inanition, in first two weeks of life,) 4; one of meningitis at 3 years, 8 months; 2 of gastroenteritis at five months and eleven months, respectively; and one of enterocolitis at four months.

Total annual death rate, including resident and non-resident and tubercular, 13 per M.

Total annual death rate, excluding tubercular, 8 per M.

Total annual death rate among residents, $4\frac{1}{2}$ per M.

The term paralysis is used to include all cases resulting in paralysis.

Of seven deaths from pneumonia among residents at an average age of $62\frac{1}{2}$ years, two were tubercular, had come to Manitou for their health where their average duration of stay was $6\frac{1}{2}$ years.

(The percentage of mortality from tuberculosis among non-residents, could not well be shown.) No typhoid cases except imported.

The mortality rate in five years from all contagious diseases, both resident and non-resident equalling 0.00 per cent, speaks for itself.

The marked purity of water and milk supply is emphasized by the fact that not a single case of typhoid fever occurred in five years among residents. Hence, percentage

of mortality of residents from typhoid fever was 0.00. The only cases of typhoid occurring in Manitou were imported, i. e. were found in migratory cases within the period of incubation of the disease, three weeks from the time of leaving the place of infection.

The total absence of malarial infection; the only cases of malaria were either directly imported or were cases of recrudescence shortly after arrival;

The immunity against tuberculosis is extraordinary. No case of tuberculosis has originated in Manitou in five years;

Notwithstanding the altitude of 6,300 feet, which is considered a factor in the production of Bright's disease, marked freedom from all forms of nephritis exists as shown by low percentage, .22 per cent.

The remarkably large proportion in the number of residents over seventy (15.28 per cent) and their high general average duration of life, equalling 76 years, 2¼ months;

And the exceedingly low annual death rate among residents, 4½ per thousand.—Vital Statistics Report of Health Office—Creighton.

Something to think about

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Physicians are in a position to appreciate all this, and that they do so is shown by their extensive employment of Mellin's Food—a product of known composition, that can be used with perfect confidence.

The making of Mellin's Food is something more than an ordinary business, because Mellin's Food has to do with the feeding of infants—a most important



THE
ALIENIST AND NEUROLOGIST

VOL. XXXIV.

ST. LOUIS, AUGUST, 1913.

No. 3.

NOTES ON THE HISTORY OF PSYCHIATRY.
IX.*

BY SMITH ELY JELLIFFE, M. D., PH. D.

New York.

Adjunct Professor of Diseases of the Mind and Nervous
System. Post-Graduate Hospital and
Medical School.

THE present communication contains the final installment of the translation of Falk's *Psychiatry of the Ancients*. This brings to a close a rather hastily thrown together translation, but inasmuch as it was my object to make the material available to non-German reading students, rather than to spend time upon literary or philological form, its many inadequacies may be overlooked.

I purpose a continuation of the translation of Friedreich, chapters from which have already appeared and also some notes of the psychiatry of the Middle Ages. This period has been neglected by nearly all historical students. Snell and Monkmöller alone have made real contributions.

"Aretaeus was also the first to emphasize that imbecility may develop after frequent or long persisting attacks of mania and melancholy, and after many years of epilepsy. It is surprising that neither Hippocrates, Asclepiades nor Celsus

*Continued from February Number.

have mentioned this. Only the words of Aristotle can perhaps be explained in that sense. If we read their statements about the outcome of those diseases we receive the impression that, whenever death or suicide did not interrupt their course, restoration of the mental functions took place, although first after long continued treatment and without security of relapse. Aretaeus now called attention to the unfortunate consequences to the reasoning faculty which may arise out of mania and melancholy. Hippocrates had also described feeble mindedness (perhaps congenital) but without making it clear whether he classed it with melancholia and mania. The relation of these processes did not escape Plato. Furthermore, it is not always possible to know if the successors of Aretaeus, when speaking of the stupidity and apathy so common in melancholia, in reality had in mind apathetic imbecility or only the stupid melancholic form. I wish to point out once more that Aretaeus regarded senile delusion, manifesting itself chiefly in stupidity, as incurable, and that according to the majority of the authors the cases which occur during adolescence, as melancholy often does, have a more favorable prognosis. The ancient authors do not speak of insanity in infancy with exception of congenital imbecility.

Regarding the therapy of mental diseases the philosophers of oldest times, and later Plato, held that mental occupation, namely with music and the noble sciences, particularly philosophy, in conjunction with bodily exercise is the best means for protecting body and mind from disease. Later Oribasius laid down some excellent educational rules. We do not find any psychic remedies for the treatment of the developed psychopathies from the beginning of medical history from Hippocrates up to Asclepiades. He gave the first right points of view for a psychic treatment. If Damerow in the previously mentioned review means that the merit of Asclepiades lies in his saying what common sense ought to understand, I like to contrast it with the statement that, in the first place, "common sense was not unknown to his predecessors," and that in the second place "his so obvious advice" has long been forgotten.

Celsus employed psychic remedies extensively, though

always as adjuvants to the somatic treatment which in his opinion was the essential. Caelius Aurelianus was the first to recognize the equal importance of the two methods and the necessity of skilfull combination; he gives therapeutic instructions which surprise us greatly through the prudence, experience and humanity which speak out of them, whereas Aretaeus and Galen, who did not attribute mental diseases to psychic causes, used purely somatic measures. Even the later and latest successors of Caelius could not rise to the sublimity of his point of view. We find no useful remarks concerning the criterion of recovery.

Among the somatic cures hellebore plays a great part. Being a laxative it found frequent application on the assumption that many forms of mental disease, especially hypochondria, had their source in the abdomen, and was moreover recommended for the derivation of injurious fluids from the brain, and as an emetic. This remedy has now disappeared, not only from the domain of psychiatry, but from our *materia medica*. However, in the narcotic remedies which later on have been praised not only as hypnotics, but as direct cures in mental disturbances, we have a group of substances whose healing effect in this field is not undervalued up to the present day. About external remedies we learn that blistering, which was highly esteemed in antiquity, was also recommended for mental diseases. Every nerve specialist will approve of this. Asclepiades tried to induce sleep with cold sponge baths and friction. Local counter irritation was not as heroic as at the present time. Vesication, cupping and leeches were applied directly to the head, because near to the suffering organ. Asclepiades did not approve of this procedure and he also fought the extensive use of bleeding advocated by all except by him and Caelius Aurelianus. Cold applications, bleeding and sometimes mineral waters were employed out of similar theoretical suppositions as the hellebore cure. Among others Celsus and Aurelianus believed that they could reach the brain with smelling remedies and injections into the ear. If some body disease was recognized as the cause of insanity its treatment was not omitted. The diet, which in the entire therapy of the ancients held the first place, was

naturally not neglected in mental diseases. Most of them, acting on the assumption of an irritable condition of the brain, advised a restriction of the diet.

Caelius Aurelianus emphasized that moderation was necessary in restricting the diet as well as in allowing wine and other stimulants. Regulation of diet, almost without any use of medicine, was accorded the first place in the treatment of mental conditions by Hippocrates. To mitigate the irritation which acts upon the brain he advised, especially at the beginning and height of the disease, rest of body and mind, whereby the transition to the really psychic treatment has been made. We have already sufficiently given our opinion of the psychic remedies advocated by Celsus and Aurelianus and of the statements of the ancients about coercive measures. In this relation Caelius has left behind valuable instructions, remarkable in their freedom from all extremes.

I like to mention again that Celsus attempted to cure refusal of food by psychic measures as he let the patients enjoy the sight of feasters. But it is not mentioned whether he and his followers were successful.

Although in the psychiatry of the ancients, as in all medical studies, the therapy was considered the ultimate aim, we nevertheless miss in their writings one indispensable stipulation which in many cases suffices to bring about a cure, namely the removal of the patients from their accustomed surroundings, as is best done by removal to a sanitarium. From the information gathered from medical and non-medical writers of antiquity, as well as other authorities of these times it is clear that the ancients had no hospitals. Their establishment commences with the beginning of the Christian era. Thus we find nowhere a hint of the existence of asylums appointed to the cure or treatment of the mentally diseased. (Compare Hecker, *Geschichte der Heilkunde*, II, pg. 285, and Haeser, *Geschichte christlicher Krankenflüge u. Pflegeschäften*, pg. 1-8.) These authors bring forth that the residence of the patients near the Aesculapian temple in former times, and the Valetudinarien of the Romans cannot be compared with the present sanatoria.

We read on one hand in Plato, that one ought not to let the maniacal into the street alone, and on the other hand, Caelius explains with great care how necessary it is to isolate the patient from his troublesome surroundings, and describes even with exactness the arrangement of the separate infirmary. But at all events only the wealthy could afford such an arrangement. In view of the lack of proper isolation of the patients it is remarkable that such good results were obtained, and I can offer no explanation unless we assume (which the facts do not warrant) that the ultimate results were poorer than at the present time. Nor have we any reason to believe that the mental diseases appeared in a milder form and did not require such drastic measures as the removal of the patient from his accustomed surroundings.

The question of the lack of asylums during ancient times is further of interest as it leaves us in doubt as to the means by which the ancients gathered their knowledge of the course, prognosis and treatment of mental diseases. Nobody can deny that accurate observation of such patients is only possible in institutions. We can, however, not measure their knowledge of psychiatry by the incompleteness of their writings. They have certainly enriched our knowledge of mental diseases, and, as I have endeavored to bring out, the writers following Hippocrates have not only comprehended the general characteristics but also special symptoms. That Hippocrates nowhere enters into detailed descriptions is a peculiarity of the School of Cos. The adherents of that school have only endeavored to develop the general characters and to build up rules on these. This is clearly in contrast to the present methods of clinical examination. I like to remark here that Hippocrates and some of his contemporaries opposed the physicians of the Cnidus School and opened a controversy with them on the writing. *περι διατη οζεων* (Littre's luminous description, *Argument du regime dans les maladies aigues*, Edition des Oeuvres d'Hippocrates.—) If the experience of Aretaeus, Caelius and Alexander now surprise us, how much more instructive would their writings be if they had been able to illustrate their theories and observations with more detailed case histories. Such histories as we possess,

and which relate to mental diseases, are too short and incomplete and can only be regarded as curiosities.

It is perhaps the special merit of the reformers of psychiatry (I do not think that Pinel, Langerman and others studied the ancients) of later times that they have quite independently freed their specialty from the errors and superstition of the Middle Ages and have returned to the point of view embraced by the great physicians of antiquity. Later authors have continued to build upon this foundation.

It is evident that the ancients did not take up psychiatry as a specialty, but only gave to it the same consideration which they gave to other branches of medicine. Their studies in psychiatry were worthy of those in the other fields of medicine, which we shall however, always consider as the foundation of all medical research. Their views on psychiatry, and especially their practical rules for treatment, are given in a pleasing and modest form, perhaps a little too concise. Galen only is often tiresome and diffuse. The poor Latin of Caelius does not detract from the value of his writings, while the classical style of Celsus, Aretaeus and Hippocrates equals that of the great poets and prose writers of antiquity. A kind fate has preserved for us the best works, though they are not quite unimpaired. Other men who devoted their attention to and revived an interest in psychiatry, as Rufus, Posidonius, and others, have left such meagre remarks that we cannot form an opinion of their significance.

To these considerations of the doctrines of the ancients we may add something concerning the pragmatic history of mental diseases during antiquity. What do we learn concerning the frequency of mental diseases in antiquity from a study of these authors? To realize the impossibility of answering this question for so remote a period one has only to consider the difficulty, in spite of available asylum statistics, of accurately determining whether there is a relative increase of mental diseases in the present century. However, one circumstance leads us to think that mental diseases were far from infrequent in former times, namely that every one of the ancients devoted to them some space in their writings, and, far from treating the subject casually, have shown, and some have even stated

plainly, that they have had a great number of mental patients under personal observation and treatment. (This does not apply to Galen, whose exaggeration of his medical experience equals that of some writers of the present day.) We may further ask whether the natural or social conditions of that period were more conducive to mental health, and are thus brought to the question of the etiology of mental diseases in antiquity. Which are the causes according to the opinions of the ancients? We know that the authors who adopted only the somatic treatment assumed only somatic causes, or, rather, based their therapy upon their etiological views. The somatic causes are especially held forth by Hippocrates. These are: acute diseases, (apart from the chronic mental disturbances arising from acute phrenitis and fever delirium) nervous diseases, as epilepsy and hysteria, tuberculosis, functional disturbances of the abdominal organs, suppression of habitual secretions, child birth, intoxication and, as Aetius emphasized, alcoholism. Psychic causes are first mentioned by Plato. He and others mention grief, fright, worry, love, debauchery, continuous mental exertion, (especially occupation with affairs of state) and night work. The importance of heredity escaped them. This fact seems the more remarkable as, according to the Greek law, marriage among blood relations was not only allowed, but encouraged, and in the light of recent experience we would expect that there were frequent illustrations of heredity as an etiological factor. Nowhere do we find an adequate representation of the various causes. Only Plato states clearly how the mental factors act first upon the nutrition and thus become harmful.

The ancients do not always distinguish between the causes and the symptoms of the incipient stage, but they did realize that certain temperaments predispose to certain forms of mental disturbance. It is evident that Lippmann (l. c.) errs in stating that Plato alone believed in psychic causes. The passions did not at that time excite the mind to such an extent as to cause insanity very often. Thierfelder, in his *Kritik der Schlager'schen Abhandlung*, Schmidt's *Jahrbucher der gesammten Medezin*, 1861, Nr. 12, speaks of several factors which have a preventive action, as for instance a favorable

climate. The telluric and atmospheric conditions which constitute climate have been regarded by ancient and modern physicians as indirect factors in the causation of various diseases, including the psychoses, but have not been discussed with such clearness and comprehension by any one as by Hippocrates. His description of these conditions as he had occasion to observe them in his own sphere of action shows that the climate was not exactly a mild one.

Hippocrates and others of that period, in agreement with modern writers, attributed some acute epidemic diseases to atmospheric conditions. Thierfelder recommends a "public sphere of action," but I do not see how it can effectively prevent psychoses. On the contrary, the incentive to ambition and the passions would more likely be harmful. Neither can one attribute any etiological importance to the position of women in antiquity and to their influence on the social order of the times. Although chivalry blossomed at a later period, love has at all times moved human beings. As mythology and ancient history prove in many ways that not only pure, chaste love, but all forms of perversions and sexual excesses were only too well known to antiquity. Love also figures in the etiology of the psychopathies. Regarding the "cultivation of cheerfulness" I wish to point out that Aretaeus classified religious delusions as a form of mania. Religious manias were probably not very rare, though they did not assume such proportions as in later times.

It may be argued that while syphilis and alcohol were known to antiquity, and the effects of the latter upon the nervous system and mentality recognized, they were not such plagues as in our days. Two important causes of mental disorders can thus be eliminated, in spite of the fact that recent investigations have shown that syphilis was more prevalent in ancient times than we formerly supposed.

It is doubtful whether certain social and political conditions have any bearing upon this question, as for instance, slavery. The striking prevalence of syphilis among the slaves in America is not significant in view of the widely differing conditions of life. We can also dismiss the notion that the Greeks and Romans as "*Cultur Volker*" were exposed to

those diseases in the same degree and for the same reasons as nations of the present civilizations. Recent reports show that the closely related and severe neuroses are more frequent among the uncivilized nations of today. (Hirsch, *Op. citat.* Bd. II, Art. *Hysterie.*) Similarly, we learn from the ancient writers that in Arcadia, a country to which civilization had not yet penetrated, the inhabitants, a rough, nomadic tribe, were subject to a peculiar psychosis, lycanthropy. This at times assumed epidemic proportions and was attributed to the primitive mode of life of the people.

It is quite conceivable that an increase in psychic disturbance is one of the unfortunate consequences of the undeniable superiority of modern culture over ancient civilization. (The moral progress has especially been emphasized by the authorities on ancient history. See Lippman's quotation (l. c.) from Boeck's *Staatshaushalt der Athener*, *Zeitschr. f. Psychiatrie*, XXIII, 55.) However, I do not think that the Greek and Roman history of psychiatry justify such an opinion, although certain phases of modern culture cannot be entirely ignored as contributing factors. For instance, our methods of bringing up children may in a measure be responsible for the not infrequent occurrence of mental disease in childhood. With the exception of congenital imbecility no mental disturbance in childhood seems to have been observed by the ancients. Puberty with its multitudinous effects upon the organism apparently marks the onset. Senile dementia is on the other hand frequently mentioned.

We cannot therefore decide with certainty whether psychoses were more frequent in antiquity than at the present time. (For a short resume see *Zeitschr. f. Psychiatrie*, Jahrg. XIV.)

This brings us to the question of the varieties of mental disease observed by the ancients. It is not easy to classify them, as the ancients in general were no friends of differentiation. Probably they were aware, as we are, that in psychiatry especially are divisions and subdivisions difficult. Hippocrates distinguishes two forms of chronic insanity, mania and melancholia, the former derived from black, the latter from yellow bile. He mentions also acute processes and his

division into acute and chronic diseases is apparent through all subsequent works on pathology. It is strange that all writers place phrenitis in the former class. We have seen that this disease is characterized by various forms of delirium in combination with somatic disturbances. Nevertheless we cannot form an accurate opinion of its true nature as several authors describe different processes under the same name. Fever delirium was regarded as a different form of acute mental disturbance. Celsus and others mention sudden paralysis of mental activity and the slow restoration of function after apoplexy, and Hippocrates and his followers speak of the more or less transitory disturbances of the intellect after the use of poisons, as mandragora and veratrum. It is well known that they regarded alcoholic intoxication as a transitory psychosis. Aristoteles compared it with $\mu\alpha\upsilon\iota\alpha$. Hippocrates is the only one who mentions delirium tremens. It is indeed remarkable that none of the other writers of the antiquity mention delirium tremens. I have looked in vain for a reference to it both among the acute mental diseases and among the complications of traumatism or internal diseases. From what we know of Greek and Roman wines they do not either in composition or effects resemble our whiskey, and it is therefore not clear how delirium tremens could develop. Excessive indulgence in wine was recognized as a cause of neurosis and chronic psychosis.

It is possible that some remarks of Hippocrates and of Celsus refer to the acute delirium of recent authors. In the chronic forms all writers distinguish between the depressive and maniacal. (Even Galen and his followers made this distinction in phrenitis and lethargy.) Aretaeus pointed out that a strict line cannot be drawn between these two varieties, as numerous transition stages existed, which has been further emphasized by compilers. In fact, in some forms the two states alternate, but these have not been especially designated. Caelius, and especially Alexander, merged the two under the term chronic delusion. It was otherwise recognized by all, and emphasized by Aretaeus, that there are innumerable varieties of mental disease, according to the dominant idea, but that nevertheless the fundamental characteristic in each

is either depression or exaltation.

Aretaeus alone regarded religious insanity as a special form. The delusions characterizing melancholia are of course mentioned, as daemonomania, suicidal mania, poisoning mania and lycanthropy. Celsus brought out that violent attacks of mania may occur in the course of melancholia. *μανια*, which was the term used by the early authors and also by Caelius Aurelianus to designate insanity, was applied by Aretaeus and his successors to mania only, as in the sense of today. Aristoteles and Aetius emphasized that they could appear periodically and with quiescent intervals. We have already stated that Hippocrates mentions what is probably transitory mania, but gives it no special name.

Hippocrates has also observed that the basic cause of insanity arose primarily in the brain, or resulted from secondary irritation of the brain from other organic lesions. Upon this foundation Galen built up the etiology, and accordingly classified mental diseases into idiopathic and deuteropathic with further divisions into acute and chronic, and into depressed and exalted states. A typical example of deuteropathic melancholia is hypochondriasis in which the abdominal organs are the seat of the primary lesion. Hypochondriasis was considered by all the authors as a characteristic form of melancholia. Caelius differentiates it from other psychoses and describes it under the name melancholy.

The descriptions of satyriasis can only be interpreted in the sense of nymphomania. Hysteria is mentioned in the book *περι καρβένιων* of the Hippocratic collections. Hydrophobia in man seems to have been much more frequent in olden times than now. Schramm does not refer to it in his *Geschichtliches uber Hydrophobie*, *Corres. Blatt f. Psychiatrie*, 1864. Hydrophobia is classified by Themison and Orbasius, in opposition to Caelius, among mental diseases because of the fear, refusal of food and clouded consciousness.

I may further remark that the philosophers of the early as well as of the late periods of antiquity did not strictly separate the passions and stupidity from mental diseases. Plato describes "divine" conditions, some of which we may perhaps interpret as hysteria, but others, as love and the gift of poetry,

can hardly be assigned to any group of diseases. Oribasius also regards lovesickness as a form of insanity.

We have already referred to the opinion of the ancients concerning feeble-mindedness. I shall only add that Damerow has justly pointed out how difficult it was for the ancients (not only for Aretaeus) to apply their own classification to cases of pure foolishness and madness already recognized as mentally deranged. The same author remarks that the delusional ideas of being transformed into leafless objects and different personalities originated in mythology.

That the ancients do not mention cretinism is not to be wondered at when we consider that the majority lived in countries in which cretinism was not endemic. (Hirsch, *Op. cit.* Bd. I, p. 395.)

Hippocrates has also mentioned that besides the fully developed insanities, there are individuals who, though not quite insane, nevertheless present peculiarities of character and moderate excitability, and in whom slight somatic disturbances cause delirium.

Many of the ancients may have recognized that psychic disturbance may exist without delirium, but nowhere do we find any special name for such morbid conditions.

In reviewing these writings we find almost all the forms of mental disease known to us and we cannot therefore accept the supposed infrequency of insanity, which is based on the less numerous varieties in antiquity. The only form not mentioned is progressive paralysis of the insane. (It is of no importance here that in our nosology the term is used collectively for various anatomical-pathological processes.) As its symptoms are mentioned in several places it is possible that the ancients did not regard this disease as an entity, but classified its somatic symptoms with the other forms of paralysis and with the convulsions, especially epileptic, and its psychical disturbances with the depressive stages of melancholia, the ominous megalomaniac delusions in mania and finally the terminal dementia with the *fatuitas moria*. It is surprising that the striking coexistence of characteristic somatic symptoms and, in most cases, pronounced psychic anomalies should have escaped the keen observers of antiquity,

especially as it is not a disease of short duration, and as its true nature is unmistakable in at least the last stages. I have scrutinized every paragraph but find no reference to it and must conclude with Morel that paralytic insanity was unknown to the ancients. Syphilis and alcoholism have lately received much attention as causes of paralysis. Whether the absence of this disease can be ascribed to the infrequency of these two factors I can not say. Morel assumes a compensatory preponderance of some other form of mental disease. We only know that with the exception of phrenitis and lycanthropy the psychopathies described are those occurring at the present time, and it cannot be determined from the material in hand if melancholia, mania or transition forms have predominated. Nor is it possible to discover any difference in this respect between Italy and Greece. Nearly all of the authors which I have mentioned after Aristotle lived in Rome, and if they have left more information on this subject than their predecessors it only proves that the understanding of this condition improved with the progress of general medicine.

Nor can I make out if the therapy of the ancients influenced the form of mental disease. We have seen that the therapy of the later authorities did not differ much from our own. The opinion which they held of their therapeutic measures is illustrated by Caelius' statement that the depletion which melancholics were subjected to often led to disgust with life and suicide, and that immoderate restraint moreover sometimes increased insanity or caused it to break out. But if his results differed I am unable to say.

Hardly any mention is made by any of the ancient authors of forensic medicine, except by later Roman lawyers, as Ulpianus, but we are less interested in the legal than in the psychic freedom of the individual. I shall only call attention here to the words of Aristotle, that acts of violence committed by the feeble-minded, maniacs and epileptics should be judged and treated differently from those committed by individuals who from evil habits or bad bringing up have never learnt self-control.

In expressing our admiration of the knowledge which the ancients had of psychiatry our praise is the more justified when

we compare the artful and at the same time careful accounts of their diagnostic and therapeutic measures with the dim picture of psychiatry in later times which the modern reformers had to face.

I like to apply to the psychiatry of the ancients Hippocrates' words dedicated to his predecessors after he had accentuated how necessary but also how difficult it is to take the right course:

ου φημι δη δεα τουτο δειυ την τεκνην ως ουκ εον δαν ου δε καλως
 ξετηομενην την αρχαιην απι βαλεοζοι, ειμηξει περι παυφα ακρι-
 οιην, αλλα πολν μαλλου δια το εγγυς αμαι, του α τρεκ κεζυτου ομου
 ζυναο ζαι ηαξν ηωγιωμω προςιξω ζαι καί εκ πολλης ζανμασειυ τα
 εξερημευα ιμς καλως και ορζως εξεορ η ται, καιονκ απο τυκης.
 64 W. 56th St., New York.

SEXO-AESTHETIC INVERSION.*

BY HAVELOCK ELLIS,

London, England.

THE next case presents us with a fully developed example of cross-dressing or transvestism, as understood by Hirschfeld.¹ The subject knew nothing of Hirschfeld's book, which was not published until some years later, and like so many persons affected by psychosexual anomalies, even of the commonest kind, he imagined that his case was unique. Many very similar cases will, however, be found in Hirschfeld's book.²

A. T., aged thirty, artist. He is the last of an old family. His parents and other relations have been, so far as he knows, ordinary normal persons. He is himself regarded by his friends as an ordinary sane person and none of them have any suspicion that he is not normal. Yet, he states, "every nerve in my body seems to cry out that, in spite of my outward masculine form, I am actually feminine, and I long for female clothing, female form, female amusements, and female sexual gratification."

*Continued from the *Alienist and Neurologist*, May, 1913.

1. D'Ionism should read D'Eonism.

2. I may here repeat, what I have often remarked before, that there is no ground for the notion that sexual perversions are acquired through reading books about them. It is quite true that reading about them sometimes encourages the subject to acknowledge them but that is a very different matter. It is only in rare cases of persons who are already highly abnormal that an acquired perversion can thus be artificially developed. Even in these cases we may possibly be concerned with a retarded congenital condition.

“I began to have sexual feelings,” he writes, “at what, I think, must have been an extraordinarily early age, having discovered, I know not how, at about the age of four, that the handling of my penis produced a pleasant sensation and an erection, and that, after a little manipulation of it, I could bring on a short spasm of feeling even yet more enjoyable. Thus, long before I knew anything about sex whatever, I became enamoured of this kind of pleasure, though, with a sort of instinctive feeling that it was ‘naughty,’ I carefully concealed my indulgence in it. A later discovery was that it was also very pleasurable to be partly or wholly naked, and when in that condition to bring my bare limbs or body in contact with all sorts of inanimate objects. I can remember when quite a little chap in petticoats, which I wore I think until I was about seven or eight, pulling up my little drawers to walk about with my thighs naked, and to press between them all sorts of things such as cushions, bottles, tin cans, or the legs of tables, which always gave me an erection and something the same sort of pleasure that I have since heard a woman confess to having experienced at having similar things clasped between her legs. Still better it was to strip quite naked and to roll on the floor or on the bed tickling my breasts or my thighs and enjoying the pleasurable stiffening of the penis which always supervened. As yet I had no consciousness of the other sex, and, as I have said, I always did these things when alone, though I generally experienced more pleasure in doing them in places where, at other times, there were other people, so that I preferred to strip say in the drawing room to doing it in my own bedroom, were I knew it were safe to do so, and loved to run all over the house and up and down stairs quite naked when I was alone in the house. This passion for nakedness and exposure has grown upon me, and has driven me to do all sorts of extraordinary things, and to gratify it in all sorts of places, both indoors and outdoors, often with the greatest possible risk of discovery, which,

however, only seemed to add an additional charm and piquancy to my actions.

"Growing up to boyhood with this taste for nakedness and exposure and constantly indulging in the habit of self abuse, and being, besides, a very spoiled child, I became, I am afraid, very much of a molly coddle, very effeminate and girlish in my tastes and habits. Against this, however, I developed after a time a great love and admiration for the other sex, having had many little sweethearts and juvenile love affairs, though for a long time I connected the objects of my affections very little with my curious sexual desires. Although, as may be seen, I was already in some respects very depraved, in others I was very innocent, and I must have been about fourteen or fifteen before I slowly realized the relation of the sexes and began to relate my desires to the sex of my charmers. That, however, came quite strongly in due time, though curiously enough, the more I began to feel physically amorous towards the girls, the more bashful I became in their actual presence. At sixteen, though hardly able to speak to a girl I admired, I yet, in the exercise of a most fertile imagination, would in secret imagine myself engaged with her in all sorts of amorous and voluptuous adventures, and commit to paper all sorts of stories in which we indulged in the mutual exposure of our persons to one another, and in lascivious caressings of all kinds.

"About this time, too, began to develop the artistic tastes which have determined my general career and which have had their strongly sexual influence as well. I began, for instance, to take the greatest pleasure in pictures of the female form divine, and would take any I could get hold of to my bedroom and "worship it," as I called it, by stripping myself also naked before it, and manipulating my erected and excited organ until its spasm of pleasure culminated in what I termed a libation to my goddess. I also began to take the greatest pleasure in the sight and details of female clothing, es-

pecially the pretty underthings, an accidental glimpse of which, given by an extra short-skirted girl or woman, I got to be always on the lookout for and to keenly enjoy. So keen did I get on this that I would do almost anything to see a girl or a woman in any condition of exposure or undress, loving the sight of her clothing, I think, quite as much as that of her limbs or body. Many a young girl with particularly short skirts I have followed for miles enjoying the sight of her shapely legs and occasional delicious glimpses of her pretty underclothing, while one summer at the sea-side almost every day I used to go up some cliff steps behind a girls' school in order to enjoy looking up their clothes and feast my eyes on the details of their pretty drawers and petticoats. My constant presence and purpose was, I am almost sure, noticed by one or two little coquettes, for once or twice I noticed that drawers had been pushed up and that petticoats were being bunched up with the result of the display of garters and even of bare thighs above them.

"Then, somewhat later, came, quite naturally, the next step in my development. While one day enjoying being naked in my sister's bedroom, where there was a large mirror in which I delighted to see my naked body and limbs reflected, I came across a lot of her prettily trimmed underclothing, and was seized with the desire to put it on. I did so—and from that moment I date what I term my change of sex. I cannot describe to you the pleasure I felt when thus dressing myself for the first time in female garments. It was exquisite, delicious, intoxicating, and far and away transcended anything I had before experienced, and when, after some trouble, I was completely attired as a girl, and placed myself in front of the glass, it was a positive revelation. I felt that here at last was what I had been longing for. Now my bashfulness mattered no longer. Here before me was a pretty girl, whom I could see in any stage of dress or undress, whom I could pose in any position I liked that would show off her body or limbs or underclothing. I could experience all my old pleasures of nakedness

and exposure and as a girl at the same time in the same condition. I was both boy and girl at once, and since that time I have never been a male pure and simple again, and today I am actually more female than male, in spite of the actual physical facts to the contrary. Feeling as I thus did, it is no wonder that the new pleasure became a positive passion with me, which I lost no opportunity of gratifying, surreptitiously borrowing articles of female attire at every possible occasion in order to enjoy the exquisite sensations caused by wearing them. The ladies' newspapers became of the greatest interest to me and I gloated over their illustrations of sweet chemises, dainty drawers and charming corsets; and gradually through their medium, I began to get a collection of such things for myself. To such a pitch of refinement have I carried this passion for dressing as a female that I have now complete costumes of various kinds, and can appear in full evening dress, with bare arms and neck, and naked shoulders and bosom; as a dancing girl with yard and yards of lace petticoats, as a young girl in short skirts displaying her beautifully frilled drawers, or even as a child with socks instead of stockings and delightfully naked legs. Each of them gives me a different variety of pleasure as I wear them under fresh conditions or in fresh places, or pose and expose myself in some fresh variety of voluptuous position. For instance, I have when staying in the country, on going to bed dressed myself as a short-skirted young girl and when everyone else had retired, come downstairs and gone thus attired out into the garden, and walked about in the moonlight, pulling up my lovely lace petticoats to still further expose my shapely legs and frilled drawers, deriving the most exquisite pleasure from imagining myself to be a young girl thus behaving herself.

“And I have walked down a country lane, in full evening dress, at night, revelling in the nakedness of my neck and arms and the complete exposure of my bare bosom, and enjoying the feel of the billowy laces of my

petticoats foaming round my silk stockinged ankles as I walked.

"I have also stripped and redressed myself as a girl in the railway carriage of a long journey non-stop train, and derived the most exquisite pleasure from the daring situation.

"Perhaps, however, my most absolutely daring exploit in this way was when I went into the garden of a London square late at night, from one of the adjoining houses, clad in a charming combination of evening and young girl's dress, with a sleeveless bodice cut low to the last possible inch, and with the shortest possible skirts and petticoats, in which the delicious nudity of my bosom, and the naked exposure of part of my thighs between the tops of my elaborately gartered openwork silk stockings, was exquisitely exciting and in delightful contrast to the compression of my body in my tightly laced corsets. Over this I put on a long overcoat, which on reaching the square garden I threw off, and stood thus girlishly dressed and exposed in the open air, feminine, half naked, and more than half mad with excitement and pleasure. I walked about, tossed my lace petticoats, sat upon seats and still further exposed my legs and drawers, pulled even lower my bodice to still further bare my heaving bosom, then frantic with the lasciviousness of my feelings, I took off garment after garment, placing myself in some fresh extraordinary position in each stage of undress, and finally throwing all upon the ground and myself naked upon them I lay madly rubbing my frightfully erected organ until I spent more copiously than ever in my life before. Such is the state of things to which my mad passion for female dressing has at times driven me.

"What I have already told relates to the earlier development of my condition, and up to this stage my aberrations were always solitary. They did not, however, after a while continue to be so, for I became acquainted with a widow lady, of handsome face and figure, though considerably older than myself, and conceived for her a

great admiration, which she graciously accepted. I don't know what she can have seen in me, or whether being herself of a most ardent, not to say lascivious temperament, she readily guessed mine to be the same, but anyhow the affair very quickly ripened and under her encouragement and skillful treatment I quickly became not only her admirer but also the absolute slave of her passions as well. When once encouraged I became very bold, and the first familiarities certainly came from me, but she soon convinced me that I was a mere tyro in voluptuousness, and taught me more than I had ever previously known or suspected. Confession of my half female condition she soon got out of me, and my state seemed to amuse her like a new toy, for she gave me every encouragement and assistance in it, delighting to dress me in her own clothes and even having some things especially made for me, such as corsets with special bust improvers in order that I might have the figure of a woman, and into these she loved to lace me until I was almost cut in two in the middle and suffered a curious blending of pleasure and pain. She, herself, was a confirmed tight-lacer and experienced much the same thing when she made me lace her in a similar manner. She liked the feeling and I the sight of her full firm breasts being forced upwards and outwards till they stood with erected nipples well out of her elegant corsets and courting the kisses and caresses which I loved to bestow and she to receive on these most sensitive parts of her beautiful form. Apropos of this I may add that another of my feminine characteristics is that my own breasts also have this extreme sensitiveness and that I love to have them kissed and caressed as they rise from my tight laced corsets or low cut evening dress. Some time ago, on my longing to have real female attributes I tried to develop them to female proportions with an advertised preparation for improving the bust, but failed. When dressed as a woman and with my bosom bare I want real breasts very badly indeed. My lady friend was, however, an adept at caressing,

kissing and tickling what I have got, as also in doing the same to another place where I also have extreme and quite feminine sensitiveness, namely, the insides of my thighs. To have between and upon these the feel of the frillings of very short drawers is just lovely while to have them touched or tickled by female hands or lips is exquisite in the extreme.

"In little tricks like these, and in the mutual handling and excitation of our private parts, we used to spend most of our time together, she either nude for her own pleasure or perhaps partly clad for me to enjoy the sight and feel of her underthings and I usually in some variety of female attire. At times the pleasure of the latter, my sense of being actually female, my unrestrained exposure before my mistress, and her caresses and libidinous actions would almost cause me to swoon with the exquisiteness of my pleasure. At others my masculinity would come uppermost and the seance would end with a connection, but I may frankly confess that unless the latter were performed in some extraordinary manner or position, I did not enjoy it so much as when we kept up the illusion of my being female, as we sometimes even did to the extent of her dressing as a man and going through a scene of the seduction of myself as a woman. I may add that it was curious to note that just in the same way that I like to be tight-laced in order to feel thoroughly transformed into a woman and so enjoy my most delicious sensations, she liked to be the same during an ordinary connection, saying that it increased her pleasure to an extraordinary degree.

"This particular amour is of some good time ago, but I have since had others more or less like it, some with younger women and girls who were glad to find a male admirer who could indulge in unlimited lascivious caressing without wanting to go always to the full length of actual connection, sometimes my masculine and sometimes my feminine desires have been uppermost, but the latter have always been on the increase, and I have now I think almost reached the stage described as actual

sexual inversion. When dressed as a woman, I am a woman, with all a woman's feelings and longings. The clothing still gives me all the exquisite pleasure it ever did, and indeed I sometimes think that to be dressed in lovely feminine things, down to the last possible detail, with all of them designed and arranged for voluptuous effect, and when in them to be able to expose oneself to the lascivious gaze of, or receive the lascivious caresses of a pretty woman similarly attired, or to pose for oneself in some extraordinary position in front of a mirror, or to lie half naked half femininely in a voluptuous dream, is the absolute height of sexual pleasure; yet at times when excited to the last pitch of female desire I sometimes find myself longing for a male instead of a female lover. Dressed as a girl I seem actually to become one. With my feet in high heeled shoes, and my legs looking exactly like those of a girl in black silk openwork stockings; feeling the clasp of my elaborate garters and the tickling of the frills of my drawers; clad in a delicate delicious chemise; laced to the utmost in shapely corsets; with a foam of lace petticoats round my ankles; with my neck and arms bare, and my bosom and shoulders rising nude out of the chiffons of a low cut evening bodice; I look like a woman, and I feel like one, and then I seem to want a man to expose the charms of my person and clothing, to kiss and caress me, while I give myself up to him in I know not what mad orgie of lascivious and voluptuous pleasure. I have not yet got the length of doing any such thing in reality, even if there exists anyone who would abet me in such a thing, but when, in my calmer moments, I reflect on the extreme depravity of such desires and realize the depth to which I have actually fallen by the indulgence instead of the repression of my extraordinary feelings, I know that I have gone far enough and that it is quite time the whole thing was in some way stopped and treated, I think I know myself well enough to say that if the right road to a cure is pointed out to me I have strength enough to follow it. Not that it will probably be easy,

but the same spirit that has hitherto made me seek gratification at any cost may also serve me to practice renunciation in the same way.

"I may say that my feminism is almost entirely mental, for physically in all the matters of conformation, growth, and distribution of hair, sexual organs, voice, etc., I am quite an ordinary and normal male. I have, certainly, rather small and well shaped hands and feet and my legs, when seen in dainty stockings are surprisingly feminine in shape and appearance, and I hate to have my hair cut; but apart from these things I have no marked bodily female characteristics—though I have often the most intense longing and desire, especially when enjoying the nakedness of my bosom in a low cut evening bodice, to have female breasts, that is in shape and size, for I already have the feminine quality of extreme sensitiveness in those parts, and keenly enjoy having them kissed and caressed, in which pleasure my lady friend used to very often indulge me, getting me, as I was nothing loth, to kiss and caress her own very fine, well-developed breasts in return. My other feminine characteristics are, as I have said, chiefly mental, beginning with the intense longing and desire to be a woman, and going through the faculty of, under certain conditions, actually being able to imagine myself to be one, to the love of and exquisite pleasure in the wearing of female clothing, and to the minor ones of a great love of perfumes, of jewelry in the way of rings, necklaces and bracelets, and of pretty things generally. The last is probably merely a part of the artistic tastes which make me hate anything that is coarse and ugly and love the beautiful and elegant. As an artist I get all my pleasure through the eyes, and suppose I carry the same thing into my sexuality, and naturally love the sight of a pretty woman quite nude, or displaying her charms and her pretty clothing together in some voluptuous or suggestive pose.

"That the charms of the underclothing exercise even a more powerful effect upon me than those of the woman

herself is probably due to the fact that when I wear them myself they, to some extent, help to satisfy my longing to be actually a woman, and so gratify both my "feminism" and "erotic fetichism" at once.

"Beyond these there, however, still remains my extraordinary delight in nakedness and exposure. This is a matter of feeling as well as seeing, for when, for instance, my neck and shoulders, arms and bosom are bared by a low-necked evening bodice; or a set of girlishly short petticoats and drawers expose above my socks or stockings a space of naked legs or thighs I enjoy the feeling of nakedness and exposure, quite as much as the sight of it in a mirror or on a pretty girl similarly exposed.

"This exquisitely delicious feeling is tremendously increased in the case of my bosom when I am extra tightly laced in a pair of shapely corsets, and in the case of my legs and thighs when I have on very tight garters or the bands of my frilled drawers fit tightly round my thighs. It is also more delightful to be thus half naked out of doors than in, and most of all to be in that condition in the presence of and before the eyes of a woman, who will give the nude parts the caresses they long for and enjoy. To be dressed like a woman, exposed before a woman, all at one and the same time, while she herself in in a similar state of undress and exposure has been to me the absolute height of erotic pleasure—until recently I have been assailed with the further longing to give myself thus to a male instead of a female lover, and at this point have decided that things must stop, or they will certainly get to the "disgraceful" stage which they have not yet reached. I think I have the necessary will power to stop this.

"With regard to cultivating the masculine side of my highly erotic temperament I may be able to do something, but I fear that any sort of sexual indulgence with a woman will keep up the present state of things as my feminism and erotic fetichism are so absolutely a part of my general sexual feelings. I could not see

a woman undress without at once being mad to put on her underclothing and experience again all the exquisitely pleasurable sensations of being myself feminine. So potent has this erotic fetichism become that I can hardly tear myself away from the windows of an underclothing shop, or that of a corsetiere, while the sight of a girl's or woman's accidentally exposed legs, petticoats or drawers will sometimes almost madden me with pleasure.

"Dressed in elaborate female underthings; corsetted and laced to the last gasp; low-bodied, and short-skirted; conscious of my exposed legs, my high-heeled shoes and tight garters; with the froth of billowy lace petticoats and flounced drawers round my thighs; with my breasts heaving in exquisite nakedness; and with the long hair of my wig flowing over my bare neck and shoulders and in this condition shamelessly displaying myself before a pretty woman in a similar condition, I become absolutely intoxicated with the exquisite femininity of my feelings and I feel that the next development of wanting a male lover would be actual madness and so must be resisted with all the means in my power."

This case, it is clear, while it presents a further stage of the condition revealed in the previous case, is yet not to be classed in the same group. Both are keenly interested in feminine dress, both attach importance to the corset, and both require to wear corsets themselves to obtain complete sexual satisfaction. But G. W. never goes beyond this; he wears no other feminine garment, and he shows no definite sign of any other feminine tastes or of any conscious identification with the feminine attitude. He may be quite plausibly regarded as a corset fetichist. But A. T. is both less and more than a fetichist. He is not fascinated by any single feminine garment, and garments have only their supreme attraction when worn by himself. They are not really fetiches; they are simply the outward symbols of the inner spiritual state and the really essential fact about A. T. is that he himself experiences the feminine state, and his tastes have undergone a feminine inversion and that he feels like a

woman. A. T.'s attitude towards sexual inversion is instinctive and probably typical for this anomaly. It has gradually come about in the course of the full development of his sympathetic identification of tastes with women that he feels that the attentions of a man are needed to realize fully his feminine attitude. But this is purely an imaginative feeling, and, further, it is a later and secondary development. Actually he has not the slightest sexual attraction to any man. Moreover, he feels a profound repugnance to homosexual relationships. It seems highly improbable that he will ever become a sexual invert.

In the next case, in a man of quite different intellectual, emotional and moral type, we see what may, I believe, be regarded as the most profound and complete degree of *sexo-aesthetic inversion*.

R. M., age 66; man of science and letters.

"My father (a business man) came of a healthy, prolific and long-lived family of farmers, and was one of eighteen children. My mother came of a mercantile family, which suffered from a severe form of hysteria, showing itself in some members of the family, but not in others, through at least five or six generations. My mother was one of eight children, of whom one son and four daughters lived to be married, and had children. Of the others, one daughter died unmarried at twenty-four; and one boy and one girl died in infancy.

My mother and one of her sisters married in the same year; the former being thirty-one, and the latter thirty-five. But whereas the sister's husband was only a year older than herself, my mother (who was my father's second wife) was sixteen years younger than my father; and about two years after the marriages, the eldest children were born.

The sister, who had set her mind on having boys had six children of which the two eldest and the youngest were girls, the others, two boys and a girl, died in infancy. My mother, on the other hand, who set her

mind on having girls, had five sons, all still living, of whom I am the eldest.

At the age of six months, I was frightened by a railway train, which passed before the window of a railway carriage at which I was being held up. I became so ill that my life was despaired of; I suffered much from convulsions, and could not walk until I was two. Still, my recollections go back distinctly and continuously to the age of three and a half, when we were staying at the seaside; though I have only isolated and disjointed recollections further back than that.

We were brought up in great seclusion, for my mother among numerous heresies, has a prejudice against schools; and we were seldom allowed to speak to other children. However, older cousins used to come to the house, and talk and read to me, especially a delicate boy six years older than myself, whose mother was dead, and who lived with us during most of my childhood; and who was like an elder brother to me.

I was subject, till the age of eight or nine at least, to violent fits of hysterical crying, sometimes brought on by a mere trifle; I was generally put in a room by myself till the fit passed off. These fits were called 'freaks.'

The earliest books I remember being read to me ("Sanford and Merton," etc.) I accepted as real, and at one time, (when about 5 or 6) kept on running to the door at every ring, to meet two boys out of one of these books, whom I expected to come to pay us a visit, and who specially interested me. At this time I was very timid, and could not bear to listen to such a story as "Jack the Giant Killer."

I remember once thinking that I should have to marry my younger brother, because I did not know any one else.

When I was able to read, at the age of seven or eight, I read everything I could get that looked interesting. There was no supervision, except that a few books (mostly harmless enough) were tabooed as being 'too old for me.' But Pope's Homer's 'Iliad' on the other hand,

and the 'Swiss Family Robinson' on the other were long my favorite books; and now I began to personally identify myself with my favorite heroes, and to insist on being called by their names, changing from one to another, as the fancy took me. Thus, I was for a long time Hercules; Fritz of the Swiss Family; or Basil of Mayne Reid's Boy Hunters, but always the oldest of the boy characters.

I never thus identified myself with any girl, and would have been horrified at the idea up to at least nine or ten; but I believe I was quite as well able to sympathize with the girls in juvenile tales as with the boys.

Occasionally I was a little sentimental. I was greatly impressed by the lines relating to Pasithoe in Homer, and also by the allusions to the beauty of the Anglo-Saxon women in Dicken's 'Child's History of England.' I was always very amenable to suggestion. I once thought I ought to make a sacrifice in Old Testament fashion, and was seriously inclined to burn my crossbow; but not my long bow, which I thought I could not spare so well.

I remember thinking that 'cutting off the foreskin' meant something like 'scalping' the forehead; and if I met a Jew, was surprised not to see the scar.

I was always very anxious to try any new, and especially physical experience. I was probably not more than five or six when my mother once told me that she had used soap-pellets during my illness; and I immediately insisted on her applying one.

I was also curious to know what it felt like to be wounded in battle, to be tortured, or to be burned at the stake. This is a form of masochism not uncommon with young boys; but in one form or other it was almost permanent with me. I even felt it when I was about to have a tooth out. And yet I am very sensitive to pain.

Of sexual matters I have nothing to record, except that once or twice one of the testes slipped up into the abdomen, causing me considerable pain and trouble to

get it down again. We were told 'the doctor had brought us'; I was sorry he had not kept us, for the want of sufficient companionship and the dullness of our life made me very unhappy. Like most children, when I got a vague idea of something further, I thought babies might come through the navel; or that the navel had something to do with coition; and if I thought of the scrotum at all, I supposed it held urine. Among other things which appear trifles to parents, but often cause terrible suffering to children, we were kept so long in children's instead of boy's clothes that we were actually ashamed to be seen in them.

Fairy tales were tabooed; but I invented the idea of feather-dresses for myself before I had heard of them.

When I was about ten, I learned to swim, but was much disgusted at the sight of the men's pubes, which I had not seen before. I still dislike hair on the face and body, and even the mention of a beard or moustache in a book is disagreeable to me, though I wear them myself, to save the trouble of shaving. A year later, we were at the seaside, and I saw the whole of my mother's breast for the first time. It gave me a similar feeling of repulsion, which lasted some years, if I accidentally happened to see a woman's breast. (When younger, I had, of course, seen babies suckled, but had then paid no attention.) As regards men, the feeling wore off after I began to bathe regularly; for bathing drawers for men did not come into general use till about 1860, or rather later.

When I was about twelve, I found that if I ran very fast, I was sometimes obliged to stop from a strong necessity of making water, which feeling went off when I tried to do so.

I was brought up a teetotaller from the age of eight, and though I abandoned teetotalism after eight or ten years, I have never been in the habit of taking more than a glass of wine, or wine and water, in the course of the day.

About the age of twelve I began to feel much in-

terest in the differences of the sexes, of which, however, I had no real idea before I married. Then I met with the Eastern story of the prince who was changed into a woman by drinking from a magic spring, and whether it was suggested by the story or whether the idea arose independently, I am not quite sure; but I began to think that it would be very nice to be changed into a girl for a time, to see what it was like. Gradually this idea became regret that I had not been born a girl, but unaccompanied at present by any longing to take the place of any particular woman; and accompanied for many years, as it had been preceded, by an almost uncontrollable longing for a life of travel and adventure, which I never had any opportunity of gratifying except within very moderate limits, and for which I was wholly unsuited. Of course the two desires were quite incongruous.

When I was between fourteen and fifteen, I used occasionally to draw back the prepuce to look at the glans, and twice had an emission of semen. I had not the least idea of what it was; and just about my fifteenth year, I fell into masturbation; but happening at that time to look into Rees' Cyclopaedia, I stumbled across an article respecting it, and connecting it with what I was doing, struggled against the habit as much as possible, and never yielded to it in excess. As the inversion had then already commenced, it cannot have been seriously affected by it, one way or the other.

In the following year I had for the first time a passing fancy for a girl play-mate; but it never went beyond that stage.

At this period the desire to be a girl was not very intense; but it was still present, accompanied as it generally has been, by the wish to go through the experience of having a baby. Again, my reflections on sexual subjects were not limited to marriage, but to speculations on abnormalities, such as hermaphroditism and castration. The latter never appeared to me as unnatural or revolting, but only as a curious and perhaps interesting experience,

and I should have subjected myself to it after the death of my wife, if I could have carried it out without detection. Hammond mentions a case in which a man wished to be castrated that he may be more like a woman. Such a feeling is perfectly intelligible to me. After my wife's death, I often slept with all the organs tucked back between my thighs, out of sight and reach from the front. I have very rarely had erotic dreams, it has surprised me that I have very seldom dreamed of myself as a woman.

When I was about nineteen, I fell seriously in love for the first time with a very young girl; and enjoyed two days of delirious happiness, arising simply from the idea of being really in love; such as I never experienced before or since. But my mother opposed it, and I found the girl was much younger than I thought; so the affair gradually flickered out, without my ever having spoken a word of love to her.

The "freaks" had ceased when I was about ten or eleven; but I was liable to violent fits of anger, if greatly upset, which sometimes left me ill for a day or two. I succeeded in overcoming this feeling; but at the loss of the "righteous indignation" and power of taking my own part which were absolutely necessary to protect my own comfort and rights in the world. Besides, having sufficient sympathy and insight to see both sides in a dispute, I am equally liable in any doubtful case to be imposed upon by either cajolery or bullying, and am often "afraid to strike" when it is my clear duty to do so, for fear of unfairly "wounding" my adversary. Consequently I am always liable to be grievously imposed upon, or even talked into doing against my will what I know to be contrary to my own interests. Nor can I oftenthink at such times of what I ought to say or do in the circumstances; and I am quite unable to meet a sudden and unexpected attack or change of front. I reproach myself greatly for this afterwards, for when it is too late, I see clearly what I ought to have said and done. This weakness is the most painful (and per-

haps the only really painful) accompaniment of my inversion; and it may possibly have no necessary connection with it.

When I was about twenty, I met a young foreign lady at the house of some friends she was visiting. She was a very bright, lively girl, with a light complexion and dark hair, which I have always preferred; and we soon became as good friends as if we had known each other all our lives, instead of meeting as strangers and foreigners. I believe I attracted her as much as she attracted me; and there was not an unkind word between us at any time; and though we married soon afterwards, we were never happy apart for an hour; and if we could get away together, it was like a fresh honeymoon to the last. She departed after we had enjoyed nearly thirty years of married life; by no means free from sometimes serious trouble; but as between ourselves, idyllic. We had one son.

We both thought that the first sight of each other undressed might be repellent, but we neither of us experienced any such feeling. Instead of this, much as I loved her, I also envied her very much, and the innate and instinctive longing to be a woman myself became greatly and permanently increased. Nothing would have pleased me better than for us to have gone to sleep, and to have waked up in each other's bodies, for a time at any rate.

Unnatural as it may appear, when our son was born, the thought that I could not go through the experience myself, or even be with my wife at the time caused me the most acute suffering I ever felt in my life, and I did not get over it for many months. On such occasions I always sympathise greatly with the mental sufferings of the husband, not the physical sufferings of the wife.

A year or two later I was affected with hernia on both sides. That on the right side the doctor called inguinal, and it has given me more or less trouble ever since. The left one he called indirect; and I have scarcely felt anything of it from the beginning. He told me it

was unusual for two forms to exist on opposite sides; but I may say that I know nothing of the cause, and that the right side was affected some weeks or months before the left.

And here I may note that there is a slight tendency to lateral hermaphroditism, the right side being more masculine than the left. On the right side the beard is considerably stronger; and though there is very little hair on the chest, or indeed on the body generally, what little there is is mostly on the right side of the median line; and the right breast is a little smaller and less firm than the left. The shape of the pelvis seems equally masculine on both sides.

But on the other hand the right eye is much weaker than the left; it was never strong enough to read by at the best of times, and at present hardly reaches no. 2 of the test types, while the left eye goes up to 5 or 6, and is still strong enough to read good print with in a good light without glasses for a short time. But my eyes are quite too sensitive for me to be able to hold them open for examination with a light.

I forgot to say that when I was a child I was much troubled by a sensation as if everything was going into my eyes (a weakness inherited from my mother); and I constantly saw films, but had no other hallucinations. I should add here that I have never been able to whistle; and though the uvula was operated on when I was about twenty-six, I don't know that it had any effect beyond stopping the constant annoyance of tickling in the throat, from which I had suffered for some years. I have never had the least inclination to smoke.

After my wife's death, I felt her presence with me for some years; but it gradually seemed to fade away. Greatly needing the sympathy of a wife, as well as a congenial companion (for I seem to understand and sympathize much better with women than with men) I seriously considered the possibilities of a second marriage, but several reasons led me finally to abandon the idea. The young lady who has been most attractive to me since the

death of my wife married lately. I do not feel jealous of her or her husband, but feel as if I should like best to be her daughter. In any case, I hope to have my wife as my lover or my sister in some other life, according to whether she is a man or a woman.

When I was about fifty-seven, I was grossly abused and insulted by some unworthy persons who were under great obligations to me; and experienced great mental suffering for a long time afterwards. Whether it had any connection with what I am going to narrate, I do not know; but about two years after this, there seemed to be something like an alteration of sexual polarity. I felt like a woman born out of her sex, and was affected by the most passionate longing to be a woman. I could not look at a pretty girl without envying her, her beauty and her womanhood, and would gladly have changed places with almost any woman from fifteen to forty-five who was in the least attractive to me.

These feelings seem to have stimulated the breasts, which had previously been almost as flat as a child's, for they now began to enlarge very slowly, but also very steadily; and sometimes they seem to alter almost daily. At first nothing could be felt under the nipples but a small hard detached nucleus about the size of a pea. This gradually enlarged, and then seemed to become dispersed and diffused, and was succeeded by a thickening, at first under the nipples, and then above; connected with a band (at first hardly thicker than a thread) a little below the armpit. Lastly there was a thickening beneath the nipple itself. Then the whole circumference of each breast became firm and thickened, and it was not till this process was completed (after perhaps three or four years) that the breasts have begun to protrude a little in front. They continued to enlarge slowly.

The growth of the breasts was occasionally accompanied by a titillating sensation in any part which was about to enlarge; also a throbbing feeling in the whole, and a feeling of inflammation could often be induced by a voluntary contraction of the muscles. The development

of the breasts was not accompanied by any atrophy of the male organs, as sometimes occurs when it is the result of an injury to the head (I remember once having a bad fall on the ice on the back of my head when I was a boy of nine or ten, but don't suppose this had any effect on my constitution). These remarks chiefly apply to the left breast, which has always been rather larger; there is little corresponding sensation in the right, but it enlarges more slowly, and probably sympathetically—the nipples have scarcely enlarged at all, and there are no signs of any fluid secretion.

At present the breasts are beginning to feel increasingly like a woman's, which is accompanied by a strange feeling of greatly increased physical comfort and well-being. If I had an opportunity, I should like to try on a woman's clothes; though I have no very special attraction for women's dresses or their ordinary occupations—especially stays; and also put a child to the breast, to see if it would draw milk. The acme of physical human happiness often appears to me to be a woman suckling a healthy child. With the growth of the breasts, the painfully intense longing for womanhood has somewhat subsided.

A woman's body appears to me to be far more beautiful and interesting, and even much more natural than a man's; and its physical drawbacks would be a cheap price to pay for the pleasure of living in one. The male organs appear to me ugly, inconvenient, and almost unnatural. I am fond of children, and perhaps my feeling towards them may resemble those of a woman. I should like to be a woman in order to enter utterly into their lives as one of themselves.

All of my brothers are more or less bald, but though I am the eldest, my hair is still very good for my age, only thinning a little in the front. I may add that I am not intuitive, and no judge of character, and am clumsy with my hands.

I am still greatly attracted by beautiful women, but my instinctive feelings towards them are always more those

of envy than desire or jealousy; and I always envy a woman in proportion to my love and admiration for her. Still, there are many good women, for whom I feel sincere regard, and even affection, who are not in any way physically attractive to me, and towards whom I feel neither desire nor envy.

Fortunately I was never thrown among vicious companions, and was too timid and refined to fall into evil courses, though I might have done so, had bad companions tempted me. Perhaps, too, my physical passions were weakened by the tendency to inversion.

My wife and I used sometimes to change clothes, though her's were much too small for me. But I may repeat, I do not know that I have any special fondness for women's clothes or women's occupations.

Intellectual women of some force of character are most attractive to me, perhaps as a counterpart to my own weak and easily influenced character. I am not usually attracted by weak, delicate, fair "feminine women."

As regards myself, I do not feel the double sex to be an evil, (except for the weakness of character which may or may not be connected with it) but rather an advantage, as enlarging my sympathies. I do not suppose it is possible for one sex to understand the other, without their being mixed in sufficient proportion to give them a real fellow-meaning. I consider it most probable that the sexes are always more or less mixed in varying proportions in every man or woman, one or the other preponderating.

The peculiar psychical affections which I have described might be called aesthetic inversions. It has rarely been recognized as such, but seems to be alluded to or experienced by several well-known writers, such as Renan, William Sharp,³ Moore, and D. G. Rosetti. It is dealt

3. Cf. William Sharp, whose best known books were written under the name of "Fiona Macleod; we are told in his life by Mrs. Sharp (pp. 52-3) that scarcely a day passed in which he did not try to imagine himself living the life of a woman, to see through her eyes, and to feel and view life from her standpoint, and so vividly that "sometimes I forget I am not that woman I am trying to imagine."

with by several living novelists, especially Frank Richardson in 2835 Wayfair.

It differs from ordinary inversions in that those who are affected by it appear (at least in most cases) never to be attracted by men, but only by women. There is no tradition, so far as I know, of anything resembling inversion in our family.

Those people are generally devotedly attached to some woman; and love and honour her so much that they feel as if they themselves were born out of their sex, and naturally in a kind of uncomfortable exile.

I have written the foregoing account in all sincerity. The condition is no mere fancy, but has continued and indeed increased during almost the whole of a fairly long life.

The foregoing narrative, written by a man of scholarly habits, and highly trained in scientific accuracy of observation, was placed in my hands some years before the writer's death. Not long before this occurred I submitted it to him for a final revision, which resulted in no essential changes. During this period I was in frequent correspondence with R. M., both on the subject of his anomaly, and on other topics. Owing to circumstances I had only one opportunity of meeting him. The personal impression he made upon me corresponded with that conveyed by his letter and his narrative. There was no outward suggestion of femininity, but there were present in an extreme degree the indication of the timid, retiring, sensitive disposition which is sometimes seen in men devoted to a scientific career and is apt to be associated with neurotic tendencies. One could well believe in that absence of "grit" of which he himself complained. Except for this and for some slight nervous muscular tics, no abnormality was suggested. How far more careful explanation would have revealed more significant changes must remain doubtful. R. M. had frequently expressed a wish for a physical examination to be made, and an appointment for this purpose had been duly arranged. Then occurred his sudden illness, due to acute nephritis preceded by a

more chronic form of the disorder, resulting shortly after in death. It seems improbable that the examination would have revealed any conditions to which great significance could be attached, for some degree of gynecomasty is far from uncommon. At the same time there was absolutely nothing in R. M's. attitude towards himself and his anomaly, or in his general mental condition, which reveals any delusional state. The utmost that can be said is that he was inclined to suspect that some very minor physical anomalies might possess a feminine or hermaproditic significance which in all probability they fail to possess. But he was anxious to submit these points to the judgment of those more competent in such matters than himself. We see here what the Freudian would term a "complex," but it is not a paranoic delusional system.

The condition presented by R. M. seems to me to be *sexo-aesthetic inversion* in its most complete form. In that form it brings home to us the unsatisfactory nature of the term "transvestism." The element of cross-dressing was, indeed, present, but in slight and unessential a degree as to be almost negligible. A man of intellectual tastes and of deep feelings, dressing has never been a matter of great interest to him, and there was no soil for any pronounced impulse of cross-dressing to take root in. The inversion here is in the affective and emotional sphere, and in this large sphere the minor symptom of cross-dressing is insignificant. The subject is a man of exceptional intellectual culture and of exceptional sympathetic sensitiveness. He possessed marked feminine affectability. He cannot be regarded as an example of *aesthetic inversion* in its most usual and typical form. But he seems to me to present it in its most highly developed form.

When we attempt to classify or to account for the cases here brought forward the task is scarcely easy. We may well assert that they illustrate that universal bisexuality which is now so widely accepted. We see that R. M. perceived this, and it has recently also been point-

ed out by Nacke. But if we proceed to co-ordinate these cases of *sexo-aesthetic inversion* with ordinary sexual inversion, now commonly regarded as most easily explainable by this same organic bisexuality, we encounter difficulties. We may be inclined to regard aesthetic inversion as a slighter degree of the same sexually intermediate state of which we find a more advanced stage in sexual inversion. But a little consideration shows that that is scarcely correct. In the narrow sphere of the sexual impulse itself aesthetic inversion shows indeed but little if any approximation to the opposite sex. But in the wider non-sexual psychic sphere, on the other hand, it goes farther beyond all the most usual manifestations of sexual inversion. The two conditions are not strictly co-ordinate. They may rather be regarded as, so to speak, two unlike allotropic modifications of intermediate sexuality. Sexual inversion when it appears in aesthetic inversion would appear to be merely a secondary result of the aesthetically inverted psychic state. Aesthetic inversion, when it appears in sexual inversion, is perhaps merely a secondary result of the sexually inverted psychic state.⁴

Thus, on a common basis, we seem to be presented with two organic conditions which are distinct, do not easily merge, and are even mutually repugnant. A large proportion, perhaps the majority, of sexual inverts have no strongly pronounced feminine traits, and even so far as they possess them not infrequently desire to slur over or disguise them. The majority of *sexo-aesthetic inverts* on the other hand, indeed nearly all of them, are not only without any tendency to sexual inversion, but they feel a profound repugnance to that anomaly. In the two transitional cases I have brought forward there could not be said to be even a question of sexual inversion. In the two pronounced cases it only comes into question to be rejected with horror. A. T. had latterly indeed

4. Raffalovich (*Uranisme et Unisexualite*, p. 93) remarks that one is struck by the moral inferiority, the superficiality and the immodesty of the effeminate group of sexual inverts. We generally find the reverse of these characteristics in typical *sexo-aesthetic inverts*.

come to feel that the sexual experiences of a woman were needed for the complete gratification of his state of feeling. This is, however, clearly a secondary development of his aesthetic inversion, and it is a development which the subject himself views with terror. Moreover he is not in fact in the slightest degree sexually attracted to any person of his own sex. The idea is merely an idea, and though it might possibly become an obsession it seems highly improbable that it will ever be carried into practice. In R. M.'s case, although here aesthetic inversion is carried so far, there has never been, even imaginatively, the slightest homosexual temptation. After he had devised the term "aesthetic inversion," he was himself rather inclined to reject it for "psychical hermaphroditism," on the ground that the use of the word "inversion" might suggest a connection with homosexuality which he would regard as highly repugnant.

Psychologically speaking, it seems to me that we must regard sexo-aesthetic inversion as really a modification of normal hetero-sexuality. It is a modification in which certain of the normal constituents of the sexual impulse have fallen into the background, while other equally normal constituents have become unduly exaggerated. What are those two sets of constituents?

In normal courtship it is necessary for the male to experience two impulses which are, on the surface, antagonistic. On the one hand, he must be forceful and combative; he must overcome and possess the desired object. On the other hand, he must be expectant and sympathetic; he must enter into the feelings of the beloved and even subject himself to her will. The lover must be both a resolute conqueror and a submissive slave. He must both oppose himself to his mistress's reticence, and identify himself with her desires. This twofold attitude is based on the biological conditions of courtship.

In civilized human courtship there is a tendency for the first and aggressive component of the sexual impulse to be subordinated, and for the second and sympathetic component to be emphasized. This tendency was

set forth some years ago by Colin Scott as the "secondary law of courting" by which the female (who is already imaginatively attentive to the states of the excited male) develops a super-added activity, while the male develops a relatively passive and imaginative attention to the psychical and bodily states of the female. This "imaginative radiation" and "development of the representative powers," is favored, Colin Scott points out, by the restrictions imposed by civilization, and the larger mental capacity involved.⁵

This secondary component of the sexual impulse, the element of sympathy and identification, may be said to be connected, as Colin Scott seems to have recognized, with an aesthetic attitude. It is worth while to insist on the connection for it may furnish a deeper reason than I have yet suggested for applying the name "aesthetic inversion" to a condition which, as the reader will by now have perceived, is to be regarded as an abnormal and perhaps pathological exaggeration of the secondary component of the normal heterosexual impulse.

The philosophic students of aesthetics have frequently shown a tendency to regard a subjective identification with the beautiful object as the clue to aesthetic emotion. They hold that we imaginatively imitate the beauty we see, and sympathetically place ourselves in it. Our emotions, as it were, beat in time to its rhythm. Lotze

5. Colin Scott, "Sex and Art", *American Journal of Psychology*, Vol. VII, No. 2. It may be noted that Dr. Sabrina Spielrein (*Jahrbuch für Psychoanalytische Forschungen*, Vol. IV, 1912, p. 483) independently confirms Colin Scott's view of the more primary nature of this imaginative attentiveness in women. There are, she says, two directions of ideas in the lover: "In the first one is usually the subject and loves the outwardly projected object; in the second one is changed into the beloved and loves himself as object. In the men, to whom belongs the active part of capturing a woman, the subjective ideas prevail; in a woman, who has to attract the man, the reflexive ideas gain, even normally, the upper hand. Herewith is connected feminine coquetry; the woman is thinking how she can please 'him'; herewith is connected also her greater homosexuality and auto-erotism; changed into her lover, the woman must to a certain degree feel masculine; as the object of the man she can love herself or another girl who is such as she would wish herself to be—of course always beautiful. I once found a feminine colleague much worried over a succession of envelopes she was addressing. She could not repeat the handwriting she had achieved in the first. On my asking her why that pleased her so much, she suddenly realized that that was how her lover wrote. The need for identification with the beloved was, therefore, so great that she could only endure herself as being like him."

and R. Vischer worked out an aesthetic doctrine of inner Miterleben on such lines as these. More recently, Karl Groos has concluded that the play of inner imitation, inner Miterleben is "the central phenomenon of aesthetic enjoyment."⁶ Lipps, again, is a distinguished exponent of imitation and of what he calls *Einfühlung* as the explanation of aesthetic emotion,⁷ and he has most elaborately set forth his doctrine. It is very interesting, from our point of view, to note that, while Lipps on the whole regards imitation and *Einfühlung* as going together in aesthetic feeling, he stops short at the threshold of sex and declares that here we must make a distinction. We cannot, he says, explain the appeal of a woman's beauty by imitation, for a man does not, for instance, desire to possess a woman's breasts. Yet all beautiful forms, he holds, owe their beauty to *Einfühlung*, and this has nothing to do with the sexual instinct for which the specific form of the opposite sex are objects of a possible real relationship. The aesthetic enjoyment of a woman's figure thus shows clearly, Lipps concludes, that the conception of *Einfühlung* is different from that of imitation (or *Nachahmung*.)⁸

Here we may perceive a deeper reason than we have yet reached for describing the psychological anomaly we are here concerned with as Aesthetic Inversion. The subject of the anomaly is not merely experiencing an inversion of general tastes in the sexual sphere; he has really attained to a specifically aesthetic emotional attitude in that sphere. In his admiration of the beloved he is not content to confine himself to the normal element of *Einfühlung*; he adopts the whole aesthetic attitude by experiencing also the impulse of imitation. He achieves

6. K. Groos, *Der Aesthetische Genuss*, 1902, e. g., Ch. V.

7. See T. Lipps, *Der Aesthetische Genuss in die Bildende Kunst*, 1906, Ch. I.

8. T. Lipps, *Grundlegung der Aesthetik*, 1903, Vol. I. p. 147. It may be remarked that Lipps entirely dissociated aesthetic emotion from sexual emotion. Groos (op. cit. 248) considers that we cannot escape the conclusion that the artistic enjoyment of markedly sensual situations belongs to the aesthetic sphere. Lipps (op. cit. p. 148) thinks that it is decadent to involve the sexual instinct in aesthetics.

a complete emotional identification which is sexually abnormal but aesthetically correct.⁹

Physically, it would appear, this secondary and aesthetic element of the sexual impulse tends to assert itself abnormally in the form of aesthetic inversion in those men in whom the primary and more "virile" element of the sexual impulse is defective. In some, though not in all, cases there is a lack of physical robustness. Sometimes early masturbation has been carried to an excess conducive to lowered vitality. In the case of A. T. we find a precocious auto-erotic sexuality which was probably a significant factor in the development of the aesthetic inversion. In the very complete case of R. M., a highly sensitive temperament was marked by a lack of self-assertion, an inability to hold his own in conflict with others, an undue suggestibility, which was to the subject himself a source of life-long misgiving. In most cases of aesthetic inversion it would appear probable that the sexual impulse as a whole is somewhat below the average in intensity. But in any case, it is certainly inharmonious, atrophied on one side, hypertrophied on the other.¹⁰

It is tempting to suppose that, on the physiological side, the disharmony is associated with lack of equilibrium in the internal secretions, and that certain of the hormones needed to arouse the fully developed normal sexual impulse are defective, if indeed other may not be in excess. It is the tendency of recent investigation to attach great importance to the mutual play of the internal secretions, and we are no longer content to regard the internal secretions of the testes and the ovaries as supplying the

9. Næcke notes that transvestism seems to be specially apt to occur in artists and men of letters. It is probably significant that of the two completely developed cases I have been able to bring forward, one is an artist and the other a man of letters.

10. Kiernan has suggested that aesthetic inversion is due to arrest of development. In this way aesthetic inversion would have some resemblance to the psychic side to what we find in eunuchoidism on the physical side. Eunuchoidism is a congenital or pathologically acquired approximation to the artificially acquired condition of the eunuch; the sexual impulse usually remains normal in direction, though it is weakened and may be altogether absent. (B. Onuf, "A Study of Eunuchoidism and its Various Aspects", *American Journal of Dermatology*, Nov. 1912.) Some of the psychic characteristics of the sex-aesthetic invert, it may be noted, resemble those commonly found in the subject of eunuchoidism.

only harmones operative in sexual development. Thus adrenal hyperplasia or neoplasm has been found to increase the female primary and secondary characters not only in the female but in the male, and adrenal hyperplasia has been found associated with some cases of pseudo-hermaphroditism.¹¹

It is now recognized that the characters of one sex must be latent in the other sex, and we thus have a field in which the various internal secretions may display their stimulating and inhibiting properties. It is possible that in this way we may be able to account for the varied and incoordinated shapes in which intermediate sexual characters are manifested, a feminine strain in the male, as Hirschfeld remarks, so operating that in one case hermaphroditism appears, in a second gynecomasty, in a third sexual inversion, and in a fourth cross-dressing.¹²

However that may be, it is only possible at present to hazard a supposition as to the direction in which the physiological basis of sexo-aesthetic inversion may be found. It is sufficiently difficult to set this anomaly in a clear psychological light with relation to other more or less allied psychic anomalies. I have attempted to do this, as well as I can, so far as our present knowledge extends.¹³

HAVELOCK ELLIS.

11. Ernest Glynn, "The Adrenal Cortex," *Quarterly Journal of Medicine*, Jan. 1912.

12. Swale Vincent, *Internal Secretion*, 1912, p. 75.

13. Hirschfeld, *op. cit.* p. 301. There are, it may be added, subdivisions and combinations of these intermediate states.

THE TRAUMATIC ORIGIN OF NERVOUS DISTURBANCES IN HYSTERICAL CONDITIONS.

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HYSTERIA and hysterical conditions undoubtedly belong to the most difficult and perplexing problems with which the medical profession has to deal. This is to some extent due to the fact that fundamentally there is present in the make-up of such individuals certain peculiar characteristics, partly of hereditary and partly of acquired origin, which stamp them as victims of such an abnormal state of health, ready at any time to manifest itself when the appropriate inciting cause is encountered. Charcot taught that "it was a diseased condition which only showed itself in persons whose nervous system was diseased, degenerate or abused, and regarded it as a disease of degeneracy." It is generally admitted to be a disease of unknown pathology affecting the nervous system, probably localized in the cerebrum, whether involving local parts or diffusely distributed is impossible to say. Starr states that "it is not to be denied that changes in the finer nutrition of the nerve elements underlie and result from it, but they are not, even in extreme cases, recognizable by our present methods of examination." Because of the lack of knowledge of the underlying anatomical characters of this disorder, we are in a measure compelled to place it in a group of so-called functional diseases, which is merely an admission of our ignorance or limitation of knowledge in regard thereto. Because of the predominance of the mental symptoms and because of its responsiveness to such

factors as influence the mind, it is regarded by some as primarily a diseased or defective mental state, with the physical disturbances as secondary manifestations. Another feature which stamps them as predominantly psychical in origin is the frequency with which the clinical manifestations are brought to the surface by conditions which have acted wholly and only upon the mind. These physical disturbances may very closely imitate those of organic diseases, and while there is no visible underlying organic basis for them, they are as real to the patient as if there were such a basis. This fact is apparently not given due consideration by many physicians in their management of such patients.

In those individuals whose constitutional make-up is of such a nature as predisposes to the development of this peculiar symptom-complex, the tendency thereto is further favored by irregular and intemperate habits of life, as well as by many chronic diseased conditions of the various organs of the body, particularly of the nervous system itself.

Of the many inciting causes, there is perhaps not any found as frequently as trauma, in which there may or may not be received some physical injury. That trauma without any apparent organic lesion may be a cause of nervous disturbances, either general or local, has been recognized by Charcot, Brodic, Russell, Strumpell, etc. According to Berbez, a pupil of Charcot, one-fifth of all cases of hysteria are of traumatic origin. It has been found that the hysterical conditions provoked by injuries do not differ in general from those due to other causes, yet possess some characteristics peculiar to themselves. The injury as a rule is not severe, and is usually associated with more or less fright. In a certain number of cases the condition of fright or psychological shock is apparently the only evident inciting factor. It is generally admitted that the circumstances under which the trauma occurs and the mental state of the individual at the time, are of more importance than is the severity or degree of the actual injury. Influences which cause

excitement and fright very much increase the probability of the development of hysterical conditions.

There is perhaps no better way to point out the more prominent manifestations than by reporting more or less briefly the followning cases:

Case 1. Mrs. T., age 51; Widow; reports that she was healthy as a girl. Menstrual function began at fifteen and was normal in every way. Was married and gave birth to five children, all of whom are healthy. Had pneumonia at 37. Passed through the menopause at 38 without any special disturbance. About 45 the death of her husband occurred, following which she suffered a breakdown in which she was extremely nervous and out of strength for a period of about nine months. The family history so far as could be ascertained was negative. On January 15, 1911, while entering a street car from the front end, and when in the act of turning to take her seat, the car started suddenly, throwing her to the floor, on her right side. After being assisted to the seat there was felt pain and numbness in the right arm and side of the body. Upon getting off the car to walk home she states that she was unable to place the foot flatly upon the ground because of the pain produced, but was compelled to bear what weight of the body was necessary on the toes. Following the accident she was in bed about four months, being unable to stand because of pain in the back, nausea and faintness, loss of feeling below the elbow and knee, and weakness in the right arm and leg was present from the first, and for a month there was also some difficulty in swallowing liquids, in that after half a glass was taken it would begin to run out of the mouth. In addition to the loss of use and feeling in the arm and leg, there was more or less misery and pain in the back, more marked on the right side through the chest; and in the back of the head and neck. The headache has been mostly during the afternoon and usually occurred when trying to sit up. Eyesight was impaired so that she was unable to read, and has only recently been able to read large print. There was no

sphincter disturbances. Her condition has very slowly but gradually undergone improvement up to the present time and condition. The examination was made February 28, 1912, a little over thirteen months after the accident. The patient was of slim build and was moderately well nourished. There was considerable enlargement of the thyroid gland. The heart action was irregular and intermittent with a peculiar murmur over the mitral orifice, systolic in time and possibly also during the early part of the period of diastole. There was also a small femoral reducible hernia on the right side. Movement of the facial, ocular and speech musculature was normal. Requested to move right hand and arm volitionally, the patient at first maintained such was impossible. Urged to do so, there was manifested distinct voluntary resistance to the passive movements of flexion, extension, rotation inward and outward of the arm. Later in the course of the examination she could be persuaded to touch the thumb and all of the fingers, close the hand, lift the hand and forearm to the position of flexion and lay it down again. While examining the lower extremities she also moved the arm from across the chest down beside the leg, and with hand adjusted clothing to prevent threatened exposure of the leg. Request to move the right leg met with the same response as in the arm, not the slightest sign of movement. By placing the hand under the right heel while the left leg was being lifted, there was distinct downward pressure on the hand, but when placed under the left heel and requested to lift the right leg, no such pressure was felt. This phenomenon has been found to be of considerable assistance in differentiating between actual and functional paralysis of one or other leg. When an attempt was made to lift the right leg passively with the support of the knee, the leg was held out straight, the foot dropping only when urged to relax it. At first, passive movements of the foot and leg met with no voluntary resistance upon request, but later in the examination did so. The knee jerks were very active and about equal in both legs. There was no ankle clonus,

no Babinski reaction, no plantar reaction on the right side. There was complete anæsthesia and analgesia of the right side of the face, neck and trunk definitely limited at the median line, the mucosa of the nose and mouth being doubtful, and occasionally the patient referred to the prick of the pin over the upper part of the breast as being the pressure of the finger. The epigastric reflex was difficult to determine on both sides. There was complete anæsthesia and analgesia of the right hand and arm to just above the elbow and continuing up the inner side of the arm to the body. On the outer side up to the shoulder, sensation was practically normal along an area about three inches wide. In the right leg there was complete anæsthesia and analgesia of the foot and leg extending several inches above the knee on the outer side, and while not abolished in the inner side was considerably impaired up to the body. Along the outer surface of the thigh over a strip several inches wide and reaching almost to the level of the Iliac Crest, sensation was practically normal, but response somewhat delayed. Placed in the erect position the patient was able to stand but leaned to the right side. In walking the right leg was held stiffly and the foot was dragged flatly upon the floor. The field of vision was apparently not disturbed, and the special senses practically normal. Several times during the examination there was manifested some general tremor, fine and regular, but became excessive, coarse and irregular in the right arm and leg, more so in the arm, intensified by being observed, not intensified when attempting to use the fingers, hand or arm.

After the examination, in company with Dr. J. R. Eastman, who had also been appointed to examine the patient, we repaired to an adjoining room to consult, and upon looking through the door she was seen in the dresser-mirror to use the right arm quite freely in assisting her daughter to adjust her clothing while dressing.

The more prominent features of this case are:

1. The history of a so-called nervous breakdown

following the death of her husband, and from which recovery was very slow and protracted.

2. The absence of any evidence of any local injuries at the time of the accident.

3. The more or less gradual development of the condition until reaching the maximum.

4. The unilateral distribution of the disturbances present and their limitation to the side presumably injured.


5. The peculiar distribution of the sensory disturbances.

6. The responsiveness of the motor disturbances to suggestion.

7. The absence of any indications of an organic lesion.

Case 2. J. D. E.—Male—age 64. Family history was negative. Patient was the youngest in a family of ten children. Entered the army at eighteen and while in it received a blow over the left frontal eminence, which rendered him unconscious for three hours, following which he was apparently as well as ever. At 31 had a right side paralysis coming on gradually and lasting 4-5 months. Was subject to nervous chills following over-exertion or exposure to the sun for 20 to 25 years, but none occurred during the last six years.

On July 2, 1908, during a heated controversy received a blow on the right jaw, and in trying to escape stepped backward off the sidewalk to the ground, a distance of 1 to 1½ feet, wrenching the small of the back. His opponent struck him again on the cheek, nose and mouth, causing them to bleed. Following this he sat on the sidewalk for some time, then walked to the house and complained of pain in the back. The following morning he was unable to place the right foot on the floor owing to drawing of the muscles of the back and hip. After a day or two he was able to walk about the house, and several times walked up town. The night of the 6th he became paralyzed ? on the right side, involving the face, tongue, arm and leg, the face and tongue being drawn to

the right. He could not speak above a whisper. Sensation was also lost. The symptoms gradually improved, the voice returning in a few weeks, and he was able to walk with the assistance of a crutch. During this time he complained of some difficulty in swallowing, having the sensation as if the upper part of the throat were too small. Vision of the right eye was impaired at times, as if it were covered with a net-like film. There was gradual improvement of all symptoms until August 11, when a second attack of paralysis occurred similar to the first, except that there was some involvement of the left side, following a conversation over the telephone, during which he began to feel sick and weak, when he hobbled to the couch, fell on his knees, managed to crawl on the couch, and calling his wife, felt that he was dying. Everything grew black, he folded his hands across his chest, cried "goodbye" to his wife and became unconscious, body being perfectly stiff while being carried from the couch to the bed, where he remained three weeks, when motion began to return, manifesting itself first in the left arm. Control of sphincters was not lost, but there was constipation and supposedly retention of urine for some time. Improvement again took place, the patient being able to be about the house, but could only speak in whispers until June 13, 1909, when a third attack occurred following some physical exertion. While lying on the couch waiting for dinner, found that the mouth could only be opened about half an inch. He took some dinner, returned to the couch and became unconscious, remaining so two days. Was able to sit in the chair on the third day, and since then has gradually improved up to the present time. He has not spoken above a whisper since the second attack. Sensation did not return until eighteen months after the onset of his trouble, and was first felt on the inner side of the ankle while rubbing the foot when he noticed a vein "pop up and become black," after which he felt pain. 

He complains of being paralyzed on the right side, both of motion and sensation, that he has pains in the

back above the right hip bone extending up the back and neck behind the ear to the temple, stabbing and shooting in character, that he has a crackling sensation in the right side of the head as if the bones were rubbing the brain, that he cannot speak above a whisper and is constipated. Examination on October 20, 1910, twenty-eight months after the injury, shows him to be moderately well nourished and fairly good color. Facial and ocular movements normal. While telling of his condition would hold right eye widely open, at the same time constantly batting the left eye. Would hold right side of the face quiet while making contractions of the left, but when his attention was diverted to other conditions the movements of the eyes and face were quite symmetrical and uniform. Pupils and pupillary reflexes normal. Pharyngeal, palatine and laryngeal reflexes normal. Vocal cords symmetrical but adducted but very slightly when trying to whisper. Tongue protrudes in a straight line, but he reports it as having drawn to the right for a time. Movements of the hand, arm and shoulder are slowly and stiffly carried out, tending at times to become almost tetanoid. There is some movement in all directions, but is limited in extent, varying at different examinations and with the amount of persuasion urged. Passive movements met with quite noticeable resistance. Movements in the right leg were similar in character to those of the arm, but were more limited in extent. Walking was carried out with the assistance of a crutch, the right leg being held stiffly, the foot thrown outward and dragged more or less flatly on the floor, thus wearing off the inner side of the sole of the shoe.

All forms of sensation were abolished on the right side of the body, the line of demarcation being sharply defined in the median line, the only exception being that he would occasionally blink his eyes when suddenly and unexpectedly pricked with the needle. Muscular power was noticeably less on the right side. The abdominal, intercostal, and spinal muscles acted symmetrically and uniformly. The tendon reflexes were normal. There

was no Babinski toe reaction, no ankle clonus, no Romberg phenomenon. The superficial reflexes were absent on the right side. There was absence of heel pressure when trying to lift the right leg voluntarily. Eyegrounds were normal, special senses normal for one of his age. No trophic or sphincter disturbances. There was some arterio-sclerosis, pulse full but compressible, heart action intermittent. Condition of the urine was normal.

In this case the more important features are:

1. The age of the patient—64.
2. The emotional factor in association with the character of the injury received.
3. The time elapsing between the receipt of the injury and the culmination of the climax of symptoms.
4. The recurrent so-called apoplectic seizures.
5. The limitation of the disturbances to one side of the body and that being on the side injured.
6. The prominence and nature of the speech disturbance.
7. The chronicity of all of the symptoms.
8. The absence of any positive indications of an organic lesion of the nervous system.

Case 3. C. B.—Male—age 31—Married 9 years. Family and personal history negative. He reports that on November 11, 1911, at 11 A. M. while assisting to move a heavy square block of steel he was thrown against a round iron pillar with his body in a partially stooped position, hips and small of the back against the pillar. It did not seem to hurt much at the time and he continued to work until 3 P. M., when he was taken with severe pain in the back while lifting a heavy weight. Following this he remained in bed a week complaining of pain and soreness up and down the spine, intense misery in the back of the neck and numbness in the left hand reaching to the shoulder. He went to the hospital for several days, where the condition was regarded as a neurosis or malingering, and the patient becoming dissatisfied returned home. Examination at the hospital disclosed an apparent general hyperæsthesia, the slightest

touch applied to almost every part of the body, but particularly over the back, being complained of as painful. Deep pressure at times unnoticed, at others elicited complaint of intense pain. The whole voluntary muscular was maintained in a state of more or less constant tension and rigidity. All movements were carried out slowly, stiffly and limited in extent, but increased by being urged. The tendon reflexes were overactive, the superficial reflexes apparently normal or decreased. There were no trophic disturbances. The general attitude during the examination was one of disproportionate overdoing or exaggeration.

A few days after the return home he began to complain of a growing-cold sensation in the back at the junction of the spine and hips which was followed by numbness, extending in three to four days down into the flesh of the legs, involving the left leg more than the right, and later, some time in January, 1912, involving the arms, more marked in the left. About the time of the onset of numbness in the hips sexual power also disappeared. There have been attacks of loss of power in the left leg lasting from fifteen to thirty minutes. The general condition has undergone very little change up to the present.

Examination was made on April 20, 1912, six months after the accident. He was well developed and nourished, general condition good. Movements of the facial and ocular musculature normal, speech and deglutition normal. Movements of the hands and arms upon request were carried out slowly, and apparently with great difficulty, held more or less rigidly and tensely, undergoing considerable irregular tremor and shaking, becoming more marked the greater the force apparently necessary to perform the various movements. Passive movements of the arms met with quite definite resistance and varied more or less directly with the forcibleness of persuasive requests to relax. Voluntary muscular power in hand and arms apparently lessened, more so in the left. In the performance of grasping, the hand would be felt to

tighten and relax intermittently, also varying with the degree of persuasion urged. Movements in the legs, both active and passive, were carried out in a manner similar to that of the arms, but under a much greater degree of rigidity, tension, tremor and resistance. Prior to the direct examination of the movements of the arms and legs, the patient had been noticed to move both voluntarily but apparently unconsciously quite laxly. Gait was carried out stiffly in a more or less pseudo-spastic character, steps short and jerky, feet spread apart and apparently sticking to the floor, undergoing constant clonic, more or less irregular contractions with a tendency to lean forward and walk on fore part of feet. By repeated urging and insisting that longer steps be taken, he finally succeeded in lengthening them to almost twice the original length. Requested to lift one foot while sitting in a chair tends to lift opposite foot also. Requested to lift either leg while in a recumbent position also tends to lift the opposite leg, exerting no downward pressure with the heel of the foot opposite to the one urged to lift.

Sensation on the right side practically normal. On the left side touch, temperature and pain apparently normal over the forehead, and over the anterior and upper part of the chest between level of the nipple up to the clavicle. Over the face and abdomen the application of heat produces sensation only of pressure. While there appears to be more or less complete anæsthesia and analgesia over the remainder of the left side of the body, one frequently observed a momentary contraction of the eyelids upon sticking the face or abdomen with a pin or applying the hot test tube, and also often a slight muscular twitch of the leg when applying the same to the leg. The tendon reflexes were either normal or quite active. The superficial reflexes were normal except that the left plantar was visibly less than the right. There was no Romberg or Babinski toe phenomenon, no ankle clonus, no trophic or sphincter disturbances.

The more important features in this case are:

1. The peculiar character of the injury.

2. The gradual and progressive development of the various disturbances.

3. The apparent pseudo-spasticity of the voluntary musculature.

4. The prominence and peculiar nature of the tremor manifested when carrying out voluntary movements of the limbs, particularly in the legs when walking.

5. The absence of any evidence of an organic lesion.

These cases in a measure illustrate the more marked characteristics of the symptom-complex that is usually manifested, and while these are rather well-pronounced and more or less typical, one must bear in mind that in perhaps the majority of cases the hysterical features are less sharply defined and consequently necessitate close and accurate observation, combined with careful, painstaking examinations, to determine its true character. For practical purposes it is perhaps most convenient to consider the disturbances under certain groupings. In this grouping may be considered the mental, the sensory and special sense, the motor, the reflex-vaso-motor and trophic, and the somatic disturbances.

The most prominent feature of the mental state is that physical symptoms are created which imitate conditions such as may be produced by an organic lesion. These imitations are frequently of such a nature as to suggest voluntary attempts at simulation, but differ from them in that such manifestations reach a higher degree of perfection than any simulator ever attains, and also in that for the greater part they are unconsciously performed, many of them occurring unintentionally on the part of the patient and without being recognized by the patient as being false. Susceptibility to suggestion is also present to rather a prominent degree in practically all of these patients, and was well illustrated during the examination of cases 1 and 3.

Loss of memory is often more apparent than real. It is rather inconsistent and contradictory, and very often renders the statements of those patients wholly

unreliable. The falsity of their statements is often due to lack of attention, or arises from dreams during sleep or states of reverie during so-called day-dreaming, which they fail to differentiate from actual occurrences. Loss of memory manifested in this condition differs from organic amnesia, in the periodical recurrence, and in its limitation to certain classes of ideas. Aboulia or impairment of will-power is a constant mental symptom. In its common form it is manifested by a difficulty or hesitancy, at times amounting to complete loss of will-power, in performing motor or intellectual acts at will.

Somnambulism, catalepsy and other similar conditions, so common in the ordinary form of hysteria, are rarely mentioned in hysterical conditions arising from trauma or fright. Besides these more or less prominent features of the mental state in so-called traumatic hysteria, there are usually found other disturbances more or less characteristic of the hysterical temperament, such as an abnormally keen sensibility, marked variations in mood out of proportion to the apparent cause, impulsiveness, lack of control over the emotions, thought and actions, etc.

SENSORY DISTURBANCES.

Loss of some form of sensibility is by far the commonest symptom of the hysterical condition. The loss is rarely complained of, cognizance of its existence often not being present until discovered by the physician in the course of his examination. The most common form is a total loss, involving all forms of sensation. There may be a dissociation, and when such occurs the usual form is loss of the sense of pain; touch and temperature being retained. The limits of cutaneous anæsthesia and analgesia are usually sharply defined, and when due to traumatism generally coincides with the parts injured or paralyzed. In some cases, however, the anæsthesia exists in areas scattered over the whole body. To the eye and touch, the skin in hysterical anæsthesia is normal, but shows a diminished tendency to bleed when pricked with a needle; a phenomenon which as yet has not received any satisfactory explanation.

Other features indicative of a hysterical basis are that it never follows the distribution of individual nerves or of spinal cord segments, is more absolute than in most organic lesions, frequently changes position, ordinarily disappears during sleep or during the various intoxications, and can often be influenced by suggestion.

Hyperæsthesia and pains are frequently complained of, as was well illustrated in case 3 in the early stage. In some cases the slightest contact, when attention is centered thereon, may incite expression of most excruciating pain, while deep pressure is well borne. Frequently when the attention is otherwise diverted, manipulation or contact over the same areas are unnoticed. The situation of the hypersensitive or painful areas is variable, its general distribution is extremely rare. When present it is frequently localized either to the point injured or to the so-called hysterogenetic zones. The hysterical pains differ from actual pains in that they usually do not interfere with sleep, are not accompanied by nutritional disturbances, are not responsive to the ordinary dosage of the remedies given for their relief, are difficult to explain, but are probably real to the patient.

Of the disturbances of the special senses, vision is more frequently disturbed than any other form. The vision may be only impaired or there may be total blindness, and when so is mostly unilateral, bilateral blindness being rather rare. Limitation of the field of vision is common, and in many cases is slight, usually from ten to fifteen degrees, and follows the outline of the normal field. When excessive, however, it becomes concentric. Both eyes are usually involved, but the disturbance is more marked in the eye on the side of the unilateral symptoms otherwise manifested. The field of vision often changes, so varies at different examinations. The color fields are also often involved. In some cases there may be a reversal of them. Diplopia is at times complained of and may be confined to one eye. Unilateral diplopia is said to be absolutely characteristic of hysteria and to be of purely psychic origin. Like the loss

of common sensation, unilateral hysterical blindness may exist without the patient being conscious of it. Unilateral partial deafness corresponding to the side of the other unilateral symptoms is said to be one of the commonest hysterical affections, although this was not present in any of the cases reported. Complete deafness is rare, as is also deaf mutism. Loss of taste and smell is usually associated with loss of sensation in the mucous membranes of those parts. Such loss is at times bilateral, but often is also limited to the side predominantly involved by other disturbances.

The motor disturbances comprise paralysis, contractures or tremors. According to Starr "when motor paralytic symptoms develop they usually come on suddenly, are total in that the degree of paralysis is more complete and greater than that found in central brain disease, the face is rarely involved, there is no increase of tonus, no rigidity, no impairment of tendon reflexes, no electrical changes, no sphincter involvement, with the condition of *astasis abasia* often present." In hysterical paralysis the injury itself plays a very subordinate part in its production, since the loss of muscular power tends particularly to follow accidents in which the amount of trauma is slight, but in which the emotions have been more or less profoundly disturbed. While the paralysis may immediately follow the receipt of the injury, as a rule there is an intervening period between the receipt of the injury and the onset of the symptoms of paralysis. Instead of a complete paralysis there may be only a general muscular weakness, a so-called *myasthenic state*, in which the weakness complained of is apparent only, often showing distinct variations in degree and extent. The most common forms of paralysis are *hemiplegia*, *brachial monoplegia* or *paraplegia*, at times paralysis limited to certain movements.

Hemiplegia is more frequently in the left side, does not involve the face, involves the leg as a rule more than the arm, although this often varies with the part injured, is almost invariably associated with pronounced *anæsthesia*,

the paralyzed limb being moved as though it were an inert mass and the tendon reflexes are not morbidly exaggerated.

Monoplegia is said to be the most frequent form of paralysis seen in traumatic hysteria, mostly occurring in the left side and usually affecting only certain segments or muscles. It varies in extent from simple weakness of the fingers or toes to complete paralysis of the whole limb.

Paraplegic conditions are usually sudden in onset, are particularly liable to be accompanied by contractures, are accompanied by loss of sensation, involvement of the sphincters has been reported (La Tourette) but is very unusual, and when occurring takes on the character of spasm rather than paralysis.

Contractures, when they occur, usually come on slowly and may occur independent of any paralytic condition. They frequently follow injuries which on the surface appear to be too unimportant to produce such morbid changes. Their hysterical nature is frequently indicated by their transitory character, by a tendency to recur, by relaxation under the influence of suggestion, by their disappearance under narcosis and by their assuming forms different than those of organic basis. The leg, for example, being held absolutely rigid and straight, or the arm in a position of flexion with fingers tightly closed and drawn across the chest.

Tremor is an almost constant symptom. It varies in type from a fine rapid tremor of the fingers and hands to several types which may resemble those of paralysis agitans, multiple sclerosis or chorea. They usually disappear during sleep and are intensified by excitement or fatigue. The extreme which it can reach was well shown in Case 3. The tendon reflexes are frequently overactive or may be lessened, but are never lost. A peculiar form of ankle clonus, a so-called pseudo-clonus, may be present where the foot is held in a position of extension, but it lacks the rhythm, force and persistence of a true clonus

of organic origin. It is said to occur in about 20 per cent of cases.

The superficial reflexes are either normal, or when its parts are anæsthetic, are absent.

The pupillary reflexes, as a rule, are normal, but may be slow or absent when convergence is weak or when there is spasm of the ciliary muscle. The organic sphincters are rarely involved. There often is retention of urine and obstinate constipation, due partly to a spasm of the sphincters and partly to voluntary opposition to the performance of their normal functioning. The occasional occurrence of incontinence has already been considered. The only vaso-motor disturbance of any consequence, and one which as yet is unexplainable that is sometimes found, is the slight amount or absence of bleeding when paralyzed parts are pricked with a needle. This peculiar phenomenon is rather characteristic and has been the subject of considerable controversy amongst neurologists.

Trophic disturbances are rarely present. There may be some atrophy, and when so is only slight, probably dependent more upon disuse than any disturbance of trophic nerve action.

A prominent characteristic, almost pathognomonic, condition frequently found in these hysterical states is the so-called hysterical joint in which pain is the most prominent manifestation, being intensified by movement, but is apparently due more to the hypersensitive condition of the skin surrounding the joint than to any alteration within the joint. Although there is present such an intense degree of hyperæsthesia, the skin is not reddened and œdema is very rare. The joints are usually more or less rigidly fixed, due to the contracture of the muscles about the joints, this contracture and fixation disappearing under narcosis or sometimes spontaneously under the influence of emotional conditions. The condition involves the knee joint in 50 per cent; the hip, wrist, shoulder and ankle joint following in order of frequency. The onset may appear immediately after an accident, but usually an interval elapses. The development, when

once started, is usually rapid. The joint affected may remain useless for weeks or months, then suddenly disappear. When of long duration, however, organic changes are liable to take place, due to pressure or the formations of adhesions, etc., which may become permanent.

The typical hysterical seizures assuming the features of an epileptic attack are said to occur in about 10 per cent of cases where hysterical conditions arise from traumatic causes. (Krupp). It is sometimes most difficult to distinguish such outbreaks from the true epileptic attack. The more important features of such attacks which are indicative of an hysteric basis are that there is frequently noticeable a definite inciting cause, usually insignificant in itself, yet sufficient to arouse the mental processes leading to their culmination in an orgasm. The presence of an aura is almost constant, the convulsive movements are grossly exaggerated, the period of tonic contracture is prolonged, episthotonus is often marked, the duration of the convulsive movements prolonged—often lasting thirty minutes or more; recovery is usually immediate and not followed by any indications of a confusional state or stupor, although at times they do pass into a stuporous or semi-comatose state apparently not responsive to any form of stimulation and incapable of being aroused, yet with normal vascular and respiratory functions. The attacks frequently recur, rather regularly at certain hours of the day, the tendon reflexes are retained, pupils respond normally to light, there is rarely any loss of control of the sphincters, and rarely any biting of the tongue or self-inflicted injury.

The general somatic disturbances resemble to some degree those of the neurasthenic state. Gastro intestinal disturbances are common—vomiting, impaired appetite, gaseous fermentation, acid eructations, constipation or diarrhoeal attacks being those usually manifested.

Respiratory disturbances consist mostly of attacks of rapidity or apparent dyspnoea, and of a peculiar dry, hacking, irritating cough. This last feature was well illustrated in a case recently examined, where the in-

dividual had been thrown against the side of the seat in a passenger car, in whom the slightest palpation of the chest wall and every attempt at percussion would induce the most violent attacks of coughing, yet neither the ordinary movements of the body nor the most forcible movements of respiration produced the slightest disturbance. Attacks of cardiac palpitation or of tachycardia are fairly common and are frequently associated with attacks of dyspnoea or of gastric eructations. Frequency of micturition at times associated with an apparent dysuria is not uncommon. Disturbances of sleep with its secondary results also prove a frequent cause of complaint, yet observation shows that as a rule they obtain a great deal more sleep than is admitted. Many other somatic disturbances occur, but as the subject of this paper deals with the nervous disturbances, the former will not be considered further.

DIAGNOSIS.

The more prominent characteristics of the hysterical nature of manifestations referable to disturbed functions of the nervous system are pretty clearly illustrated in the few cases reported, but, as has been stated, not all cases are so clearly defined. One often meets with a condition where the symptoms manifested have the character not only of an hysterical nature, but also those of some other functional or organic disease. One frequently finds a combination of hysterical neurasthenic symptoms or hysterical manifestations superimposed upon an organic basis, so that it requires and demands the exercise of a great deal of carefulness, close observation and judgment in the determination of the true status of the manifestations presented.

We must bear in mind that in children there rarely is found the variety of symptoms presented in the adult, and in the former motor paralysis of some form is the most frequent manifestation. Moreover, in adults there may be only one symptom manifested, thus rendering the diagnosis correspondingly difficult. It must also be kept in mind that when psychic shock alone is the ex-

citing cause the symptoms are usually less localized and more commonly consist of aphonia, convulsive manifestations, stuporous or comatose states. It is also well to remember that the greater the number and variety of symptoms presented, the more probable is it that the patient was hysterical before the injury. It is also a significant fact that it is almost unheard of for an anæsthetic part to be injured without the knowledge of the hysterical patient, thus differing definitely from the anæsthesias of organic basis where such lack of knowledge of an injury received is invariable. Since there is scarcely to be found an organic lesion of the nervous system with its accompanying signs and symptoms which the hysterical state cannot imitate, one is justified in making the diagnosis of an hysterical basis, only after the most rigid and painstaking examination fails to disclose the presence of a palpable, structural change as responsible for the symptoms manifested: that is, one must exclude first every possibility of an organic lesion of the nervous system before falling back upon the diagnosis of the so-called functional disturbance called hysteria.

PROGNOSIS.

So far as recovery from this condition is concerned, one is safe in saying that it is difficult to find a more uncertain proposition in the whole realm of medicine. The seriousness as regards life depends more upon the nature of the physical injury received than upon the hysterical complex manifested. Since there has not been a case of hysteria reported as fatal in which microscopical examination has excluded visible pathologic changes in the nerve tissue, it is rather a safe rule to say that the hysterical condition does not cause death, and does not destroy nervous tissue, hence, may be regarded as recoverable. To this, however, Starr makes one exception, when he states that "spinal sclerosis may develop from contracture, an almost unique example of structural change resulting from a functional disturbance." It is not by any means an easy matter to say positively when these patients are cured, but in general it may be stated

that when objective symptoms have been absent for a year or longer, a cure can be assumed. Probably the most prominent factor concerned in rendering the prognosis so uncertain is the question of litigation, and so long as this is pending no patient with traumatic hysteria need be expected to get well. But even after this source of irritation and anxiety is removed most cases still hang on for a varying period, and in general it may be said that many of these require a year or so before the hysterical complex can be suppressed. We are apt to forget that when the hysterical characteristics have acquired control of the situation they cannot, with few exceptions, be completely abolished at will. Other factors which cloud the prognosis are the previous existence of chronic diseases, alcoholism, arterio-sclerotic conditions, etc. From a prognostic standpoint one must take into consideration the patient's purely psychological characteristics of attention, of memory, of mood, emotions and temperament, of will and of conduct.

TREATMENT.

The treatment of these cases can only be indicated in a general way. Every case is a problem of its own. No two patients can be managed in the same way. Appropriate medical attention must be given to those individual symptoms requiring it. On the whole, however, much more depends upon the regulation and management of the habits and mode of life. One must as far as possible guard against injurious social, moral and mental influences. The essentials of normal living, which such patients cannot gather for themselves, must as far as possible be supplied. Frequent and positive assurance, encouragement, mental and moral support are constantly necessary. Pleasurable diversion, some form of mental and physical occupation to divert the attention and thought from morbid into more healthy channels. An important point in regard to whatever form of occupation or diversion is chosen is that it should not be left to the discretion of the patient, but should be carried out under the most careful supervision of some one in control to

regulate the amount done and insist upon regularity of performance. Too often this is left entirely in the hands of the patient, and unfortunately they are the poorest of all judges as to how and what to do what they are advised. Failure to attend to this point is almost certain to result in the failure to attain the desired effects.

The same careful attention to and regulation of all of the habits of life are absolutely necessary to deal with such patients adequately. In addition, assistance is gained by utilizing such factors as hydrotherapy, electro-therapy and mechano-therapy in various forms, the particular form used depending upon the objects to be achieved and the personality of the patient with which one is dealing. When these ordinary methods fail, it then becomes necessary to resort to more radical measures, such as isolation, the so-called rest cure, change of scene and associations, and change of climate.

In spite of all the measures utilized and methods adopted, these patients are apt to tax to the uttermost not only all the ingenuity, but also all of the patience of the physician in charge.

THE FEEBLE-MINDED A SOCIOLOGICAL
PROBLEM.

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THE Victim, the Scourge, and the inevitable procreator of a decadent Humanity is the Imbecile of whatever grade. Thus tersely may be described this plague-spot in the social life of the ages.

Appealing to present as to past centuries, it has yet met no permanent relief—society no fitting redress. Ever misunderstood, though rightly adjudging a distinct race, we trace degenerates as wanderers through many ages—many lands.

By the ancients regarded as objects of derision, aversion or persecution, the appellation "imbecile," not only inspired horror and disgust, but meant for the unfortunates a forfeiture of all human rights and privileges; so in the belief that these hapless ones were accursed of the gods, or in the effort to preserve, at whatever cost, the integrity of the race, the practice became common among some nations of exposing their weaklings to perish. Of those who escaped these drastic measures, we find mention now and again, but as set apart, hedged about by ridicule and scorn and tolerated only for the sake of diversion and amusement.

The dawn of Christianity was for the mental defective the first gleam of commiseration. Three hundred years later, when Constantine Magnus was Emperor of

the West, St. Nicholas, the good Bishop of Mira, recognized and tenderly cared for the imbecile. Later again, in mediæval times, they posed as fools and jesters or, regarded as "children of the good God," they wandered unmolested in Europe and the Orient. Again they were viewed with superstitious reverence and, it is said, that Tycho Brache had for his close companion, a fool, to whose mutterings the great astronomer listened as to a revelation. Among the Turks and in many parts of Ireland and Brittany, this same extravagant idea regarding these innocents prevails; in Brazil today, an imbecile in the family is considered more a joy than a sorrow; the American Indian allows the child of the "Great Spirit" to go unharmed; and the Koran gives for them a special charge to the faithful.

The first law regarding mental defectives we find during the reign of Edward the 2nd, when it was enacted that the King should have the custody of the lands and property of natural fools, as their legal guardian.

The first organized effort for rescue, care and protection of the feeble-minded is found recorded in the middle of the 17th century when, obtaining from Ann of Austria permission to use as an asylum for foundlings the ancient Chateau of Bicetre, St. Vincent de Paul and his Confrerie de Charite gathered there the defective children of France.

In the case of the Wild Boy of Aveyron, esteemed a savage, we find formulated the first definite scheme for the awakening of backward intelligence, when Itard—Physician to the School for Deaf Mutes in Paris—an enthusiast in the new school of physiologic education then being carried forward by the Abbes Sicard and de l'Epee, interested in the boy as a subject for experimentation, devised for him a program which should lead by the exercise of the senses to the awakening of the emotions; a program designed to cover all steps from savagery to civilization, and gradually to the full development of normal powers.

But Itard failed to recognize that imbecility of which both Bonaterre and Pinel had warned him might be there; yet, after five years of unceasing toil and bitter disappointment in hoped-for results, he might have found his truest consolation—had he but known it—in the fact that his intense sympathy and interest in his pupil had led him, although unwillingly, to modify his methods to meet the needs more of the defective than of the savage for, as the endorsement of his work by the French Academy reads: "It presents a combination of highly instructive processes, capable of furnishing science with new data, the knowledge of which can but be extremely useful to all persons engaged in the teaching of youth," which word of prophecy was more than fulfilled.

Edouard Seguin, the interested pupil and co-worker of Itard, recognizing the value of his methods for the development of defective intelligence, opened in 1837, a private school in Paris for this avowed object. Building upon Itard's methods for the awakening of the emotions through the exercise of the senses, adding to it Locke's theory of the connecting link between sensation and idea, Seguin gradually formulated a program which, verified in Paris, he later brought to America and lived to see it the fundamental principle governing the development and training of mental defectives throughout the world. It involves the careful diagnosis of physiologic and psychologic conditions, the development and strengthening of faculties and aptitudes or, as necessity may indicate, the restraining of certain instinctive and moral tendencies. These all combine to form a basis upon which others entering into his labors have builded and enlarged continuously.

Working upon the theory which Huxley so forcibly enunciates, that the sense of uselessness is the severest shock which the human system can sustain, and that if persistently sustained it results in atrophy of function, observation and experimentation have revealed manual training applied in many ways to be a superlative motion in the development of mental defectives.

As schools for the feeble-minded have multiplied and increased with population varying from one hundred to the fifteen hundred mark, individuals of similar aptitudes have been massed, separating the trainable from the untrainable, until a clear-cut grouping according to ability and with corresponding occupation has been formed.

Finally from this experience an Educational Classification has been formulated at the Institution of Elwyn, Pa., as follows:

EDUCATIONAL CLASSIFICATION

of

MENTAL DEFECTIVES

Asylum Care

IDIOT.

Profound—Apathetic; Unimprovable; Excitable. Superficial—Apathetic; Slightly improvable; Excitable; Improvable in self-help only.

IDIO-IMBECILE.

Improvable in self-help and helpfulness. Trainable in very limited degree to assist others.

Custodial Life and Perpetual Guardianship

MORAL-IMBECILE.

Mentally and morally deficient. Low-grade—Trainable in industrial occupations. Temperament bestial. Middle-grade—Trainable in industrial and manual occupations. A plotter of mischief. High-grade—Trainable in manual and intellectual arts, with genius for evil.

Long Apprenticeship and Colony Life under Protection

IMBECILE.

Mentally deficient. Low-grade—Trainable in industrial and simplest manual occupations. Middle-grade—Trainable in manual arts and simplest mental acquirements. High-grade—Trainable in manual and intellectual arts.

Trained for a Place in the World.

BACKWARD OR MENTALLY FEEBLE.

Mental processes normal, but slow and requiring special training and environment to prevent deterioration.

Defect imminent under slightest provocation, such as excitement, overstimulation or illness.

In accordance with this, the untrainable idiot with no articulate speech and no power of consecutive thought, is remanded to nursery care in asylum, together with his brother the idio-imbecile, whose very limited advance in mentality will admit of his being trained to assist in his care; and the trainable imbecile is grouped in classes and work shops.

With methods of training embodying more or less of this classification the large training schools of today present a community of workers; farm, garden, house, kitchen and laundry having each its corps of busy aids; as have also the various trades of shoe-making, tailoring, dressmaking, carpentry and printing. A trained choir leads in the religious services, while a band, orchestra and chorus and in many schools a trained company of actors and athletes, provide amusement and entertainment for all. It is in this quiet routine—this regular alternation of work, rest and amusement periods—that the imbecile finds his only safety.

A prolonged observation of the emotional and moral tendencies, shows a predominance of the former over the latter, amounting in many cases to an absolute exclusion of the moral sense necessitating life-long seclusion, surveillance and protection.

The boys who go out into the world, find this routine and the discipline so necessary to them, only in an army-post or in the marine corps; and some have been fortunate in enlisting; the majority of the girls, however, drift inevitably to ruin.

The homes are unequal to the task of either stimulating or compelling, and more than one poor soul returns gladly to the institution he was once so eager to leave, with the exclamation: "I can't get along. Somehow they don't understand me!" while others soon drop out of the race and the unequal competition with normal, drifting into the dependent or the criminal ranks. This is un-

failingly the fate of that class of Moral Defectives found in all grades of imbecility; developing in the lower the bestial qualities—in the higher that skill and duplicity, making veritable artists in crime. Thus it will be seen there must be the ever-compelling hand keeping him up to the maximum of endeavor, lest through apathy or indolence he develop insanity or degenerate into idiocy. Equally, there must be the watchful guarding from excess of any kind and the safe-guarding from temptation.

In the training schools which are veritable homes for children, all this and more can be managed for him. Out in the world, according to opportunity or proclivity, or too often from inherited propensity, he is sure to become the victim of the vicious into whose toils he will often fall from sheer loneliness—a feeling he is unaware of in a community of his fellows where, not only is he protected from vice, but society from the inevitable increase of which he will be a certain factor.

It is absurd to speak of cure. Defect is not disease, and even when brought to its best condition, that irresponsibility—the unfailing characteristic of this perpetual childhood—precludes permanent success in anything. Without the sustaining and protecting hand he will fall sooner or later, bringing disaster to himself and others. Protection there must be; for the imbecile from the world, and for society from him, for this whole matter of transmission of ill cannot be too carefully guarded against.

The influences of environment carefully noted have not only been of inestimable value in training, but have given in time laws of cause and effect of even greater value.

Family history, and causes hereditary or accidental being investigated, and, as upon physical efficiency depends mental potentiality, every sense avenue interrogated and tested, it will readily be seen that in approaching the study of mental defect, a correct diagnosis is of primary importance. The great difficulty that almost

always confronts one on the very threshold of diagnosing is that of distinguishing defect from insanity.

Now Insanity is a diseased condition of the brain affecting the integrity of the mind, characterized by intellectual or emotional disorders; whereas, imbecility is a deficiency of brain matter with permanent impairment of the intellectual faculties; as Esquirol so cleanly puts it: "An insane man is deprived of advantages which he formerly enjoyed. He is a rich man, who has become poor. The idiot, on the contrary, has always been in a state of want and misery." Thus you will readily see the difference is a wide one. Insanity, being a disease of the brain may prove curable, but imbecility—which is defect—a lesion of the brain—is hopeless so far as cure is concerned. We cannot supply or cure what isn't there. This confusion of terms, however, has some reason. Not infrequently, among the feeble-minded, there is intercurrent insanity—*dementia præcox*; again among the insane there are cases that have their origin in mental defect; thus, the idiot born with limited brain capacity and the dement whose brain is worn out are very near akin. It is a distinction in difference, not in kind.

A consensus among students in many lands confirms conclusively the opinion reached; viz., that any mal-nutritive condition tending to prevent, arrest or retard development in the human species, must result in idiocy or imbecility. As provocative of such condition the hereditary causes acting singly or in combination are most potent. Heredity is here proven law! Heredity—whether direct or indirect—as inexorable as death itself.

Accumulated data drawn from family histories carefully investigated has afforded foundation for authoritative opinion, and upon such basis various studies have been made from time to time by alienists of repute. With the aim of reducing these yet more closely to concrete form, carefully graduated tables of causation have been worked out on the Continent, in England and America; convenience dictating a division into three periods, causes acting before, at the time of, and after

birth. All agree in finding heredity the most fruitful cause.

Heredity recognized in all ages, among all peoples as an acting, dominating power in the progression or retrogression of races is decried and repudiated by some, from a simple misunderstanding or misconception. Thus a disease, or defect, or a weakness need not necessarily be reproduced in its exact form of, for example, tuberculosis, drunkenness, or epilepsy; but during the daily intercourse and cohabitation of individuals thus affected, there may be, and often is, a coalition and interfusion producing an evil far worse than any of these—it may be idiocy, imbecility or insanity. Or else there may be a blending of nerve tissue and fibre of such vicious quality as to produce a “poor make-up,” so to speak, in the off-spring who, with no resisting power, succumbs easily to sudden attack or to the influences of unhealthful environment, too often transmitting its burden of accumulated ill. For unfortunately, even among so-called respectable people, the procreation of the human species does not receive a tithe of the attention given to that of horses, of flocks or herds. Yet we hear a lot of bombast against “surgical interference” as a crime against the inalienable rights of man. Inalienable rights! Exercised to poison his neighbor’s family stock—to flood a community with paupers for the state to support! Such would under another guise merit and receive the just reward of penitentiary or gallows. That a highly emotional race, such as the imbecile, with exaggerated sexuality and no power of conscience to restrain him from being either seducer or victim, must be a highly prolific one is but a natural law governing all animals. The Tribe of Ismael is a noted example which the records of all institutions for the feeble-minded but confirm.

In my own personal investigation of 4050 cases I find by far the largest per cent—25.43—due to an inheritance of idiocy and imbecility direct. In one of these cases both parents being wholly defective—the father only 38 years of age—there are no less than 19 defective

children; another case shows 8 microcephalic idiots; and yet another from similar stock numbers, in three generations, 34 imbeciles. In another family, the mother an idiot, has given birth to 7 idiot children.

Nothing is so readily transmitted as defect and unless strongly counter-balanced by an infusion of pure blood, its lack of resisting power and early affiliation with other neuroses continually intensify it. Often in spite of prepotency the taint lingers, and in the fourth or fifth generation, there will be a physiologic house-cleaning and a degenerate is bound to appear. Not only unrestrained cohabitation, but immigration, is responsible for this swelling of our degenerate population.

New York receives over one-fourth of all immigrants coming to the United States, and 80 per cent of these are found on arrival to be either insane or mentally defective. Census statistics of the feeble-minded show 30 per cent to be the progeny of aliens or naturalized citizens. The financial outlay of caring for these is enormous; but yet more disastrous is the influence of such on the race question, the feeble-minded being, we have noted, a class highly prolific.

When we view such an outpouring can we wonder that the splendid work of scientific investigation, discovery and reform is overwhelmed? By a flood, too, which needs only the strong arm of law restraining immigration and enforcing separation, segregation and asexualization, assuring true life and freedom under law alike to society and to the degenerate.

That the true end of segregation and separation in asylums is largely frustrated by the sending out of the imbecile unrecognized or unfit for self-control or self-protection, there can be no question. Indeed, worse than frustrated, it is too often perverted into a disguise so complete that the world either refuses to recognize him as defective, or accepts for his case the fallacy of cure, leaving him free to pursue instinctive tendencies too often on criminal lines.

Such withdrawals, frequently the work of imbecile parents, are of common occurrence in all our institutions.

Equally true is it that the only solution of the problem of such dissemination is to be found in asexualization. Once adopted as a preventive of Race Suicide, and a means toward Race Culture, the public mind will readily adapt itself to it, as merely a new system of quarantine carrying us forward to yet higher ideals in the procreation of humanity. In the light of such conditions may we not with clearer vision find in the custom of the Greeks allowing their weaklings to perish, but conformation to Nature's law, which sustains the genus even at the expense of the individual?

Are we more wise or merciful in first permitting the procreation of defect and then, failing in recognition, spite of the warnings and admonitions of science, treat as criminals these victims of our own ignorance or neglect? For that is what we are doing today, I venture to assert, in every State of our Union.

But a few years since, this point was made clear to a jury in Philadelphia, and the annals of the State preserved from the blot of murder which the hanging of Samuel Henderson would undoubtedly have been.

Only a few weeks since I was again summoned to examine a boy in a neighboring state who, convicted of burglary, was saved from the whipping post, the judge accepting my diagnosis of moral imbecility and utter irresponsibility.

Such practical exemplifications of theories which the sciences of physiology and psychology have evolved should convert the most skeptical and convince the public that imbecility being defect, not disease, is therefore beyond the pale of cure; that psychic defect, either of the emotional or moral nature, may be as entire as is the defect of sight or hearing in the physical, demanding care, protection and always recognition of corresponding irresponsibility.

Our institutions are doing much in this line, above all

in providing as means to an end congenial employment as either incitement or sedative.

The individual thus treated growing content in familiar and attractive environment with no undue responsibility, in regular alternations of work, recreation and rest arranged for him, lives protected from the world and the world from him. We have in this combined the wisdom of the past, the race is protected from contamination—the weakling from temptation.

That the public in both church and state is slowly but surely awakening to the crisis is evidenced in the recognition of backward children and the special schools furnished by Boards of Education in most of our large cities for their benefit. This, as has been clearly demonstrated, is a class not actually defective, but so handicapped by undeveloped conditions, from causes inherited or accidental, that defect is imminent upon any provocative incident, upon illness, shock, over-stimulation or prolonged fatigue. For those, after careful preparation and given opportunity for quiet selection without excitement, many avenues open, and they may, after passing the critical stage, enter the arena of life normal men and women; whereas, without such recognition and provision, they must, sooner or later, join the ranks of defectives.

The value of such schools, therefore, cannot be too highly estimated; and as a means of lessening numbers they must in time aid largely in the work of prevention.

Europe, Austria, Servia and Italy lead in forbidding the marriage of degenerates; as does the Argentine Republic. England does not forbid marriage, but makes sexual intercourse with a married degenerate, a penal offence.

No less than 35 states, including the District of Columbia, have laws restricting the marriage of those deemed unfit, for causes specified as follows: insanity, idiocy, epilepsy, venereal diseases, drunkenness, indigence and incapacity for consent from lack of understanding.

Dean Sumner, of the Cathedral of St. Peter and St. Paul in Chicago, is pioneer in the church method of

racial betterment by demanding a certificate of good health, mental, moral and physical, by all seeking marriage; and the federated churches of Cleveland, Ohio, have recommended that the same be required by all the ministers of that city, as has also a recent missionary convention at Reno, Nevada.

The Rev. Charles M. Sheldon, (author and lecturer) announces that he will never marry another couple unless a physician's recommendation is produced with the license, and the Probate Judges' State Association has prepared a bill for submission to the Legislature of Kansas, embodying this feature.

What remains to make this wholly effective is to make it obligatory by the National government. More than a mere census of numbers is a census of defect. More than the registration of voters so insisted upon is the registration of defect in every home and school, and the relegation of defective members to that care which, first by surgical procedure, forbids procreation; next by training in congenial occupations withholds numbers from the criminal ranks, and provides an efficient corps of laborers and artisans in the institutions, reducing largely the cost of maintenance; and by developing what is best in the individual, latent or self-evident, making him permanently a useful member of his community and, as aiding in the care of the helpless, a true son of the state.

Thus and thus only may we compass alike the welfare of society and of its weaklings, and furthermore in the development of the race, protected by healthful quarantine, insure the natural decay and final disappearance of degeneracy.

EUGENICS IN THE MAGAZINE, ESPECIALLY
THE MEDICAL.

An Overflow Editorial.

BY C. H. HUGHES, M. D.,

Editor Alienist and Neurologist.

AS self-preservation is justly considered the first law of nature the rule of action of the magazine for the profession and people should be the welfare of the individual and the community it serves. The motto of the writer's native state, for example, "Salus populi suprema lex esto," might well be selected as the motto of the medical editor "Pro bono publico et professionis."

In fact such should be our aim in all we do, excerpt or write. In the direction of eugenics we should seek so far as we may, to follow out in our pages the suggestion of Dr. Burrell, late President of the A. M. A. the Harvard Medical School, the A. M. A., and elsewhere as to lectures for public enlightenment on medico-sanitary matters. Hygiene, mental, nervous and physical, is sanitary eugenics and the more the people and the profession learn in this direction the better for us and our country's welfare and for our consciences, for the medical editor, as all editors, should act conscientiously for the good of himself and all concerned, even in regard to the letting of his advertising space. The old time doctor's idea of looking wise and keeping mum before intelligence seeking people on matters medical and sanitary, is a mistake, from which we, as a class of truth-seeking and eugenically intentioned practitioners and promoters of the healing art, have greatly suffered in public esteem, in quarters where ignorance of our own real medical merit, purpose and performance

prevails, even though we look less wisely and say more—though not enough.

The prominence, sometimes dominance and human life perils of certain erroneous, half and often wholly false, views of healing power and methods prevailing largely about us, is greatly due to our own reticence before the public. We have acted unwisely or rather failed to act with wisdom in the premises.

We have too long hidden from public view the lights of scientific revelation which shine for us and for the welfare of mankind. Let us adopt a wiser and more eugenically dutiful policy toward all mankind, together with our brethren of the practicing medical profession in our enlightening and shine like the sun for all the world.

Let us acknowledge and act openly as the editorial representatives of the greatest of earth's callings, our purpose being as it truly is, to heal and help and advance the welfare of man.

The clergy are taking an interest in medical matrimonial eugenics. Let us help them and our lawmakers also to make right laws for mind and body salvation at the matrimonial altar and save our cradles from contamination of disease and defects of mind and body, to our honor and glory, and with the approbation of the God of Nature who signals to us in a thousand ways, His approbation of every human effort at advance toward His scientifically revealed design of ultimately evolutioned perfection of human beings in minds and bodies.

Every vocation in life and every human being should profit through our eugenic counsels. They are quite as worthy of being bred and brought up aright sanitarily as the beasts of the field and pasture, and the dogs and cats and bird pets of the household. Even as the cattle on a thousand hills and these domestic animals require our eugenic concern, so should the children of every household.

I need not here specify the well known and numerous far-reaching pathic forces that threaten individual lives and race extinction, like the venereal and toxic habit

forces, such as the alcoholics and other narcotics, which we are bound to rightly understand and seek to protect society against.

All the mind and life threatening diathetic states claim our special attention and monitory service to the profession, to all the professions, occupations and all the people.

On certain matters we should write more often for and to the people far more than we have done heretofore, as well as the profession.

As a further instance of public awakening the writer was called upon lately by the specially interested parties contemplating matrimony for a formal and specially written opinion concerning the probable safety of probable offspring of the intended marriage where one of the parties was descended of a mother who, subsequent to his birth, had, after another labor, with twins, an irrecoverable attack of puerperal insanity. [See *Alienist and Neurologist* for August, 1912, article, "Apropos of Hymeneal Eugenics."]

The spreading interest of the laity in Eugenics, both physical and psychical, will bring to the fore this important matter, leaving diathetic and infectious states and certain surgical procedures to us and we shall have new monitorial duties to engage our attention.

Some of the surgical procedures of the past, decided adversely, will come to the front for reconsideration, such as Batty Tuke's normal oophorectomy, Baker-Browns cliterodectomy, the asexualizing of men by vasectomy, etc. It is better that the genital centers should perish in certain individuals than that morbidity should be propagated. Better wasted or lost testes or ovaries than saved decadents and we should so advise doctors, divines and the populace.

Our wise and worthy colleague of the *Medical Record* makes a judicious selection germane to our subject, from that equally wise and judicious brother of the *Boston Medical and Surgical Journal*, the same being an excerpt from the venerable Jacobi anent the general practitioner, toward whom we have an impelling duty.

I read:

"A. Jacobi states that while one should continue to admire the specialist, one should learn to revere the general practitioner. In twenty-five years the latter will recover the place of honor which was his fifty years ago. Alongside of his other work he will help to build characters and souls. He will then be again the general adviser, having learned from the laboratory men and the specialists who are the modern handmaids of practical medicine; knowing the history of his trusting friends and taking an interest in their wholeness and wholesomeness—the chum of the old people, the intimate of confiding girlhood, and the uncle and oracle of the children."

The general practitioner is our working associate, who will learn of us also and carry out to sanitary and eugenic fruition the conclusions of our research and monitory labors. We should, therefore, fully and zealously lay before him the best methods to be gleaned from every source for saving the people from the pestilences that destroy—the pernicious pestilences and poisons, personally and atmospherically borne, and germs and other agencies of disease and decadence markedly manifest or insidious and above all I place that worse and more threatening power for race destruction, the too often not duly appreciated psychopathic diathesis which has brought about the death and destruction of the once flourishing nations of antiquity, a force more powerful for a people's extinction, though insidiously silent in their individual and race-destroying power, than Vesuvius and the destruction of Pompeii.

As brevity is a virtue in a medical contribution as it is the soul of wit in flashes of mind, I stop here that you may further work out, think and write out this suggestive and vital subject. My eugenic sense of propriety prompts me to refrain from exhausting you and my almost boundless subject at one sitting.

P. S.—This note was intended as a hint for action for the Association of American Medical Editors but was not presented because of unavoidable circumstances pre-

venting attendance. This also will explain and extenuate its cursory and non-detail character as to certain essential facts, "a word to the wise being sufficient."

We have for too long a time let the quacks only, post the public as to essential matters medical and they have mislead by commercial perversion of knowledge.

ARE WOMEN POLYGAMISTS?

BY WILLIAM FRANCIS WAUGH, A.M., M.D.,

Chicago, Ill.

THE world has definitely condemned polygamy. No sociologic question is more decidedly settled than this. Even before the dictum of Saint Paul had become an article of faith, civilization had adopted monogamy and polygamy was becoming unusual. Only in the semi-civilized East does the latter survive; and in the present downfall of Turkey we probably have an instance of its degenerative tendency. The Turkish peasant—who is monogamist—has shown himself abundantly possessed of the soldierly qualities that have made him proverbial—to fight like a Turk—yet the armies of the Porte have collapsed through the incapacity of its officers. A reasonable explanation may be found in the system of society where the success that raises one man above his fellows enables him to acquire a harem, in whose joys his energies are dissipated.

Monogamy is enjoined by every modern religion and code. It is supported by the common sense of the day. It goes without question or argument. It is an ideal established in the heart of every man. Poesy is the utterance of the soul, and no poet has so endeared himself to his fellowmen as he who gives expression in words to the simple emotions, the heart-throbs of humanity, like Burns. But the soul of poetry is monogamy—devotion to one and one only.

“Oh, for a lodge in some vast wilderness,

With one fair spirit for my minister;”

is the aspiration to which every manly heart beats in quick response. Just imagine changing it to read ‘two fair ministers;’ or a harem of them. Here we draw the line. Men may write endlessly of their crimes and passions, they may depict the

lure of the gambling table, the Berserker's rage for slaughter, or ring the changes of the innumerable Bacchanalian odes till they reel through the besotted—

“Drunk again! Drunk again!

Oh how nice to be drunk again!”

Incredible debauchery and obscenity may characterize the intimate talk of the commoner sort; but even the most depraved would turn with disgust from him who should presume to celebrate the joys of multiple cohabitations.

It is therefore with considerable surprise that one who has studied humanity long and carefully is driven to the conclusion that women—many of them—are essentially polygamists. Not purposely or even consciously, but instinctively, and therein lies its profound significance. Charge any woman with this and she will deny it vehemently, passionately, protesting with heartfelt sincerity her repudiation of the thought of sharing her husband with any other woman. But let us consider:-

The Eastern harem presents the picture of a solitary man surrounded by a swarm of women, wives, odalisques, slaves and concubines. Each of these seeks to attract the favor of the master, and for this employs the arts of her sex, adornment, accomplishments, seductions, scheming intrigue and crime; for the war of women is merciless and unscrupulous far beyond that of man. No rules are obeyed, no limits observed, in pursuit of the object; success excusing all means employed to attain it. Not that sexual ardor rules; far from it; or that any of these women feels any special ‘love’ for the man. The dominating thought is to ‘beat the other women to it;’ to triumph over them. Without this incentive the normal woman would veil her charms except at her mating seasons, to avoid arousing the amorous appetite of her mate.

Glance at the state of social affairs in civilized states, and note the numerous points of similarity. Women act in groups, men act individually. Place a proposition before a single woman and she is bewildered until she has the opportunity to consult her sisters. She will not wear the most becoming garment unless she knows that it is ‘the style.’ Her thoughts, beliefs and actions are governed by the fashions.

The wise man who desires the support of the women lays his matter before a group of them, not before one alone.

A man's affections settle upon one woman. To him she presents the sum of all desirables, and to him alone. His choice is governed by affection. To waken the choice of a mate is a matter for cool deliberation, weighing of chances and qualifications. She looks over her field and makes choice of the most eligible. This is the man most other women want. As in the harem, the contesting women employ their arts and artifices to win to themselves the coveted prize. Wealth and rank are weighed against youth and beauty as always, health, disposition, liberality, habits, all receive a minute consideration that would surprise many an unsuspecting suitor. Any man who shows to the front is tolerably sure to be quickly surrounded by a swarm of adulating women, each seeking to attract his especial attention. How many proposals did young Astor receive since his father's death? Listen to the talk of the women over the last engagement; it is never how much she loves him but how did she do! If she has thrown herself away on a poor man—"the big fool!" Does she marry a wealthy man?—fine! A Baron—goodness! An Earl—grand! A Prince—!!!!

Listen to men in the club talking over the affair; is she pretty? Is she witty? Is he getting the girl he wants? Never does one ask how much money she has—and if the man is marrying money, somebody snorts—"the cad"—and the men shrug and drop the subject.

Men expect men to marry for love; women expect women to marry for position.

Don't blame the women, for they must count the cost, and look out for the welfare of the coming race. Only, appreciate the truth.

Having made her choice, the arts of the toilet are brought into play to enhance her attractions and conceal her defects. Her accomplishments are paraded, glances, gestures, allures, practised for hours until she perfects them; his likes and dislikes studied, and the woman's life battle is waged over him. Meanwhile worth sits neglected in the corner while the women swarm about Midas.

The pre-mating period is woman's bloom. Her physical allurements reach their acme, her faculties are stimulated to their highest point. She is witty, vivacious, playful, keen, sympathetic, appreciative, chummy, in every way desirable and adorable. Success in life to her means marriage. Her lifework begins and ends there. Triumphantly she carries off the catch of the season, and the campaign ends in the blaze of glory at the wedding. Then—what?

Too often, disenchantment, and ennui. The excitement of the chase is past. Possession is the time for examination of the prize of victory. It does not seem such a prize now, and comparison with other men, richer, higher, handsomer, taller, fairer, et cetera, brings the conviction that instead of winning the most desirable she has thrown herself away on the least worthy. The incentive is gone, and she misses the zest of the chase. She sinks into sloth, lolls about all day, too lazy to keep herself clean or neat, too indifferent to exert her wits to entertain, and her husband who expected something different soon finds that to him matrimony has brought only responsibilities and expenses. Her faculties vegetate, her brain gets fatty, her figure sprawls, her whole being stagnates.

Now let some predatory widow appear on the scene, and throw her grapples at the husband. The wife's nature awakes. She realizes that having caught her man it is up to her to keep him. Her ownership is challenged, and she trusts no other to abide by the rules of the game. Back she goes to her cabinet of feminine weapons and feverishly marshals her forces for defense. She may decant volubly upon her shattered confidence and ask sympathy for her broken heart, but in truth the incursion has done her good and restored a vital interest to her life.

Men become engrossed in the battle of life, in the struggle to provide for their families. The wife though ever ready to avail herself of the fruits of the man's labors, fails to realize that the winning takes his time and energies, so that he has little time to spare to her, personally. She likes the luxuries but she asks for his time also. Lacking his companionship she tends instinctively to fall in with the groups of feminine

adorers found around every man who for any reason becomes prominent. Minister, doctor, actor, author, musician, artist, bruiser, athlete, burglar, murderer, every man who becomes distinguished above his fellows is sure to be surrounded by a coterie of devoted women, who repeat with him the picture of the harem. Not that they so much as dream of sexual dereliction—oh, dear, no! They simply seek to win his intimate favor, and 'beat the other women to it.'

In the days of polygamy among the Mormons, the wealthy and influential dignitaries of that church were besieged by women who wished to marry them. While the Mormon women to-day, when asked if they believe that religion, reply that they do, but add emphatically, "but not to the extent of sharing my husband with other women;" this is largely in deference to the sentiment of the 'Gentile' women, whose contempt no Mormon woman cares to endure. In truth, every prominent man among them found plenty of women to whom the allure of wifehood with a notable, overcame their objection to sharing the man with other wives. Brigham Young was so pestered with such proposals that he was accustomed to quote to applicants for his name that passage from the Prophets which says that 'in those days seven women shall lay hold of one man,' and offer to care for their own expenses if he gave them the honor of wifehood. Many of the 'wives' popularly credited to him were probably such in this sense alone, enjoying the honors of union with the head of the church without assuming any wifely duties.

Few years pass without seeing the rise of some new religio-social sect, each consisting of a man surrounded by a group of women. Whether the inter-relations are those of the harem no outsider may say; but the common belief is that this is the case. One leader of such a sect has quite recently been convicted of contributing to the delinquency of one of his female satellites. Such men never fail to secure a surrounding of devoted women, among whom there is an evident rivalry for the favor of the man.

The strongest evidence of women's tendency to polygamy is their own universal and unquestioning belief in it.

To them every man is a polygamist, and every woman is after him. Let any man be in privacy with any woman, and all other women at once assume that the couple are indulging sexually.

Suggest to many a wife that her husband is unfaithful to her, and she does not merely believe it—she knows it. Demonstrate to her mathematically that it is not and can not be true, and she is not convinced. Prove to her that at the time of the alleged infidelity her husband was in another place, surrounded by numberless witnesses, and that the accused woman was dead and buried, and she merely concludes that if they had been together at the time they would have been guilty, and brushes aside the testimony as irrelevant. To convince her is impossible, for to her all men are polygamists, all women ever on the lookout to ensnare them. Realizing this, we may comprehend why in society there is no man so attractive to the majority of women as the one who has the reputation of a roué.

With men it is different. The sexual sphere, the reproductive function, is not so all-important as with women. When Byron said:-

Man's love is of man's life a thing apart;

'Tis woman's whole existence,

he gave utterance to a fundamental physiologico-psychologic fact. The duty of providing for the family dominates man—woman, fed, clothed, sheltered, protected, her wants and wishes considered and provided for, occupies herself and satisfies her nature with her children. She remains a child while the husband assumes the place of the father. The struggle for social preeminence may use up the children's place in her affections, and social success depends on the amount of money that can be extracted from the husband. His relative value among men is thus fixed. His energies are absorbed by the effort to meet the demand. He has none left for sex affairs. He gives no thought to women as such. Seductions are usually due to the call made—wholly unconsciously—by the woman for the service of the male; and this is deeper than sentiment, than instinct even, for its foundation is in the provisions of nature for the perpetuation of the species,

the continuance of life. Men may declare truthfully that they did not so much as think of sex matters, much less design a seduction, and they cannot account for it. Women will say the same, no less truthfully, and are amazed to find their resistance paralyzed. Dame Nature holds the key to the riddle.

As men advance in years the sexual instinct declines, while that of providing increases. Questioning a man of fifty as to his sexual capacity, he replied that it had been ten years since he had given that matter a thought. This is the rule with men; but no woman may ever realize it. For even when she does not expect or desire to be loved, she resents the suggestion that her sex has no longer any attraction for any man. To her every man must be some woman's lover, so long as he lives.

Even when polygamous tendencies appear in men, they are not often due to crass sexuality. Man goes forth in search of his mate. Many times, perhaps, he thinks he has found her, but time shows his mistake. When he does, the words of Holy Writ are fulfilled—he forsakes all others to cleave only to her. Note that this assumes the fact of previous connections with women. To what extent this is in accord with fact, let each individual say for himself; it is one of those personal secrets no human being shares with any other, nor does he seek to pry into another's similar case.

The man who has really found his mate knows the truth. To him there is henceforth but the one woman on earth. All others are shut out of his life as utterly as if they were non-existent. The suggestion of commerce with any other is more repugnant to him than even to his mate; for the intimacy of their union is such that a secret between them would destroy their happiness. There is in the union with one's mate that which he reverences—something too sacred for profanation. The sense of priesthood inbues him. He has found his mate, and they twain have become one flesh. They are not merely husband and wife, but stand as the progenitors of a race, for whose qualities, good and bad, they will be responsible. It is up to them to uproot from their lives and their being every element that they do not wish to reappear, and to cause to grow and develop every good quality they may desire to trans-

mit. The peasant of Oberammergau endeavors to live in the character he represents, and thus becomes imbued with it. From mated pairs thus imbued with a sense of their responsibility come the world savers.

To say of a right souled man "he loves his mate" is putting it poorly. In his eyes she is a being more than human, standing above man and close to the angels. To love her, protect her, provide for her, study her needs and develop the best that is in her, is his reason for continued existence. Life with her is not simply a foretaste of heaven, it is heaven itself so far as any mortal is capable of a conception of a heaven.

Admit the possibility of attaining such felicity, and we have an adequate explanation of the way men have of searching among women to find the one. Yet she is not hard to find. The world is full of sweet, gracious women, who only need the sun of love to warm them into fragrant life of exquisite beauty. Dear old John Darby used to say that any man could have an angel for wife if he willed it. He must tell her at every opportunity that she was an angel, until she came to believe it, and to act angelically. Meanwhile he also learned to believe his oft-reiterated assertion.

Try it—the results are satisfactory.

STUDIES IN NEUROLOGICAL TECHNIQUE, NO. 1;
THE POINTS IN JENDRASSIK'S METHOD OF
ELICITING THE PATELLA REFLEX.*

BY WALTER B. SWIFT, M. D.,

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heim, Berlin.

DURING my sojourn in Europe I had at one time interest to visit those nerve specialists who had brought forward some new test, some new symptom, or some new method of eliciting tests, for the purpose of studying their technique at first hand. In almost every case these visits resulted in adding to my former knowledge, points that had not been maintained in trying tests previously. Since my return I have had a number of these under investigation for the purpose of trying out their claims, and improving my own technique in examination. Several of these investigations have proved of value and one of them is now worthy of a preliminary note. This one is Jendrassik's hand grasp. Others will be reported, when the investigations are completed.

Our method of reinforcement has been to request the patient to interlock the hands, look up at the ceiling, grasp tightly when three is said, and at that time tap the patella tendon. Jendrassik's method differs. He requires the patient to bend forward and look downward, whereas the rest of the technique remains as above. He

*Read May 15, 1913, before the Boston Society of Neurology and Psychiatry.

claims that closing the eyes is useless and that looking upward is useless, while bending forward has a special value. This method of knee jerk reinforcement I have tried as far as possible on all the cases where the other method did not elicit the knee jerk, for the last two years in the Outpatient Department in the Boston City Hospital. For the liberty to carry on this investigation my thanks and appreciation are due to Dr. Knapp, Dr. Thomas and Dr. Fairbanks, my seniors on the service. I have found two valuable points result from the use of Jendrassik's method.

(1) GENERAL INCREASED EASE OF THE KNEE JERK ELICITATION.

I found that in general by bending the body forward the knee jerk is much easier elicited. This finding of course is not of any great value, and yet shows that the knee jerks already present come out with more ease than when the other procedure is followed. A large number of cases show this to be true.

But the bearing of this presence of an easier elicitation has a confirmatory influence upon the other point which I am about to present. Suffice it, then, so far as this point is concerned, that evidence is here found to make the knee jerk elicitation easier—thus facilitating our neurological examination.

(2) ELICITATION OF OTHERWISE ABSENT KNEE JERKS.

I found several cases where the knee jerk was by several men in the clinic, as well as myself, pronounced absent with our usual technique, and afterwards with Jendrassik's method, I found the phenomenon was at once elicited. It is unnecessary to tax the readers by presenting the cases in detail. The diagnosis is enough to illustrate. Let me mention three.

1. *Tabes dorsalis*.

2. Post-diphtheritic weakness. It may be interesting here to note that in this case the diagnosis of post-diphtheritic paralysis was made on the basis of the old method of eliciting the knee jerk, and upon employing

Jendrassik's method that diagnosis could no longer be substantiated.

3. Multiple neuritis.

The second point of value is that Jendrassik's method elicits the knee jerk when the other method fails. These three cases may not prove much, but they surely show when combined with the first point mentioned above, that his method allows a freer play to the patella tendon phenomena.

Just the cause of this increase of reaction in one method over another might take considerable time to determine. We should seek in this test muscle relaxation, and I think the reason for this finding lies simply in that direction. If a patient closes the eyes and looks up, or looks up without closing the eyes, there is more contraction in leg muscles than there is if the patient bends forward and looks downward. Then, too, as Jendrassik told me, when he showed me how he made his test, it is not a matter of diverting the mental attention, but a matter of diverting muscular tension.

Summary: Our usual technique proven inferior to Jendrassik's own method of eliciting the knee jerk.

CONCLUSIONS.

(1) About 100 trials show Jendrassik's method elicits the knee jerk easier than our method in normal cases.

(2) Our usual technique proven inferior in pathological cases to Jendrassik's own method.

The difference in method is a new body position that secures greater muscle relaxation.

110 Bay State Rd., Boston.

SELECTIONS.

CLINICAL PSYCHIATRY.

PERTINENT QUESTIONS CONCERNING PROMPT SEQUESTRATION OF PRECURSORY INSANE, suggested by Dr. B. D. Evans.—“It is now in order, says Dr. Evans in his report, to set forth some of the important reasons why it was deemed wise to place persons exhibiting evidences of mental disorder under restraint to await judicial action when medical authorities recognized by Statute declare under oath they are persons unfit and unsafe to be at large because of mental disease; but to make a proposition of this sort clear, it is necessary to take up many phases which are too easily overlooked and which at the same time are of vital importance.

For the purpose of this discussion and in order to set forth these important reasons which seem to me to be valid and entitled to respect, permit me to assume a number of every day occurrences, incidents, conditions and complications such as arise out of persons becoming mentally deranged and which would seem to call for prompt action such as is provided for under our present law governing the commitment of persons to institutions for the insane in New Jersey:

(1) A man becomes delusional and excited, attacks his neighbors, members of his family, and shows great mental confusion and homicidal tendencies; his family knows it is the result of a toxic condition following typhoid or some other acute bodily disease; his family cannot control him, but he needs skillful medical atten-

tion. He is dangerous, but it is because of disease. What shall be done with him—put him in the police station, or the county jail or a hospital for the insane? Think it over and determine which is most in accord with science, humanitarian principles and the welfare of the man so affected.

(2) A woman, following childbirth, becomes delirious, delusional and maniacal. Her condition is clearly one for skillful medical attention—a few hours delay under such conditions may cost her life—her family cannot control, manage or care for her. What shall be done—serve a ten days' notice on her and give her a jury trial? God knows that might meet some technical demands of a constitutional character, but it would neither be merciful nor scientific. No one could better give testimony in such cases than an undertaker, and the Courts would not know of the constitutional funeral. Think of a police station or a jail for a case of puerperal insanity! Law should be, and from a basic standpoint is, pure common sense. Think of delay under such conditions and ask yourself and the friends and relatives of the victim the verdict.

(3) A person is in the early stages of paresis; he is more or less coherent, but has expansive ideas; talks of extravagant schemes, is irritable and ugly in his manners to his family; will not tolerate advice; begins entering into contracts calculated to squander his estate and leave his family paupers. His family physician recognizes his condition as being one of serious mental disorder and incurable. What is the logical process? Start up a court procedure and give the parietic opportunity to expend in litigation what his family needs or place him in a hospital subject to Court inquiry? People who know these cases and have seen or had them come home to them can answer this.

(4) A paranoiac with well defined delusions of persecution contends that members of his family are trying to rob him of his social position and his property. He threatens revenge and prepares himself with weapons.

His family realize their danger and at the same time know from a family history and the train of symptoms he has exhibited that his conduct is the result of disease and that he needs treatment which he will not submit to and is not possible at home. The family physician and other well qualified physicians recognize the mental condition. What shall be done to protect all concerned? Shall such a dangerous person be served with a notice that proceedings will 10 days later be instituted to declare him insane and so give him opportunity to murder the whole family or those members upon whom his delusions are especially focused? Is the jail the place for him pending a Court decision as to the justice of his being placed in an institution of safety? Shall his family suffer all that is imposed by criminal charges, when they know he is sick and the things he does and threatens to do are but the outcome of disease and not such as should visit upon them all that is entailed by arrest and detention in a jail or penitentiary? Would it seem that our fathers of the constitution contemplated anything of the kind?

(5) A woman suddenly exhibits a desire to commit suicide and attempts it. Her family calls in one or two physicians and after careful investigation into all the symptoms of the patient and a careful inquiry into her mental state, as well as the facilities for protecting her life at home, it is found she must be placed where she may be restrained of her liberty, carefully watched and professionally treated. Should she be sent to jail, or served with notice that proceedings will be instituted to have her declared insane and a fit subject for some hospital? The fact is that it is extremely difficult to prevent such persons suiciding even in well equipped hospitals. Why should hospital treatment be delayed in such cases? There may be judicial reasons, but it puzzles a medical man of experience to understand them. Delay of placing such persons as above described under institutional treatment furnishes daily newspapers many columns of what to some readers is looked upon as inter-

esting though sensational. That sort of law which easily permits these acts may be constitutional, but it has its sad phases which by analysis hardly appeal to those who have already or may hereafter drink of such a bitter cup of experience, such as no law should provide." These are pertinent propositions.

NEUROTHERAPY.

A CASE OF ACUTE PSYCHOSIS AFTER THE CHRONIC USE OF VERONAL. [Ein Fall von Akuter Psychose nach chronischem Veronalgebrauch]. (Allgem. Zeitschr. f. Psych., vol. lxxix, No. 4.) Laehr, H.

Hamilton Marr has the following instructive excerpt among other valuable and suggestive excerpts by other collaborators in that excellent magazine, *The Journal of Mental Science*.

After six and a half years' use of veronal, the resulting acute insanity had much similarity to alcoholic delirium, and in its final stages to the hallucinatory insanity of drinkers. In literature no similar case is found, probably on account of the rarity of such a prolonged use of veronal.

CASE.—Woman, *æt* 53. Family history unimportant save that patient's mother in her last years was addicted to morphia; the cause of her death is unknown. In childhood the patient was apparently lively and impressionable. She took to veronal six months after the menopause, on account of sleeplessness which supervened on domestic troubles. For six and a half years, with the exception of one month, she took from 0.5 to 1.5 grm. (about 8 to 24 gr.) every evening (the amount gradually increasing) of veronal or medinal (veronal circulates in the blood as medinal). She was admitted to the asylum on April 3rd, 1912. From that time, or certainly from April 6th, until she was discharged recovered on June 3rd, she had no veronal. She suffered from sleeplessness, showed mental confusion, incomplete disorientation as to time and place, and had hall-

ucinations of sight and hearing. Physically she suffered from vaso-motor disturbances, as shown in increased rate of pulse and flushing of the face; muscular tremors and rheumatic pains in the limbs, twitchings of the face and variability of reflexes. The physical symptoms undoubtedly point to veronal as the cause. The effects of veronal differ from those of alcohol in that, as shown in this case, there were no disturbances of the digestive system such as are found in chronic alcoholics. The heart condition was also good, and only showed the irregularities above-mentioned after the crisis was passed. The mental state was distinguished by systematized dream-like delusions of an apprehensive nature, connected with hallucinations of hearing. In these the patient was the onlooker, and not she, but her son, was the object of persecution. In this respect the delusions differed from those of alcoholic delirium.

TREATMENT OF INSANITY—"Ozofluin" Baths in Nervous Disorders.

Ozofluin is an extract made from pine leaves; it is a granular substance readily soluble in water. The writer finds that baths containing this preparation are of considerable benefit in cases of hysteria, depression and neurasthenia. The appetite improves, headache is relieved and sleeplessness overcome; in addition it has no doubt a suggestive influence. Three illustrative cases are briefly described.

[Ozofluinbader bei Nervenkrankheiten.] (Psychiat-Neurol. Wochensch., Oct. 5th, 1912.) Dammann.
—Excerpt by H. Devine, in Journal of Mental Science.

INDICAN SUPERSTITIONS, by A. W. Peters. The Journal Nervous and Mental Diseases selects the following from Training School, Feb., 1913.

In an interesting bio-chemical review devoted to indicanuria, the author shows that most of the present methods of testing for indican are faulty, and that the interpretations are fallacious. All urines contain indican. To interpret an excess of indican as pathological, apart from a knowledge of the exercise done, physical and

mental, and particularly of the diet, is an absurdity. Baa, in his recent important monograph on indicanuria, has stated that the indican test of intestinal intoxication is a superstition. The lacto-bacillin, milk cereal diet, etc., etc., chiefly of Metschkinoff's suggestions have no effect upon the production or excretion of indican. Auto intoxication from the intestines is another medical myth, invented to hide the ignorance of man in the face of the mysterious.

DR. SIMON FLEXNER announces from the Rockefeller Institute for Medical Research, 66th Street and Avenue A., New York, to Dr. Baines of Toronto and others that the institute has been engaged for some time in the study of the treatment of influenzal meningitis with a specific anti-influenzal serum. The effects of the serum treatment in experimental influenzal meningitis are very satisfactory and the institute is now prepared to supply the serum made in the horse, in moderate quantities, to a selected number of physicians for use in human cases. The method of application is similar to that which is employed in the treatment of epidemic meningitis with the antimeningitis serum—that is, the anti-influenzal serum is injected subdurally in lumbar puncture.

THE PHYLACOGEN TREATMENT FOR RHEUMATIC INFECTIONS.—Since the announcement, some time ago, of the large percentage of recoveries following the use of Rheumatism Phylacogen in over thirteen hundred cases of rheumatism—results reported by clinicians in various sections of the United States—interest in this new bacterial derivative has developed to a very marked degree. This agent appears to produce recoveries in at least 85 per cent. of cases.

Other phases of the Phylacogen therapy—as questions of dosage, reactions, methods of administration, etc. are fully treated in the Phylacogen literature, issued by Parke, Davis & Co. and procurable by any physician upon request to the home offices at Detroit, Michigan.

ALCOHOL INJECTION INTO THE GASSERIAN GANGLION.— J. Grinker states that the greatest advance in trifacial neuralgia was made when Schlosser, a Munich ophthalmologist, announced his method of injecting alcohol into the branches of the trigeminus at their exit from the skull. With the comparatively easy technique discovered by Levy and Badouin this has become a distinct addition to the physician's therapeutic armamentarium. In some cases, however, this fails and a less peripheral operation is demanded.

Gasserectomy is a serious operation and necessarily one of last resort. As alcohol had shown its efficacy in the peripheral injection, it has been sought to introduce it into the ganglion itself to avoid the more dangerous method of extirpation. To F. Hartel of Biers clinic belongs the credit of having worked out such a method. The author has had the opportunity of observing Hartel's technique and has employed it once in his own practice in a case which he reports. Hugh T. Patrick in 1910 reported a number of satisfactory results with this therapeutic procedure.—Ed.

CLINICAL NEUROLOGY.

THE SPREAD OF INFECTION BY THE ASCENDING LYMPH STREAM OF NERVE (ascending Neuritis) from the Peripheral Inflammatory Foci to the Central Nervous System, with Clinical Cases.

In this latest series experimental evidence is adduced as to the manner of development of acute myelitis, and its results are calculated to throw light on the pathogenesis of acute poliomyelitis and analogous conditions. It has been shown previously that toxins and organisms can travel by the lymph streams of peripheral nerves into the central nervous system, utilising for the purpose the method of placing in contact with the sciatic nerve a celloidin capsule containing an organism. While we are able to prove that degeneration of the myelin sheaths of fibres in their intramedullary course might thus be produced, we did not find any unequivocal evidence of actual myelitis. In the pres-

ent series of experiments the capsule containing the organism was placed much nearer the spinal cord. The latter was exposed at the level of the lumbo-sacral enlargement, and a capsule containing *Staphylococcus pyogenes aureus* was sutured against the dura mater; in some other experiment. it was placed close against an intervertebral foramen. All the experiments gave positive results, although in some instances the charges were more acute than in others, owing to the capsule having burst, and the organisms having actually invaded the nervous system. Speaking generally, it was found that the nervous and meningeal tissues nearest to the focus of irritation suffered most, and the phenomena became less marked from without inwards, the minimum being found near the central canal of the cord. In the epidural tissue polymorphonuclear leucocytes were present in abundance, with plasma-cells, and others like those which have been designated polyblasts by Wickman. In the dura mater and capsule of the posterior root ganglion, in the substance of the ganglion, especially at its proximal pole, in the perineurium of the spinal roots, in the adventitial sheath of the vessels in these roots, in the pia mater and far along the vessels passing into the spinal cord, were plasma-cells in quantity; round many of the vessels neuroglia cells were proliferated. It is important to note that the cellular infiltration concerned the veins only; the arterioles were unaffected, a condition readily explicable on the view that the lymph regains the general circulation through the walls of the veins and capillaries, and as in this instance it contained toxins it produced irritative effects. Incidentally, it was shown that the dura mater, with its covering of highly vascular loose areolar tissue, forms a most efficient protection to the spinal cord, and to a great extent serves to neutralise infection. Only rarely were actual organisms found to have passed the barrier of the dura mater. Notwithstanding the absence or comparative absence, of organisms, throughout both the grey and the white matter of the cord the vessels exhibited marked pathological changes, being dilated, infiltrated with round cells, sometimes thrombosed, sometimes the

seat of hæmorrhages, and not merely the walls of the spinal vessels, but also the neuroglia of the cord, showed obvious signs of pathological irritation. Degenerative changes of an acute type also occurred in the nerve-cells of the grey matter. It would appear that the evidence adduced by Wickman and others is incontrovertible, in so far as it proves that poliomyelitis is essentially a disseminated meningo-myelitis or rather meningo-myelo-encephalitis. In that condition the inter-vertebral ganglia are affected in the same way as the cord, while the peripheral nerves are normal. This is an important point. It will be remembered that the sympathetic nerves join the mixed nerve near the distal end of the root ganglion, and the suggestion is made that the exciting agent of poliomyelitis reaches the central nervous system from the intestine by the sympathetic nerves entering at that point. In this way the integrity of the peripheral nerves can be explained. The resemblance between the experimental phenomena produced by us and the pathological phenomena found in acute poliomyelitis is exceedingly close, and there is little reason to doubt that poliomyelitis is essentially a lymphogenous infection. The principles enunciated may also be applied to general paralysis, trypanosomiasis, Landry's paralysis and rabies. In all our experiments, without exception, we have found a large collection of plasma-cells and polyblasts at the proximal end of the posterior root ganglion, and the appearances are suggestive of a special reaction at that spot. We are inclined to think that this indicates some mechanism of defence against the further upward extension of toxins and organisms, constituted possibly by some local anatomical peculiarity.—Abstract of Paper Read at the May 27th, 1913, Meeting of the Medico-Psychological Association of Great Britain and Ireland, by Drs. David Orr and R. G. Rows.

THE PIONEER VICTOR HORSLEY AND LONDON TEMPERANCE HOSPITAL—When the London Temperance Hospital was opened forty years ago it was three days before it had a single patient, owing to the prevailing prejudice as

to the risks in a non-alcoholic dietary. Last year it had 27,748 out-patients, representing 214 visits each working day, and 1,529 in-patients.

Sir T. Vezev Strong, at the annual meeting in the absence of Lord Averstone, president, said progress had been continuous and satisfactory. Alluding to the falling off in the death-rate, from 9.5 to 7.6, he warmly traversed the criticism that they never dealt with really serious cases. "Our wards are open to all needy cases," he said, "and if we differentiate at all it is to give preference to the most serious cases." Alluding to the distinctive characteristic of the hospital—the treatment of all diseases without recourse to alcohol either as diet or medicine—he said that of the 1,529 cases alcohol was only administered in three, and he regretted to add that all those three proved fatal.

In their whole history alcohol had only been used in 95 out of 36,000 cases. A falling off of nearly 3,000 in the number of outdoor patients was attributed to the effect of the Insurance Act.

Sir Victor Horsley said the Temperance Hospital had been a pioneer in medical science. The old routine was represented by three D's—diet, drugs, and drink, and it was long before the profession as a whole followed the lead of that hospital in getting rid of the last item. Sir Vct corrected the common notion that it was impossible to prepare certain tinctures and medicines without alcohol.—Abstracted from "Alliance News."

NEURODIAGNOSIS.

THE DOWD PHOSPHATIC INDEX IN RELATION TO DISEASE OF THE EYE.—Clemasha, J. C., Buffalo (New York Medical Journal), supports the old-fashioned but obviously true idea that asthenopia, or eye strain, is sometimes due to a lack of nerve energy, rather than always to an imbalance of the ocular muscles which, by the way, may be symptomatic at times. His idea is to "consider the metabolism of the nervous system with certain attempts to

measure and regulate nervous energy produced and exerted at various times and under varying conditions by the human organism." His conclusions are: The phosphatic index measures the amount of nervous energy present in the organism. A high index will not be a condition of irritation or a want of adjustment of the nerve cells. A low index shows a lack of nutrition of the nervous organism, a using up of the reserve, and a condition below par. A high index calls for nerve sedatives, valerian or bromide of gold and arsenic. A low index calls for food, eggs, etc. and the administration of phosphorus and strychnine.

The urine should be that passed about 10 a. m., the second in the morning. The crystals should be examined for size and quality. In any functional disorder or one accompanied by organic lesions, the phosphatic index is of the greatest value as a guide to treatment. In all cases look to assimilation and correct any intestinal putrefaction shown by an excess of indican. Excerpt by Archibald C. Lewis, *Memphis Medical Monthly*.

Here is a broad ophthalmologist whose conception of conditions extends beyond the eyefield of work and vision in sight disorders.

EOSINOPHILES IN URINE IN BRONCHIAL ASTHMA—Edelmann and Karpel report their study of the urine of four patients suffering with bronchial asthma. In all of the patients there was noticed a slight cloudiness of the urine following the attacks of asthma, so that a cystitis was suspected at first, though there were no symptoms to suggest such a condition.

The fresh specimen of sediment showed many leucocytes. Stained preparations revealed an eosinophilia of as much as 30 per cent. Careful examination showed that the eosinophles were always abundant in the urine following the asthmatic paroxysm. In none of the patients were there symptoms referable to the genito-urinary tract, and no epithelial cells or bacteria were found in the urine. There was no gonorrhoeal infection. The urinary changes consisted in the appearance of the leucocytes alone;

no other formed elements, such as casts or red blood-cells were found. The number of leucocytes resembled that seen in cystitis.

There was no albuminuria. The cells make their appearance in the urine, as stated above, just after the paroxysm; during the dyspneic period the urine is clear or contains only an occasional leucocyte. The cells persist in the urine from a few hours to two days. Differential count of the cells of the urinary sediment showed 30 per cent. of eosinophiles in a patient whose blood contained only 8.5 per cent. of these cells. The authors describe their methods of staining the cells of the sediment. Excerpt by Bryce W. Fountaine in *Memph. Med. Month.*

OSLER'S SIGN—The sign under consideration, presented by Sir William Osler, is described by F. Parks Weber in *The Quarterly Journal of Medicine*, April, 1913. It consists of circumscribed, painful, erythematous swellings appearing in the skin and subcutaneous tissues, especially of the hands and feet.

They are tender to pressure and gradually disappear in a week, more or less. Each spot or lump is ascribed to a localized inflammatory exudation round a blood capillary which has become plugged by a minute infective embolus from a vegetation in the heart. As a rule the infective agent does not excite suppuration, probably due to the low virulence of the infection or the resistance of the blood and tissues.

These Osler's spots vary in size from a pin's head to a small pea, with different grades of color depending upon the intensity of the inflammatory process and depth of focus below the skin. The smaller spots are generally seen on the fingers and toes and arise when the inflammation is superficial. The larger and less highly colored lumps are more deeply seated, often appearing in the palm of the hand, and last longer than the smaller ones.

These symptoms are to be distinguished from the ordinary purpuric eruptions often seen in malignant endocarditis, which also appear in various other diseases. Other symptoms like albuminuria and hematuria may aid the diagnosis but

Osler's spots when present are of invaluable diagnostic importance. While they may appear in other diseases, thus far the writer claims that they have been observed only in malignant endocarditis, although he mentions its occurrence likewise in malignant endarteritis of the aorta and pulmonary artery, which are doubtless of the same infective nature as the endocarditis.—Abstracted by C. A. S. Northwest Jour. Med.

PSYCHIATRY.

PLATO AND FREUD ON THE ETIOLOGY AND TREATMENT OF HYSTERIA: A COMPARISON AND CRITICAL STUDY. J. W. Courtney.

J. W. Courtney states that the essential features of Plato's and of Freud's theories are identical. Plato regarded the uterus as an animal which desires ardently to engender children. When it remains sterile for a long time after puberty, it endures this state with difficulty; it grows angry, rushes here and there through the body, causing either a globulus hystericus, a syncopal attack, or some other of the well-known hysterical manifestations. There are mental and emotional attributes ascribed by Plato to the uterus, and considered by him as the *vis a tergo*, which impel it upon its course. These attributes consist, on the one hand, of intense strivings, desires, and impulses on the part of the uterus to get itself fecundated and, on the other hand, of anger and other violent emotions aroused by delay or failure in the accomplishment of its designs. Freud simply shifts the above-mentioned attributes to their real sphere—the mind—and assumes an unconscious but stormy conflict among them as the cause of the outbreak of hysterical symptoms. To paraphrase the language of the Freudian pathology, there is waged in the mind of the victim of hysteria a conflict between two groups of ideas or mental processes which cannot be brought into harmony with each other. One complex of mental processes is, for some reason or other, of such a kind as to be unacceptable to the main body of the

personality. The personality fails to assimilate it, will have nothing to do with it, tries to forget it, to submerge to repress it. The repress complex then takes on an automatic existence and acts as an irritating foreign body in the same way as any foreign body that has not been absorbed. Modern pathology is in itself a sufficient refutation of the etiological portion of Plato's theory. A very little close reasoning should serve to dispose of Freud's. The author's first objection to it is that it is absolutely arbitrary, in that it takes into account one element only of the many which compose that very complex product called personality. His second objection is that it is entirely illogical. It looks upon the symptoms of hysteria as voluntary on the part of the sufferer, i. e. a sort of compromise between unconscious sexual desire, longing and striving, and the repressive activities of a likewise unconscious mind. Hence, it asks us to believe that a voluntary act may at the same time be an unconscious one—in other words, that the will can operate without the conscious mind being aware of its operations. There are numerous other objections to the theory. One of these is to the effect that it locates the patient's trouble entirely within the realm of ideation and emotion absolutely without regard for the fact that the way human beings feel, talk, and act is but a reflection of organic sensation. In other words, it deals with the language, actions, and emotions of the psychoneurotic quota of humanity as a pure abstraction, without regard for their organic source.

From Boston Med. and Surg. Jour.

NEUROPHYSIOLOGY.

THE MECHANISM OF PROTEIN ASSIMILATION.—Inasmuch as recent studies by Folin and his associates and also by Van Slyke and Meyer have made it appear likely that the problem of protein assimilation is in reality a question of how the digestion fragments, the amino-acids, are disposed of in the organism, it becomes of great interest

to trace them from the alimentary canal through the blood-stream to the tissues to ascertain their final fate. Van Slyke and Meyer have found that amino-acids introduced into the circulation quickly disappear. The suggestion is obvious that either they are destroyed or removed with great rapidity by the tissues. The more recent work of the New York investigators makes it evident that a concentration in the tissues occurs. The muscles, liver, kidney, spleen and pancreas, for example, soon contain about ten times as much amino-acid nitrogen as is found in the blood per unit of mass. The amount of amino-acid thus taken up out of the blood by different tissues varies, that taken by the brain being especially small. The means by which these products of digestion are held in the tissues appear to be physical rather than chemical; indeed, the facts thus far known are consistent with the assumption that the amino-acids are taken up from the blood and held in the tissues by absorption, chemical transformation of the absorbed compounds following later. The amino-acids thus retained disappear from the kidneys at a rate incomparably greater than that at which they leave the muscles or other organs. Their disappearance from the liver and kidneys is accompanied by an increase in the urea content of the blood. Van Slyke believes that while the muscles are stored with amino-acids up to their saturation-point after heavy protein feeding, the liver and kidneys metabolize their portion of the products as rapidly as they receive them; so that perhaps the entire task of removing the digestion products from the blood-stream when the other tissues become saturated devolves on these two sets of organs. To this may be added the hypothesis that most of the proteolytic products which the liver and kidneys take up are normally broken down, the nitrogenous portion appearing as urea.

Van Slyke, D. D., and Meyer, G. M.: Distribution of Amino-Acids in the body, *Proc. Soc. Exper. Biol. and Med.*, 1912, x, 38, Van Slyke, D. D.: Protein Assimilation, *abstr.*, *The Journal A. M. A.*, April 12, 1913, p. 1183.

NEUROPATHOLOGY.

NEW NERVE CELL GROWTH—A. Meyer of Baltimore in April number American Journal of Insanity has found in the changed state of the hypophysis in acromegaly unmistakably nerve cells with Nissl bodies.

Dr. John Gray of Utica many years ago in this same Journal claimed to have found the reproduction of nerve elements in the brain, but not much notice was taken by the American Medical press at the time and the possibility of such formation was denied abroad at the time.

THE
ALIENIST AND NEUROLOGIST.

VOL. XXXIV.

ST. LOUIS, AUGUST, 1913.

No. 3.

Subscription

\$5.00 per Annum in Advance.

\$1.25 Single Copy

This Journal is published between the first and fifteenth of February, May, August and November. Subscribers failing to receive the Journal by the 20th of the month of issue will please notify us promptly.

Entered at the Post-office in St. Louis as second-class mail matter.

All remittances should be made to CHAS. H. HUGHES.

The Alienist and Neurologist is always glad to receive articles or photographs from subscribers or friends and material acceptable for publication. Address manuscripts and photographs to the *Alienist and Neurologist*. For return of non-accepted manuscript send addressed envelope and sufficient postage.

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CHAS. H. HUGHES, M. D., Editor and Publisher.

Editorial and Business Offices, 3858 W. Pine Boul.

HUGHES PRINTING Co., Printers and Binders

EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

THE OLD THOMPSONIAN AND HIS ALARMING SYMPTOMS.
—Old Samuel Thompson, who had a rather exaggerated conception of autotoxicosis in connection with disease before he or the medical world had described it in terms chemico-biological, just as our earlier fathers in medicine knew of the existence of peccant humors in the body in disease, which had to be eliminated by emetics, purgatives and sudorifics, etc., patented his system of Thompsonianism which consisted largely of an excessive lobelia vomit, a violent purge and a long continued exhausting steaming sweat under blankets in the upright position over a boiling fire-heated pot.

He was called the steam doctor and contended that the right way to cure disease was to steam or sweat, vomit or purge it out of the system. He brought on serious depression, sometimes convulsions, by his methods and contended with the confident assurance of that most dangerous thing, a little knowledge, that if the patient survived the alarming symptoms following his heroic therapy, he would get well.

Some medical men with no more regard for the psychiatry of the situation are too prone to tell patients who mistakenly take irritant poisons, for instance, like bichloride of mercury, that their life duration is limited and proceed to divert disastrous elimination from the kidneys by means of excessive and too prolonged and exhausting diaphoresis with constant hot blanket wrappings, causing both physical and psychical depression.

The principle of diverting diaphoresis is good, but the practice of extremely excessive sweating is bad. Intention may be good in this form of therapeutics but the execution can be wrong in practice, according to the judgment and experience, which we call skill, of the practitioner, or lack thereof.

No one can tell, with certainty, ordinarily, how soon a poison may kill or if it may certainly kill at all, unless it be hydrocyanic acid poison, which is about the surest and quickest of all poisons, without knowing much more than the physician generally learns about a case he may be suddenly called to, as he is often summoned, or reaches the patient too late and when all of the family or friends are too confused and confounded about the case to give intelligent history of the tragedy or accident.

THE NEW WASHINGTON UNIVERSITY MEDICAL SCHOOL BUILDING was dedicated at St. Louis, May 17th, last. At the corner stone laying it was announced a gift of \$1,000,000 was made by Robert S. Brookings in addition to his previous munificent benefaction. The equipment of this school for teaching medicine in all its phases is equal to the best in the land.

AN ELEMENT OF PSYCHIC MORBIDITY seems apparent in these English female suffragists who are and have been demonstrating their claims to make laws by criminally breaking them.

We should be obliged if some of our able alienist collaborators would look into the ancestral heredity of Mrs. Pankhurst and her violent fighting followers for the unstable ancestral and presently manifest erratic psychic neurone and see if their own and family brains are neurally stable.

It might help the cause if it were found that insanity temperament in these pugnacious ladies and not pure deviltry, inspired the outrages of the suffragettes of London. Let us hope in extenuation, that our amiable, but unduly agitated sisters across the water are only showing an outbreak of the insane diathesis and are not morally as bad as they appear to be. Otherwise what would become of mere man here if our amiable sisters should all take to conducting themselves at the ballot box after the manner of the London suffragettes? They would nullify the lunatic, idiot and imbecile voting exclusion at the polls.

THE PSYCHOLOGY OF THE CALIFORNIA JAPANESE COLLOQUY is one of mutual compliment. The Californians, seeing the superior thrift and success of the Nipponese in their territory, want no more of them and the Japanese, appreciating California as a land of opportunity and promise of prosperity, want to be allowed to come into our country *non limitis* because they appreciate us and our country so well.

Well, let them come, so they do not all come at once and all into one state. They and their children are quite as well fitted in morals, intelligence, industry and frugality to live and vote with us as too many now coming to our Eastern ports without question. This is a cosmopolitan country and its ultimate destiny is to befriend, benefit and govern the world, not by war but through benevolent assimilation and unquestioned power. Come in, brother

Nipponese and be welcome. Let us sit for a composite picture, but please do not all come at once and don't bring your guns with you.

THE CHICAGO MEDICAL SOCIETY shows its appreciation of the medical advance in its promotion of the organization of the alienists and neurologists of the country into a society for the discussion of mental diseases in their various phases.

The meeting of June 23rd, 24th and 25th, 1913, under the auspices of this advanced scientific medical body was an eminently successful and auspicious one under the preliminary management of Harold N. Moyer, M. D., Chairman of the Arrangement Committee and W. T. Mefford, M. D., Secretary.

The splendid program and the brilliant, energetic and enthusiastic workers in this first meeting will bear rich fruition for the welfare of medicine.

INSANITY IN OLD SOLDIER'S HOMES.—Among the sequences of battle wounds, army sicknesses and campaign exposures, forced marches, inadequate sleep, army life acquired inebriety and other sources of damage to mind and the human organism generally, is insanity.

Dr. Norbury, State Alienist of Illinois, lately found among the inmates of the Illinois Soldier's Home, seven of that institution in condition of mental derangement requiring the special treatment of the Asylum at Bartonville, to which institution he sent them.

A search of the Old Soldier's Homes and the alms houses and to some extent in other hospitals and exceptionally (and unjustly) in the penal institutions by men of competent expert judgment would discover more of these unfortunates and a similarly proportionate number of insanity victims, perhaps, in the National Soldier's Hospital. The Government Hospital for the Insane at Washington fortunately cares for a goodly proportion.

ARMY SURGEONS AND INSANITY.—Apropos of the preceding there should be a better and more clinical

knowledge of insanity among army surgeons, and chairs of clinical psychiatry should be in every medical course given in Washington for the benefit of army medical service aspirants.

ALL PHYSICIANS SHOULD KNOW SOMETHING OF PSYCHIATRY and the psychiatric aspects, tendencies and phases of disease and wounds and how to conservatively treat such cases. The psychiatry and neurology of medical practice is an overlooked field. How to minimize shock and fear and dread antecedents and post-operative sequences is a legitimate but too much overlooked and inadequately considered matter in practical medicine and surgery.

A school of psychiatry and neurology for practitioners of general medicine in Washington City would be of scientific life-saving value as first aid to operations to be determined upon when time would permit and to other treatment. Though it might not prove pecuniarily profitable at its inception, the Government should inaugurate and sustain, for a while at least, a free post-graduate school of psychiatry and neurology for reputable graduates in medicine. Such a school would favorably modify mortality statistics in medicine.

ANOTHER STATE RECOGNIZES INEBRIETY as a disease, requiring hospital and asylum care. Governor Foss of Mass., in a special message to the legislature has asked for the appointment of a commission to investigate the evil and disease of inebriety.

The commission would take charge of every case of public intoxication and offer to the habitual drunkard an asylum for an indefinite period where he may be protected against his own weakness and engaged in wholesome employment.

He also commends provision for giving the inebriates enforced work and wage for the benefit of his family and himself until cured.

Commonwealths are gradually coming to consider the inebriate as they should.

A CASE THE VIRILE REFLEX WOULD HAVE DECIDED:

Van Buren, Ark., Nov. 30.—Twenty-one years in the State Penitentiary for attacking 13-year-old Nellie Nohelty at Mulberry was the sentence Judge Evans imposed upon J. W. Powell.

Powell, seventy years old, was a former Baptist minister and extremely infirm.

After being sentenced he addressed the court declaring he was innocent and that his conviction was the result of a conspiracy.

The absence of virility might have been shown in loss of this man's penile and virile reflex and the old man's statement confirmed or vice versa. Epileptic automatism ought also to have been sought for.

THE DRAMA OF THE LABORATORY.—The gift of \$1,000,000 to the University of California for the establishment of an institute for medical research by a San Francisco woman, whose husband died of an incurable disease, emphasizes the day's faith in the laboratory. There is a healthy resentment against the term "incurable" growing in profession and people.

Since two men, physicians and warriors, pitched their tent in a swamp to prove their theory that mosquitos were the media which spread yellow fever, preventive medicine has made tremendous progress. One of those men gave his life to the cause of medical research, but cities freed from the deadly plague justify his sacrifice, and the Panama Canal is, in part, his monument.

The battle against the ills of the flesh is being waged with a courage and devotion as dramatic as in the shock of arms. Here in St. Louis, Dr. Harris, at the City Bacteriological Laboratory, has done notable work on the problem of rabies, while the Barnard Free Skin and Cancer Hospital is seeking a cure for one of the worst of our

scourges. Preventive medicine has fought and conquered typhoid, the convincing victory of inoculation over that disease having been won in the German army and in our own.

The scientist in his laboratory is one of the puissant figures of our day. He is the Twentieth Century Caesar, planting his standards ever on new frontiers. His ally is the layman's generosity, expressing itself in brick and marble, in popular assessments and, not infrequently, in million-dollar gifts."

This editorial from a city newspaper, the Republic, of St. Louis, shows the interest the secular press is taking in matters medical in the line of human eugenics.

MR. CARNEGIE MADE A MISTAKE in proposing to make mendicants of our Ex-Presidents dependent upon his bounty, as great a mistake as when his educational foundation censored and condemned the less liberally endowed colleges of the country. President Hadley of Yale has the right and fair view of the efficiency of the most of our Universities whose teaching is efficient, if not so richly endowed as Carnegies favorites. His foundation reporters went out of the way with unjust strictures on the less lavishly endowed schools. It is not always the richly endowed that are the best teaching plants. Something depends upon men as well as upon elaborate laboratories.

THE FIELD FAMILY.—“Of the five sons of a New England Congregational preacher four wrote their names into the history of their day. The most widely known of the family was Cyrus W. Field, who laid the first Atlantic cable. Stephen T. Field was a Justice of the Supreme Court. Another brother, David Dudley Field, was a leading authority on international law, and still another, Henry M. Field, won a place in letters as the editor of a New York religious weekly and as the author of several books. The brother who failed of special distinction was Jonathan Edwards Field, but it was his

fortune to be the father of Stephen Dudley Field, inventor of the first electrically driven car, the stock ticker and quadruplex telegraph system, who has just died at Stockbridge, Mass. A daughter of that Congregational minister was the mother of Justice Brewer of the Supreme Court."—St. Louis Republic.

On a par with the Jonathan Edwards family and in marked contrast for the bettering of mankind are these as compared with the Jukes and Kaleikak family. It is not psychically true that "the only evil men do lives after them while the good is interred with their bones." Both the evil and good live in others after us either as congenital aptitudes or as pattern examples for good or evil.

CERTAIN ELEMENTARY CONCEPTS IN EDUCATION APPLIED TO MEDICINE.—Adami, of Montreal, makes a plea for the application in America of the educational principles which guide the General Medical Council for the United Kingdom. That council registers all duly qualified medical men. And here is the significant fact: that council conducts no examinations. Education is something beyond mere instruction, and it is the quality of our educational methods that should give us most concern. Adami thinks the time is ripe in the United States, the way having been prepared by the Carnegie Foundation, for the appointment of a Federal Medical Council, subsidized by the government at Washington, and formed of representatives from all the states, a council which should appoint well-known leaders of the profession to act as committees or assessors to visit, report upon and make recommendations regarding the efficiency and deficiencies of the individual medical schools of this continent, the expense of such inquisitions to be met by the schools visited. The private institution which has laid the foundation should now be supplanted by a national institution, an institution authorized not by the profession alone, by the American Medical Association, for example, but by the nation at large, which shall act authoritatively

in these matters. Adami urges that each state continue to control and direct its own educational methods. We do not want, we must fight against, any dead level of sameness in procedure and output. Let the Federal assessors test the results, making sure that they reach the desired standard of quality. If this be asking too much at the present moment, at least the state might take action, might appoint committees of inquisition to inquire into and report upon the quality of the instruction afforded and the examinations of the schools within its boundaries, and might accept the graduates of those schools without the present farce of an examination which does not educe the capacity of the examinee.—New York State Journal of Medicine.

THE DUNGEON PUNISHMENT in the St. Louis City Work-house is to be wiped out and a lesson in up-to-date humanity and sanitation will be taught autocratic superintendents devoid of ordinary civilized charity. To shut out light and air and rob of sleep is to begin the slow infliction of death and the right to do this should not be allowed to Martinet Superintendents of penal or correctional institutions.

SIR WILLIAM OSLER.—Notwithstanding his extremely advanced age, our old friend and brother in the profession has been doing some splendid service to his brethren across the water and to us on this side of the big pond in the shape of a brilliant and virile address, without a touch of senility in it.

Sir William is a man of *fortytude* to do this after what the newspapers have said of him. "May he live long and prosper."

BENJAMIN RUSH ON MUNICIPAL SANITATION.—Now that an obsession to clean up St. Louis has seized upon its Mayor and the Board of Health, it is not mal-apropos to quote a little from this most distinguished of American physicians, now among the immortals, and we

might suggest *in termino* that a beginning be made in the alley back of our office block.

"To every natural evil the Author of Nature has kindly prepared an antidote. Pestilential fevers furnish no exception to this remark. The means of preventing them are as much under the power of human reason and industry, as the means of preventing the evils of lightning and common fire. I am so satisfied of the truth of this opinion, that I look for a time when our courts of law shall punish cities and villages for permitting any of the sources of bilious and malignant fevers to exist within their jurisdiction."

A BIG STRONG NAVY is as essential to this country's tranquil, vigorous life and destiny of influence, whether in peace or war, or both, as great strong hearts and fighting blood with its powerful antibodies are, in the most healthy, necessary to ward off disease. To be weak in this world is to be miserable for man or nation. The sickly sentimentality of our peace friends should put no obstacle in the way of our developing strength for possible combat, even though conflict should never come with any part of the outside world.

To perpetuate peace "in times of peace prepare for war," as in health one should build in his blood rich white and red blood corpuscles of resisting fighting power against disease.

The United States should be like a mastiff in strength whenever other countries are disposed to cry havoc and let slip the dogs of war against them.

THE NEWARK OFFICE OF THE BANCROFT SANITARIUM, Dr. G. B. Gale, Med. Director, formerly the Bancroft Health Resort, has been removed from 409 Fireman's Ins. Bldg. to 936 Broad St., Newark, N. J.

THE MANY MISTAKE POISONINGS resulting from the accidental taking of toxic tablets would suggest that

some other form be substituted, differing from ordinary tablets now in common use, say, for instance, that they and none other, be moulded and sold only in triangular shapes with a skull and cross bones impressed on them.

ACKNOWLEDGING AN INVITATION to be present at the commencement exercises of the Training School for Nurses in the Amusement Hall of the State Hospital at Danville, Pa., Thursday evening, June 5, 1913, we take occasion to express with our regrets our approbation of this good work. Twenty-two graduates go out from this school of practical psychiatry and they will make the best or nurses.

A CRIMINAL INSANE HOSPITAL FOR MISSOURI.—The Governor of this state wisely advises this provision for Missouri's criminal insane, and some day this commonwealth will be in line with the enlightenment and humanity of the age in this important matter.

Many of the criminal insane have latent propensities that justify their segregation both from non-insane criminals and from non-criminal insane.

Pennsylvania has just fallen splendidly into the scientific psychology of penology.

We hope all states yet derelict will soon follow the Keystone example.

PERSONAL.— Dr. C. L. Woolsey, Braymer, has been appointed assistant physician at State Hospital No. 2, St. Joseph.

Dr. E. E. Evans, Columbia, has been appointed superintendent at State Hospital No. 3, Fulton, vice Dr. D. E. Singleton, Fulton, who will locate in Keytesville.

DR. FORBES WINSLOW, investigator of lunacy cases in England and America for the last quarter of a century, died in Chicago, June 8th, 1913, 69 years old. He was the lineal descendant of Edward Winslow, one of the

leaders of the Pilgrim Fathers and the first Governor of New Plymouth.

SIR GEORGE H. SAVAGE has been made an honorary member of Medico-Legal Society of New York.

THE STABLE PSYCHIC NEURONE IN FINIS VITAE.—The New York World, commenting on B. Sanders Walker and his behavior after his physicians had informed him that death was certain, after he had mistakenly taken the poisonous dose of bichloride, thus eulogizes the courageous brain stability of this expiring Georgian hero of the stable brain and mind.—Socrates died no more nobly.

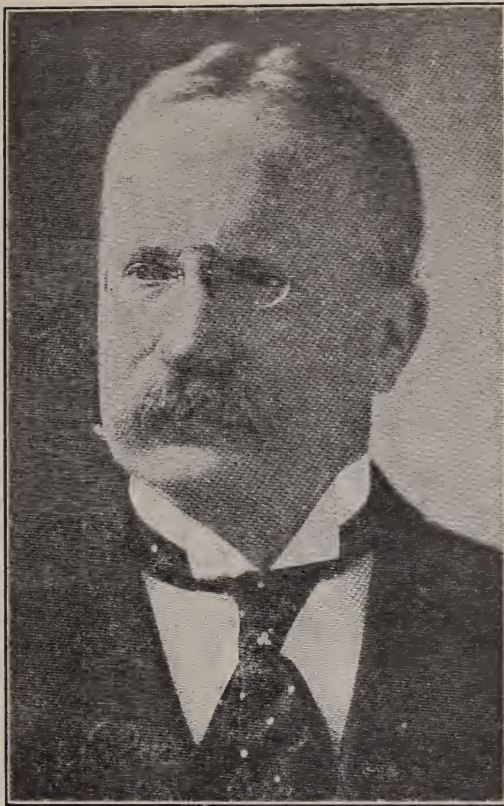
“The whole country watched him with sympathy and admiration as he cheerfully faced the inevitable end, and it will not cease to applaud the fine quality of moral courage he displayed. He died as ‘a gentlemen ought to die,’ as that other ‘gentleman unafraid,’ Captain Oates, died in the Antarctic, and under conditions calling for peculiar praise. Certainly a man leaving his counting room to meet death with all the fortitude of a soldier and the philosophy of an old Roman has given a new prestige to civilian courage. Is war needed to keep the nation’s ‘fighting spirit’ on edge while it produces such men in the walks of peace? There are monuments to battlefield heroes with a smaller claim to public remembrance.”

So much for the stable psychic neurone.

THE PROSPECTIVE RELEASE OF HAWTHORNE AND MORTON brings joy to the medical profession and to lovers of literature. Medical men and literati, absorbed in other matters than finance, are easily lured into disastrous ventures by wily promoters of mining schemes, into parietic dreams of wealth as these two overcredulous sons of eminent sires were by the siren song of promoters such as are constantly singing songs of more than sixpence.

We have a personal sympathy with all victims of fake mining schemes. If all who joined in the pseudo

song of prospective success of the mining promoter were convicted and sentenced, the jails would not hold them. We should have been one of the unfortunates ourselves. Even now a large part of our mail which goes into the waste basket is mining and other fake schemes. But our parietic get-rich-quick dreams are over. Get thee behind me, Satan!



THE LATE DR. WALTER WYMAN, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.

"President of the First and Second International Sanitary Conferences of American Republics, and Chairman of the International Sanitary Bureau of Washington.

He died suddenly on November 21, 1911.

We fulfill a painful duty upon paying from these pages a homage of respect to the memory of Dr. Wyman, apostle of public hygiene in the Western Hemisphere. His attractive personality, his incessant activities in behalf of public health, and, above all, the sincere admiration and sympathy which he always showed for the countries of Latin America, with whose hygienists he co-operated efficiently, won for him the respect and affection of the officials and other distinguished men of those nations, as well as of all those who had the privilege of coming in contact with him.

Dr. Wyman was born in St. Louis, Mo., in 1848. After graduating from the School of Medicine of that city, he joined the Public Health and Marine Hospital Service in 1876. Since then, devoted to the solution of hygiene problems, he soon attained a prominent position in the medical world. Once at the head of the Service he reorganized it and broadened the scope of its activities, to such an extent that it has now achieved a high degree of efficiency and usefulness.

United States has lost one of its most valuable men; Latin America a sincere friend, and his colleagues of the Sanitary Conference, the beloved brother, the respected teacher. But in our hearts his memory shall forever live, his remembrance shall guide the deliberations of our future conferences and his spirit, fervently invoked, shall preside over all sessions of these gatherings initiated by his far-seeing mind.

May he rest in peace!"

Dr. Wyman was our friend. We knew him well. He was one of Nature's noblemen and would have equally well adorned any calling, as he so well honored his chosen profession.

CORRESPONDENCE.

THE BRITISH CERTIFICATE IN PSYCHOLOGICAL MEDICINE.—Candidates must be at least twenty-one years of age.

They must produce a certificate of having resided in an Institution for the treatment of Insanity (affording sufficient opportunity for the study of mental disorders) as a Clinical Clerk or Medical Officer for at least three months, or of having attended a course of lectures on insanity and the practice of an asylum (where there is clinical teaching) for a like period, or they shall give such proof of experience in lunacy as shall, in the opinion of the President, be sufficient. They must be registered under the Medical Act (1858) before the Certificate is bestowed. The examination to be written and oral, including the actual examination of insane patients. The Certificate awarded to be entitled "Certificate in Psychological Medicine of the Medico-Psychological Association of Great Britain and Ireland."

III^e CONGRESS INTERNATIONAL DE NEUROLOGIE et de Psychiatrie, Gand, 20-26 Aout 1913, Monsieur le Redacteur en chef du Alienist and Neurologist.

J'ai l'honneur de vous communiquer le programme du III^{me} Congress International de Neurologie et de Psychiatrie, qui se tiendra a Gand du 20 au 26 Aout 1913, et vous prie de bien vouloir l'insérer dans votre estimable journal.

Avec mes remerciements anticipés, etc.,

Pour le Bureau du Congres:

Le Secretaire general,

DR. F. D. HOLLANDER.

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

MODERN TREATMENT OF THE INSANE. By H. G. Maul, M. D., Pathologist, Nebraska State Hospital, Ingleside, Nebraska.—In the Nevada Medical Times. A selected article, with comments by the editor of the Alienist and Neurologist.

“Psychiatry, today, is receiving more depth of study than any class of ailments. National committees, state governments and boards of health are endeavoring to educate the public and laity in mental hygiene. The movement is immense, and very creditable work is resulting. The mentally ill can now go to charitable institutions without legal formality, and receive treatment as one would with a broken leg.

Insane are looked upon as sick, consequently great efforts are made to search out the fundamentals of each patient's trouble by means of our most scientific diagnostic methods, in connection with the work of field nurses who conclude a very thorough personal and relative history.

On entrance to the receiving ward, most patients are put to bed for two weeks or longer, in congenial and pleasant surroundings, neatly furnished rooms or wards, decorated with plants, pictures and rugs, as wisdom permits. Great effort is made to have the hospital seem homelike and quiet. No unkindness is allowed to be shown. The attending alienist gives him a careful and detailed examination. He is then placed in that part of the hospital best adapted to his future developments. If the case is somewhat obscure, he is placed in a ward for observation, and a close clinical record taken, and when classified is treated appropriately.

Elimination for such patients is very essential. Hygiene is a demand. The hot and cold packs, continuous baths, sprays, showers, gymnasium work, massage and electrotherapeutics are very efficient and practical at institutions.

In seventy-five per cent of the cases the kidney efficiency by the phenol-sulphonaphthalein test is below forty per cent. Blood pressure in one thousand cases shows four hundred and eighty above normal, two hundred fifty normal, two hundred seventy below normal.

A violent patient is quieted by the above methods, and if successful, these are continued from two to ten days. Occasionally it becomes necessary to follow a pack or bath by a hypodermic sedative, and initiate rest by small amounts of anesthetic. The treatment means an effort to establish sufficient rest, nourishment, and quietude to allow the mentality to recuperate, and the physical derangements will gradually adjust themselves, as the former improves. Close watch is kept to detect the patient's natural fitness for employment, and they are led into this by skillful nurses and trained attendants, who use nothing but kind and efficient measures.

An air of quietude is maintained above everything. Patients are invited to do things, and by kind suggestions many take part.

Motion picture shows, dances, base ball games, concerts and the like keep up the social benefits.

When patients are physically ill, the cause, if possible, is determined, and the case medicated accordingly. The necessary surgery often aids wonderfully. Rough and harsh treatment of the insane is today looked upon just as improper and injudicious as if the same means were used to obtain successful results in private practice."

As a rule real kindness prevails in our hospitals for the insane on the part of the nurses, but cruel hearted "smart Aleck's" often get into service as attendants, who think they know better than the management how to treat patients whose malady makes them troublesome and intractable. These secretly abuse these pitiable

creatures of affliction according to the nurses own egotistical and heartless ideas of managing them by various clandestine devices, such as choking them with twisted towels, bruising them inwardly by sitting upon or punching them over the abdomen, squeezing their testicles, twisting the spermatic cord, smothering them with pillows and holding them overlong under water in the bath, etc. These brutes make extreme surveillance in asylums a necessity so that all hospitals for the insane should have unexpected visits from the medical officers and official spotters.

The world has a goodly share of naturally vicious-minded brutes as it has of thieves, liars and other scoundrels, and some of them get positions as attendants on the unfortunate insane whose complaints are too unvariably considered illusion or delusion founded and some of them when injured are so overawed by fear of further violence as to be afraid to tell how they are treated. While many complaints by patients of violence from attendants are delusional, some are real and all should be investigated.

Every asylum for the troublesome insane should have its corps of spotters. "He who would lay hands upon a (lunatic man or) woman save in kindness, is a wretch whom it were base flattery to call a coward." Scarce any punishment is too severe for him, even vasectomy or for her oophorectomy, so that no more of their kind might be produced.

WHY THE AMERICAN MEDICAL ASSOCIATION IS GOING BACKWARD—(A critique of the Medical Trust.) By G. Frank Lydston, M. D., Chicago, Illinois. Professor of Genito-Urinary Surgery and Syphilology, Medical Department, State University of Illinois; Delegate from the U. S. Government to the Congress for the Prevention of Infectious Diseases, Brussels, Belgium; Member of Authors' Society, London, England; Professor of Criminal Anthropology, Chicago Kent College of Law; Member of Chicago Medical Society, Chicago Physicians' Club and of The

Illinois State Medical Society; Fellow of the Chicago Academy of Medicine; Department Surgeon, U. S. W. V. (Illinois); Member of the American Medical Association. The Riverton Press, Chicago.

This question should have the considerate attention of the American Medical Association. The author's arraignment is a serious one and cannot with safety to the present or future welfare of the A. M. A. be ignored.

The delegates should be instructed by the component state bodies to take this serious arraignment, coming as it does from such a worthy source and even if it came from the most humble and obscure member of the A. M. A., and sift it to the bottom, and the delegates should decide with honor and full fairness, that the good name of the A. M. A. may not suffer and that its prosperity may grow and its glory brighter shine as a great fair-minded, purely scientific body, living and doing only for the good of science, the sake of truth, fair dealing and humanity.

The author states that he had hoped that it would not again be necessary to attack the evils which prevail in the A. M. A., but the course of events has made it imperative for him to do so. The "Oligarchy" that controls the A. M. A. has grown more and more despotic and selfish with the passing of the years until it has assumed—or rapidly is assuming—the proportions of a trust, and one of the most dangerous trusts which has ever menaced a profession or class in this country. The medical profession is asleep, its senses benumbed by the hypocritical cry of "Organization for the Profession!" with which the Oligarchy, like the psalm-singing pick-pocket at the camp meeting, is distracting the attention of its dupes from its real motives. This only can explain the apathy and indifference displayed by medical men toward the operations of the politico-commercial coterie that owns the A. M. A.—soul and body.

This statement is true or it is not, but true or otherwise, it should be fully investigated under order of the entire membership.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, 50 Union Square, New York City, send out a most valuable report on the subject of the care of the insane, which every physician and philanthropist should become acquainted with; also all legislators and those in authority over us.

On this important subject Dr. Beers, Secretary, and Dr. Salmon, director of special studies, inform us and comment as follows:

The laws in the different states have a very definite influence upon any measures which may be undertaken for the betterment of the condition of the insane for, more than is the case with any other class of the sick, the kind of care and treatment which the insane receive depends upon the kind of laws which exist. Many of the present laws were enacted during a period in which the insane were closely linked with criminals in the popular mind. This unfortunate association is reflected in much legislation and it continues, in some states, to cause many hardships for this group of sick persons.

In the different states the care of the insane differs so widely that we can find all kinds—from the crude, custodial methods of one hundred years ago to the modern hospital methods—in actual employment at the present time. Such differences are not the result of varying standards for the care of the sick. In all these states we find diphtheria treated by the use of antitoxin, tuberculosis treated by serum and rest in the open air etc., and dependence placed upon the best methods of nursing in the treatment of typhoid fever serum prophylaxis etc., The great differences in the kind of treatment afforded the insane depend chiefly upon the kind of laws which each state has enacted and is satisfied with.

“In the period in which much of the present legislation regarding the insane was enacted, custody rather than treatment was the object in mind. Newer conceptions of the nature of the mental diseases have changed this attitude and new ideals in care and treatment have become widely accepted. These ideals have been only

imperfectly reflected in legislation thus far, however, and for this reason there must be a concerted effort on the part of all those interested, to obtain better laws if standards for care of the insane are to be generally raised in the United States." Thomas W. Salmon.

THE WORKING BULLETIN SYSTEM AND BOARD OF CONTROL—A plan for collecting evidence concerning the newer materia medica. F. E. Stewart, Ph. G., M. D., Philadelphia.—From the Medical Herald, St. Joseph, Mo.

Following is the author's attitude on this subject:

During the past thirteen years, tens of thousands of alleged new remedies have been introduced by advertising and not more than one-tenth of one per cent of them have proved of any therapeutic value.

This introduction represents hundreds of thousands of useless experiments upon the sick by physicians in private and hospital practice, and many times that number by the self-medicating public. No one has profited by this so-called "new remedy" business, except the manufacturers and the press—medical, pharmaceutical, secular and religious. The public, disgusted by this state of affairs, has lost faith in doctors and drugs and is turning to drugless systems of therapy for relief.

The medical and pharmaceutical professions have been impoverished by it and their prestige seriously injured in public esteem. The public has suffered by it in health and finance. There is no use of trying to put the blame on anybody, for all parties to the transaction are at fault. The medical profession is at fault because this condition of affairs could never have occurred if the profession as custodians of the materia medica had been true to its obligations toward the public. The pharmaceutical profession is at fault because instead of making a vigorous protest against the invasion of the pharmaceutical field by persons who desired to exploit it dishonestly for financial gain the profession virtually went into the same business. The public is at fault because it did not pass

and enforce proper laws to make such exploitation of the sick impossible.

The remedy is not to be found in throwing the *materia medica* overboard and resorting to drugless cults. It is to be found in standardizing the *materia medica* and rendering drugs instruments of precision.

How shall this be accomplished? The answer is, by a co-operative investigation in which the medical and pharmaceutical press take part.

This paper is well worthy of unbiased medical and pharmaceutical consideration in its entirety.

DISEASES OF THE NERVOUS SYSTEM. By Judson S. Bury, M. D., London. Manchester at the University Press. Longman's, Green and Company, 443-449 Fourth Ave., New York, N. Y. Price, \$5.00, net.

This excellent contribution to current neurology is number XIV of the Medical Series of the Publications of the University of Manchester, dedicated to the author's past and present students of that meritorious institution of medical teaching—the Manchester Medical School.

The author proceeds at once, without undue preliminary, to the presentation of his interesting theme, as one entering the amphitheatre and proceeding at once to the audience and the blackboard.

An instructive schematic presentation, saving of many words, showing the ascending and descending nerve tracts and their central connections in the neuraxis prefaces the title, though this valuable diagram is made by a lady proxy, Miss Karlowa, from one of Henry Head and Gordon Holme's famous lantern slides; this drawing is in colors.

A description of the chief neuron system, followed by cases illustrating the various forms of paralysis and other symptoms relating to corresponding neurones, characterizes this practical neurological work.

Among the author's eminent collaborators he records his sad bereavement in the sudden and unexpected death

of Dr. Dixon Mann only four days after Dr. Mann had finished revising the proof of the book.

The text and the type are clear, the form fully but briefly descriptive and ample illustrations sustain and confirm the descriptions of Sherratt and Hughes in Manchester and the foreign publishers. The agents in the United States is the well known house of Longman's Green and Company, 443 Fourth Ave., New York.

AMERICAN INDUSTRIES.—The Manufacturers' Magazine and Manufacturers Association, Colonel George Pope, President.

The following is part of the first official statement of Colonel George Pope, the newly elected president of the National Association of Manufacturers, indicating his policies and interpreting the principles of the Association.

Colonel Pope says: "In the conservation of the human and physical resources of the country, this Association has been a mighty factor. It was among the first to advance and adopt equitable workmen's compensation laws. In the education of youth it has a profound interest; to reduce the tremendous waste of the nation's boys and girls, those who leave school in the earliest grades, I would earnestly urge a system of compulsory industrial training for young people at work.

"In all our efforts to promote the industries of this country; the welfare of our workmen, and our people; the extension of our commerce beyond the seas; in short, the nation's prestige and the nation's honor, let us show a complete sense of our civic responsibilities."

It is gratifying to see business men appreciative of health, environment and service time, conservative of men. Men, strong men of mind, muscle and morals, steady brained men, rightly balanced and turned from vices of vicious degenerative habits, make for business welfare and national stability and endurance.

THE FIRST SIGNS OF INSANITY. By Bernard Hollander, M. D., M.R.C.S. Consulting Physician British

Hospital Mental Disorders and Brain Diseases; Founder and President of Ethological Society; Editor of Ethological Journal; Author of "The Mental Functions of the Brain," "The Mental Symptoms of Brain Diseases," etc. Cloth, 347 pages and index. \$3.25 net, by mail \$3.37. Funk & Wagnalls Company, Publishers, New York.

A copy of this excellent book is before us. It is designed for the medical practitioner, the psychologist, the sociologist, the general student, and is, perhaps, the best work ever written on the subject for layman as well as physician and would not be amiss in the library of the alienist, jurist and legal practitioner.

"It is the purpose of this book to show what insanity really is, how it can be prevented, and how it can be treated before it reaches the incurable stage. It points out the fine distinctions between the normal and the abnormal mind, rational and unsound thought, healthy and perverted feelings, responsible and irresponsible conduct."

A good many might read it with profit not included in the preceding mention.

WHAT CAN BE DONE TO BETTER THE RACE? By George W. Gay, M. D.—Eugenics, the improvement of the race through judicious mating, is engaging the attention of thoughtful people everywhere. The quality of human beings born in civilized communities is finally receiving some consideration akin to that which for a long time has been intelligently given to the lower animals with such satisfactory results. Hitherto most of our attention has been devoted to results rather than to causes and prevention.

Among judicious sayings the author notes that: Procreation is independent of marriage and of state lines. National legislation on these matters is not in sight. A physician's certificate as to the health of the parties contemplating matrimony has a limited field of usefulness. For obvious reasons its general adoption would fail to accomplish the desired result. For instance, it would

be a bold physician who would certify to the existence of a contagious disease under these circumstances, as he would render himself liable to a suit for defamation of character. A case of this sort occurred in this vicinity some years ago in which it cost a reputable physician upwards of a thousand dollars to defend his diagnosis.—(From the Boston Herald, May 1, 1913.)

THE NARCOTIC DRUG DISEASES AND ALLIED AILMENTS. By George E. Pettey, M. D.

In this volume Narcotic Addiction (including Alcoholism) is very properly treated as a disease—a toxemia—of drug, auto- and intestinal origin, the management and treatment of which belong to the field of internal medicine.

Long-standing serious errors of far-reaching consequences are corrected, the true pathology and pathogenesis clearly and fully shown, and as a natural corollary the most efficient treatment is completely set forth in these pages.

It is fundamentally different from any other work published in this heretofore to the general practitioner, baffling and obscure department of human medicine, and these diseases should be understood and treated by the physician in general practice as well as by neurologists and alienists. In fact the alienist and neurologist should know these cases all over in order to treat them aright and do justice to them and secure justice in treatment and care for them. The price of this valuable book is \$5.00 and every physician should have it. F. A. Davis Company, Publishers.

THE FUNCTIONAL PSYCHO-NEUROSES, Langdon, (Reprinted from The Lancet-Clinic, December 21, 1912), is a record of some remarks in sketchy facetious scientific vein by the distinguished author, whose writings always command attention from his medical colleagues, excite interest and convey instruction to all who read them.

This paper is too connectedly interesting to be epitomised. It should be read entire. Freud, hysteria,

psychasthenia, neurasthenia are here well and entertainingly portrayed.

The author's definition of a physician's work concluding this interesting paper is unique and here follows:

"The physician's work is that of a 'biological engineer,' whose duty is to promote orthobiosis; in other words, to conserve and direct scanty or unutilized forces, so as to produce the best possible results in efficiency of output with a minimum damage, to the machine. To accomplish this end he can never, with wisdom or safety, depart from the fundamental principles of physiologie and hygiene."

ANCIENT GREEK MEDICINE. From the New York Medical Journal, by A. Rose.

This is a commentary on the article, thus entitled, by Dr. Charles W. Super, of Athens, Ohio, published in a back issue of the New York Medical Journal, intended to do full justice to the Greek physicians of antiquity. The entire contribution is well worth the reading by all physicians. It is copyrighted, but may be had probably by sending to the writer, 126 E. 34th Street, New York or by consulting the New York Medical Journal of November 27th, 1908. Dr. Rose is expert on this subject and knows whereof he writes.

THE SECOND VOLUME OF THE MODERN TREATMENT OF MENTAL AND NERVOUS DISEASES BY BRITISH AND AMERICAN AUTHORS, edited by Doctors William A. White and Smith Ely Jelliffe assisted by a corps of able contributors is before us.

A perusal of this volume commands the same meritorious commendation given to the preceding volume. The first chapter, as all that follows, is well written but this article should be compared with Anstie on "Neuralgia and its Counterfeits" before one concludes with the author before us, that the neuralgias and the neuritides are pathologically the same. In fact both the neuralgias and the various neuritides have different pathic sources, making

them different and sometimes exceedingly difficult clinical and therapeutic studies, but this does not impair the value of the well studied contribution.

MISS COPELAND'S SCHOOL—We are gratified to learn of the good work Miss Copeland's school is doing and has done for children of high grade defective mentality at Saratoga Springs, N. Y. The object of this school is the proper education and training of children who are unable to receive instruction in the ordinary schools but require special assistance. This school gives individual training by the most approved methods formerly used by Seguin, Wilbur and others.

The children and governesses dine at one time. Some of the children occupy a room alone and others share it with a governess. The children are at all times under competent supervision. The location in the beautiful and healthful village of Saratoga Springs is unsurpassed. The water supply and sanitary conditions are perfect. Board and tuition eight hundred dollars per year, monthly or quarterly, in advance. (Miss) Susan Eloise Copeland, 26 Madison Avenue, is the principal. The announcement before us may be had on application.

WALT WHITMAN'S ANOMALY by W. C. Rivers. The sale of this book is restricted to the members of the medical and legal professions. London, George Allen & Company, Ltd. Half-a-Crown, net.

This is a well sustained plea for the homo-sexuality of the author's subject. He shows his subject as an invert without great lasciviousness or bestiality and with intellect dominating the erotic emotional life of the nimrod poet.

The author of this little book is a man of literary merit like unto his author subject.

THE GRINNELL REVIEW is issued ten times a year, the first week in each month excepting August and September. The subscription price is fifty cents a year.

Communications should be addressed to The Grinnell Review, Grinnell, Iowa.

This review represents one of the best educational institutions, morally and mentally, West of the Mississippi. In its earlier day when it was located at Davenport, Iowa, it did the writer and editor of this magazine much substantial good in instruction and wise counsel for his life work. He takes pleasure in here acknowledging its good influence for his welfare.

EXCLUSION OF THE ALIEN INSANE CRIMINALS AND DEGENERATES. By Hon. John J. Kindred of New York, in the House of Representatives, Wednesday, January 15th, 1913. From the Congressional Record of the Sixty Second Congress, Third Session.

This is an enlightened and powerful plea for National Eugenics, for law against the degenerating, debasing and publicly impoverishing effect of omitted guardianship of the physical and mental purity of the race, through neglect of exclusion of foreign defectives and of suitable sterilization of the unfit to propagate healthy offspring, by vasectomy, oophorectomy, etc.

It is a forceful showing, with records of the Juke's and Kalikak families' portrayal of the social and national peril of unguarded abnormal propagation of those who are to become a part and possibly an ultimately predominating part of our social life, unless we be warned against the multiplication of the unfit in time to save the future physical and mental normal stamina of the race.

THE ACTIVATING MOTIVES OF PROFESSIONAL CONDUCT. By Henry S. Munro, M. D., Omaha, Nebraska. From Medical Standard.

The author notes and this pamphlet indicates that: "Workers in other departments of medicine are waking up, and that psychotherapy, psychiatry and neurology are on common ground, and that the advances made in one of these departments are equally applicable to the

problem of the prophylaxis and treatment of all diseases met within the routine work of the general practitioner.”—

INFLUX + ORGANISM = EFFLUX—The basic law of cure diagrammed and explained. “A broad-gauge but infallible guide for students and practitioners of all schools and systems.” So the author conjectures. By Edgar G. Bradford, Physiological Engineer. Price, 10 cents silver.

Interesting if not true. An all round survey of four pages with many points of view omitted, but if you look it over you will think some.

ANNOUNCEMENT OF THE PROGRAM COMMITTEE—
Fourth International Congress on School Hygiene, Buffalo, New York, U. S. A., August 25-30, 1913.

This worthy Congress under the patronage of our worthy President Wilson deserves general recognition and support of all patriotic citizens. This way the conservation of our great Republic lies. Through hygiene, mental and physical, is safety. Chas. W. Eliot, Pres. Emer., Harvard, is the acting president of this important Congress.

HISTORIE DES ORIGINES et de l'évolution de l'idée de dégenescence en Médecine mentale, par le Docteur Georges Genil-Perrin. 280 pages in-8°. Paris, Alfred Leclerc, 1913. Prix: 6 francs.

This is an instructive and suggestive record and discussion from an eminent alienist source that will especially interest advanced psychiaters familiar with the French language.

This exhaustive and complete History of the Origin and Progress of the Conception of Hereditary Degeneracy in Mental Medicine should be translated into English. Every alienist and in fact every physician and lawyer should have it in his library.

THE TECHNICAL SUPPLEMENT of Urologic and Cutaneous Review comes to us full of exceedingly entertaining and

instructive matter and with an eminent advisory and collaboratory staff.

We do not see how any genito-urinary specialist can do without it nor how any one but a mere spot specialist in other departments of medical knowledge and practice can well dispense with this excellent Medical Magazine.

In all special lines of medical work the whole patient should be considered in all pathological relations.

SOME PSYCHOLOGICAL OBSERVATIONS IN THE INSANE. By Max E. Witte, Superintendent, Clarinda State Hospital, Clarinda, Iowa.—From *American Journal of Insanity*, Vol. LXIX, No. 3, January, 1913.

The author is well qualified to speak on this subject and presents the character change criterion of insanity in a true and practical manner. The first disorder is manifest in incipient insanity "in the sphere of feeling." The author maintains his thesis well, as the true clinical alienist might, that he is.

THE SIMULATION OF ORGANIC BY FUNCTIONAL NERVOUS DISEASES.—With a few points of differential diagnosis, David S. Booth, M. D., St. Louis, Mo., Neurologist to the Missouri Pacific-Iron Mountain and St. Louis Southwestern Ry. Co's., Professor of Clinical Neurology, Medical Department of the National University of Arts and Sciences, etc., etc.—From the *Railway Surgical Journal*.

FOURTH INTERNATIONAL CONGRESS ON SCHOOL HYGIENE to be held at Buffalo, New York, August 25-30, 1913. Under the patronage of Mr. Woodrow Wilson, President of the United States and the presidency of Charles W. Eliot, President Emeritus, Harvard University. We fully concur with Dr. Thomas A. Storey, the Secretary, that it is greatly desired to secure large membership of the Congress. "The man of to-morrow (as he truly says in his announcement) and the child of today, roughly speaking, spends half his waking hours under the in-

fluence of school conditions." We take pleasure in giving this Congress and its worthy aims publicity.

SUMMARIES OF LAWS RELATING TO THE COMMITMENT AND CARE OF THE INSANE IN THE UNITED STATES.—Prepared by John Koren for The National Committee for Mental Hygiene. Published by The National Committee for Mental Hygiene, 50 Union Square, New York.

This is a timely and useful publication for reference by all interested in this subject, emanating from a reliable and worthy source. We compliment The National Committee for Mental Hygiene on the accuracy and utility of this valuable production.

STUDY OF MAN in connection with Establishing Laboratories to Investigate Criminal, Pauper and Defective Classes. By Arthur MacDonald, Washington, D. C., Honorary President of the "Third International Congress of Criminal Anthropology," of Europe.

A series of valuable papers, suggestions and congressional reports by this author whose address in the Congressional, Washington, D. C., also a description of an algometer for registering pain. Write the author

CRITICISM OF STEDMAN'S NEW MEDICAL DICTIONARY. By John A. Phoustanos, M. D. Editor of IATPIKH ΠΡΟΟΔΟΣ and La Grèce Médicale, New York, 1912. H. Stamis, Greek Printing Office, 23 Duane Street.

This is a severe literary arraignment beyond our philologic critical capacity in the premises. We commend this entire brochure to the learned in the language of Hellas. But want of space will not allow us to go further. We may note some features of this interesting monograph later.

FULGURATION AND THERMO-RADIOTHERAPY.—By William Seaman Bainbridge, M. D. and Diathermy (Nagelschmidt) and Electro-Coagulation (Doyen) by Worthing-

ton Seaton Russell, M. D.—From the Journal of Advanced Therapeutics.

Contains interesting matter for practical electrotherapeutics.

THE ACTION OF ANIMAL EXTRACTS UPON THE BLADDER. By Isaac Ott, M. D., Professor of Physiology, Medico-Chirurgical College, of Philadelphia, and John C. Scott, M. D., Demonstrator of Physiology, Philadelphia, Pa.—Selected from Monthly Cyclopaedia and Medical Bulletin, July, 1911.

This is a timely paper from a good source and read before a suitable audience, the Association of Railway Surgeons.

The average surgeon, railway or other, does not know so much of neurology as he should and papers like this one help to enlighten those who need enlightenment.

ATYPICAL MULTIPLE SCLEROSIS; Atypical Epilepsy; Cerebral Syphilis with Motor Aphasia and Right-Sided Hemiplegia; Cerebral Syphilis with Left-Sided Hemiplegia. By L. Harrison Mettler, A. M., M. D., Professor of Clinical Neurology in the College of Medicine of the University of Illinois, Chicago.—From International Clinics.

SCHRIFTEN DES VEREINS FÜR FREIE PSYCHOANALYTISCHE FORSCHUNG. Herausgegeben von Dr. Alfred Adler. Heft 1. Psychoanalyse und Ethik. Eine vorläufige Untersuchung. Von Dr. Carl Furtmüller.—Verlag von Ernst Reinhardt in München.

ADDRESS OF THE PRESIDENT—Delivered by Dr. Charles L. Reeder, Tulsa, before the 1912 meeting of the Oklahoma State Medical Association at Guthrie.—From the June Journal of the Oklahoma State Medical Association.

UNSER VERSTEHEN DER SEELISCHEN ZUSAMMENHÄNGE IN DER NEUROSE UND FREUD'S UND ADLER'S THEORIEN.—Von Privatdozent Dt. Otto Hinrichsen, Basel.

Zeitschr. f. die ges. Neur. u. Psych. (Originalien,) Bd. XIV. S. 160. Zentralblatt für Psychoanalyse.

HOW MAY WE MAKE OUR SCIENTIFIC NOMENCLATURE MORE ACCURATE. By Dr. A. Rose, New York.

A good paper from the stand-point of a Greek medical scholar.

SYMPOSIUM ON THE USE OF PHYLACOGENS, (Modified Bacterial Derivatives.)—Illustrating and showing good results under skyagraph inspection. College of Physicians, Pittsburg, Penn., Session, April 25, 1912.

THE PROPHYLACTIC VALUE OF VACCINES IN TYPHOID FEVER. By J. Clement Clark, M. D. Superintendent Springfield State Hospital for the Insane, Sykesville, Md.

A PRELIMINARY COMMUNICATION CONCERNING A NEW DIAGNOSTIC NERVOUS SIGN. By Charles Gilbert Chaddock, M. D., of St. Louis.

A PRACTICAL DEVICE TO STIMULATE THE WORKING OF NERVOUS DISCHARGES—S. Bent Russell, St. Louis, Missouri.

SCARLATINIFORM ERYTHEMA. By William Frick, A.M. M. D., Kansas City, Mo.—From the Medical Herald, St. Joseph, Mo.

MULTIPLE SCLEROSIS—L. Harrison Mettler, A.M., M. D., Chicago.—From the Journal of the American Medical Association.

NYSTAGMUS—L. Harrison Mettler, A.M. M.D., Chicago.—From the Illinois Medical Journal.

TRAUM UND TRAUMDEUTUNG.—Von Dr. Alfred Adler. Separatabdruck aus Oesterreichische Arzte-Zeitung.

KATHAREUOUSA AND SCIENTIFIC MEDICAL NOMENCLATURE. By A. Rose, M. D., New York.

Acute Diarrhea of Infants

MELLIN'S FOOD

4 level tablespoonfuls.

WATER (boiled, then cooled)

16 fluidounces.

Give one to three ounces every hour or two, according to the age of the baby, continuing until stools lessen in number and improve in character. Milk, preferably skimmed, may then be substituted for water— one ounce each day—until regular proportions of milk and water, adapted to the age of the baby are reached.

This diet is especially serviceable for the feeding of infants with diarrhea for the following reasons:—

Readily taken.

Completely utilized.

Protein-sparing, thus preventing tissue waste.

Furnishes sufficient body-heat and energy and supplies enough nitrogenous food to maintain the baby's strength during the critical period.

Maltose, the predominating carbohydrate, has the highest point of assimilation and the lowest degree of fermentation of all sugars.

THE
ALIENIST AND NEUROLOGIST

VOL. XXXIV. ST. LOUIS, NOVEMBER, 1913. No. 4.

ON THE THEORY OF THE PSYCHOPATHIC
CONSTITUTION.

BODILY SYMPTOMS.

BY GEH. MED.-RATH. PROF. DR. THEODOR ZIEHEN,

Published in *Charité Annalen*, 1911.

Translated by James C. Hassall, M. D., Junior Assistant
Physician, Government Hospital for the Insane,
Washington, D. C.

THERE are individual cases of psychopathic constitution in which bodily symptoms are entirely absent. In most cases, they are found in greater or fewer numbers. Since they depend for the most part upon the etiological¹ foundation of the psychopathic constitution, I will discuss them separately under the individual psychopathic constitutions. As they are in a great measure already well recognized, I will limit myself to the discussion of a few more important points.

THE DEGENERATIVE PSYCHOPATHIC CONSTITUTION.

In this one frequently finds the recognized so-called stigmata of degeneration. Unfortunately, in spite of the many separate works, the study of the latter is much

1. I will return to this idea of the etiological foundation in the following section in discussing the classification of the psychopathic constitutions.

in arrears. There is especially lacking for most of the stigmata of degeneration, a careful statistical study concerning their occurrence in hereditarily burdened and hereditarily unburdened mentally normal, with regard to racial differences. On account of the enormous racial mixture among the people of Berlin, the clinics here are particularly unsuitable for such investigation. For this reason, in the absence of special statistics, I will confine myself to a few principles which have impressed themselves upon me as certain and important.

Some of the stigmata of degeneration are more important than others. In the degenerative psychopathic constitution, we find especially frequently:

1. Abnormal development of the genitals.
2. Abnormal development of the hair, especially abnormal whirl formations (e. g., in the middle of the eyebrows, on the forehead, etc.) and an abnormal border of the hair on the forehead and temple.
3. Abnormal proportion of the separate parts of the body.

I have given a more exact enumeration of these in *Mental Diseases of Childhood*, Vol. 3.

The above mentioned stigmata of degeneration are worthy of notice even if they occur isolated. The others, as a rule, are of value only when they occur together in greater numbers in an individual.

The severity of the psychic symptoms of the degenerative psychopathic constitution and of the stigmata of degeneration is sometimes the same, though not always. In no case is it proper to infer the existence of the former from the presence of the latter; a fact which is unfortunately still often overlooked in forensic practice.

The isolated appearance of a pure epileptic convulsion in connection with quite definite occurrences, e. g., severe emotional shock,² severe alcoholic excess or heat injury, is especially noteworthy as a bodily symptom of the de-

2. Compare the treatise of Bratz concerning emotional epileptic attacks, *Monatsschrift f. Psychiatrie und Neurol.*, Vol. 29, page 45. In other psychopathic constitutions as in the degenerative, these sporadic attacks are rare.

generative psychopathic constitution. It is not appropriate to speak of epilepsy in those cases in which the epileptic attacks occur very rarely and in connection with wholly peculiar occasional insults to the economy. The genuine epilepsy, for example, is an illness exactly opposite to hysteria,³ being characterized by the fact that the attacks sometimes, really very often, appear without apparent cause. It is true, in individual cases with repeated epileptic attacks caused by occasional injuries, that a secondary genuine epilepsy with spontaneous epileptic attacks can develop. I propose to designate the above described sporadic attacks in degenerative constitutions, as "epilamptic"⁴ attacks; thus will I express their relation to the eclamptic attacks of childhood. This relation will be clear if one remembers that the eclamptic convulsions of children follow certain exciting causes—usually reflex irritations as dentition, irritation from worms, fever and acute infections and also stand in an unmistakable relation to hereditary taint and are likewise able to lead sometimes to a secondary genuine epilepsy.

THE HYSTERICAL PSYCHOPATHIC CONSTITUTION.

As the hysterical psychopathic constitution often develops upon a degenerative basis, one finds the above mentioned stigmata of degeneration very frequent. However, I have a very decided impression that the abnormalities of development, which lie outside the nervous system, are more frequent in the pure degenerative psychopathic constitution than in the hysterical. In the latter preponderate the stigmata of degeneration which occur in the nervous system itself.

Whether there are cases of a decided hysterical psychopathic constitution entirely without bodily hysterical symptoms, is still discussed. I have never yet observed a

3. This proves how different is the position of convulsions in the picture of epilepsy from that in hysteria. In the latter they are only the expression of a special pathologic reaction on definite psychopathic excitements (emotions), etc., a reaction which is immediately dependent upon the psycho- and neuropathic constitutions, in epilepsy, on the contrary, they are the expression of a spontaneous explosion of excitements, whose accumulation in the nervous system is characteristic of epilepsy.

4. Epilamptos (Greek) is an Ionic synonym for epileptos—seized.

clear case. The bodily symptoms of hysteria are not only psychogenic, or as I prefer to say "ideoplastic," but the psychic symptoms of hysteria also have a decided tendency to bodily discharge or transference in bodily symptoms of disease. The latter are often an exact translation of the psychic symptoms. On the other hand it is unmistakable that in many cases each parallelism fails between the severity of the bodily and psychic symptoms. In many cases of severe hysterical psychopathic constitution, all hysterical convulsive seizures, for example, are absent. On the other hand, it is true in rare cases, in spite of the more severe and more frequent hysterical convulsive seizures, that the psychic symptoms are inconsiderable. One can scarcely avoid the impression in a few cases that in the course,—thus in the same case—a true substitution of the bodily and psychic symptoms takes place. The affective symptoms of the hysterical psychopathic constitution particularly diminish temporarily after they have unloaded themselves in an attack. On the contrary, delirious symptoms, especially hallucinations, frequently succeed a convulsive attack. At times it happens that during a hysterical contracture, hallucinations disappear, only to reappear with the diminution of the contracture.

Of the bodily symptoms of hysterical psychopathic constitution, hemi- and topical disturbances of sensation and motion are most important. Sometime ago I designated ⁵ as topical or regional disturbances those whose boundaries are determined by the naive ideas of the individual body part and distinguished topical pain, topical anesthesia, topical paralyses, etc. In neurasthenia such topical limitations are very rare. In the field of motility belong my so-called functional paralyses, as abasia, akathesia, astasia, etc., and analagous functional convulsive movements, e.g., convulsive rowing movements after too long rowing (case of Bastian).

5. Realenzyklop d. ges. Heilkd. 3rd and 4th edition, Article Hysteria, Deutsche Klinik, Nervenkrankheiten. Page 1319, Special page, 1327, etc. Zeitschr. f. Artzl. Fortbildung, 1911, Vol. 8, No. 1.

Less important diagnostically are the so-called hysterical pressure points. Only when they are very decided and limited to one half of the body or at least predominate on one half of the body and are combined in their limits with disturbance of cutaneous sensibility, do they speak with important probability for hysteria. According to my experience for the past decade disturbances of the field of vision are neither so frequent nor characteristic as was formerly thought. The hysterical convulsion, and in general, the tendency to increased convulsive motor reactions (especially in the field of the expression movements) is, on the other hand, of great diagnostic importance. The former are often entirely absent, the latter, on the contrary, are rarely missed completely in careful histories. I consider it actually characteristic for the patho-physiological mechanism, that in epilepsy the convulsive seizures are independent; in hysteria, on the contrary, they appear as increases or distortions of the normal motor reactions, while in neurasthenia, they are absent.

THE NEURASTHENIC PSYCHOPATHIC CONSTITUTION.

Regarding the bodily symptoms of this psychopathic constitution, I will limit myself to a few general observations. At all events susceptibility to fatigue and hyperaesthesia stand in the foreground of the bodily symptoms. The susceptibility to fatigue can best be measured dynamometrically or ergographically. It is made up of three components: first—of the abnormally rapid failure of associative energy (associative or psychic component); second—of the abnormally rapid failure of the motor innervation act itself (motor component); and third—of the hyperaesthesia of the fatigue sensations⁶ (sensible component). In individual cases, first one and then the other component predominates. The susceptibility of fatigue, caused by the preponderance of the associative component, is shown in the ergographic curve

6. With the unsuitable dynamometer (without leather cover) the hyperaesthesia is added in the scope of the pressure sensation of the skin.

by its great variations. Its conduct contrasts to a certain degree with the ergographic curve of hysteria in which there often occurs a sudden, almost complete and lasting failure of performance.⁷ The purely motor component is shown ergographically by the abnormally rapid decrease in the height of the curve and the abnormally few elevations of the curve. In view of the technical imperfection of our ergographs, the latter is certainly hard to show. The patients may use auxiliary movements for lifting the weight, and therefore, on account of the construction of the apparatus, the moment of total exhaustion (height 0) can be displaced in a manner which cannot be estimated, making the number of heights indeterminable and sometimes worthless.⁸ The decision whether the number of elevations or the medium height of elevation⁹ is characteristic for the pure motor component of the neurasthenic susceptibility to fatigue, (principally in comparison with the associative component), must be reserved for further researches.

The hyperesthesias of neurasthenia show a rarer topical (regional) character in contrast to those of hysteria. Therefore, they rarely correspond in their extent to the naive representation of a part of the body, and are also rarely one sided. They attack, mostly, a function in toto; here belong the neurasthenic oxyakoia, the neurasthenic hyperesthesia retinae (better called optic hyperesthesia); the somewhat rarer general cutaneous hyperesthesia, the vestibular hyperesthesia, etc. In this relative rareness of regional boundaries, in the slighter

7. Compare Breukink, *Monatsschr. f. Psychiatrie u. Neurol.* Vol. 15, page 318.

8. I have recently often introduced arbitrarily for the removal of this difficulty an artificial zero-line which lay from 1 to 4 m.m. higher than the actual one and which was empirically chosen so that the elevations produced by the auxiliary movements remained below it.

9. Compare Hoch and Kraepelin, *Kraepelin's Psychol. Studien*, Vol. 1, page 378. These authors assume that the psychic disposition and exercise change the number of curves and that the tiring of the muscle and the taking of food change the size of the curves. According to our ergographic experience in progressive muscular dystrophy, the second part of this statement is true. I have doubts concerning the first part. The preponderingly theoretical considerations of the author (page 479, etc.) do not seem to convey proof. Above all, besides the psychic disposition and exercise and sometimes instead of these two factors, in the sense of the quotations in the text above, a distinction must be made between the associative factor and the factor of the ability of performance of the motor apparatus (motor region to the end plate). It appears very questionable after a preliminary examination in central and peripheral paralyses, whether in these the elevation height or the number of elevations is changed.

suggestibility and in the absence of hyperesthesia and anesthesia are seen the negative diagnostic points between this and the hysterical neuro and psychopathic constitution. A positive diagnostic point is shown in the relation to fatigue. The hyperesthesias and pains of the neurasthenic neuro- and psychopathic constitution rarely allow this relation to be missed. I will give as example here, only the noteworthy pains, which were observed in neurasthenic individuals (girls between 15-25 years of age) after months of long strained music exercise. These often have the appearance¹⁰ of a regionary boundary, but a more careful examination shows, at least very often, that the seat of pain is actually in the nerve and muscle territories which have been in particular demand in the piano playing. Just this connection of the local (whether peripheral or central) fatigue symptoms with the general susceptibility to fatigue is characteristic for many neurasthenic cases; while the ideoplastic character is absent. So, it is clear that if a neurasthenic patient once shows one sided hyperesthesias, pains or pressure points, there is seen etiologically, as a rule, a one sided over-strain. Finally, in this connection, we find that the pains of neurasthenia very often have all the characteristics of fatigue pain. Hence, the intensity of the pain stands as a rule in a true dependence upon the functional demands; the pain is originated by relative or absolute too great demands and advances further parallel to the functional demands.

It must especially be emphasized that these boundary lines are often indistinct. Within the broad territory of the so-called hysteroneurasthenia, the above characteristics blend in most variable relations. In female individuals, isolated hysterical symptoms are extraordinarily often mixed with neurasthenia. Accordingly, in the female sex a pure hysteria is much more frequent than a pure neurasthenia.

10. In hysteria they usually have regional boundaries and correspond to a true topalgia.

THE TOXIC PSYCHOPATHIC CONSTITUTION.

The bodily symptoms of chronic alcoholism, saturnism or morphinism have been described often enough. Therefore, I emphasize that here one cannot speak of an absolute parallelism of the bodily and psychic symptoms. Thus, for example, a severe alcoholic polyneuritis may be combined with the most severe alcoholic psychosis, alcoholic dementia, acute or chronic paranoia, Korsakoff's syndrome, etc., as well as with a severe or light psychopathic constitution. On the contrary, in the most severe alcoholic psychopathic constitution, the bodily symptoms may be limited to a slight static tremor, a slight advancement of the optic phenomena and a slight pressure sensibility of the nerves (even without Laséque's symptom.) It is also observed in the physical examination that the alcoholic and other toxic psychopathic constitutions frequently combine with the hysterical and neurasthenic and then show hysterical and neurasthenic symptoms. These facts will be easily understood when the classification of the psychopathic constitution is discussed in the following section.

THE TRAUMATIC PSYCHOPATHIC CONSTITUTION.

As far as this comes under the picture of hysteria, neurasthenia, and hysteroneurasthenia, the bodily symptoms need no further descriptions. Also the possible complication with traumatic epilepsy which must be kept in mind in the toxic psychopathic constitution, offers no new view-point for this treatise. Here only the question need be raised, whether the traumatic psychopathic constitution shows decided bodily symptoms aside from the specializations and complications. In reality, such symptoms do occur. In the first place I mention the cephalaea, which in my opinion must be differentiated¹¹ throughout from the hysterical topalgia of the head as well as from the neurasthenic head pressure. It is distinguished by its intensity, its indefinite localization in

11. Of course often in traumatic hysteria and neurasthenia there is topalgic headache or head-pressure.

the whole head and by its pronounced "pain" character (in contrast to head pressure). At times it is accompanied by nausea, more rarely by vomiting. Accompanying vasomotor phenomena (congestions) are frequent. It is observed in its clearest and most pronounced form after the crises in childhood. Here it can appear almost isolated though it is often combined with the traumatic psychopathic constitution.¹² It interferes with the school-work in an extraordinary measure. Its pathophysiological foundation is as yet unexplained. It is at least very doubtful whether these always are vasomotor disturbances within the skull. Pressure points in the territory of the trigeminus and the occipital nerves may be absent. The sutures of the skull are at times abnormally sensitive to pressure.

A second, not rare, bodily symptom accompanying the traumatic psychopathic constitution is attacks of true vertigo. So far as it concerns discoverable lesions of the labyrinth, vertigo is to be regarded only as a complication. We exclude, likewise, all those cases in which the vertigo is to be regarded as equivalent to epilepsy (traumatic in origin.) After the exclusion of these there still remains a considerable number of traumatic cases which show true vertigo. Hitzig¹³ was very much inclined to consider this vertigo as a symptom of neurasthenia and even cortical. I cannot agree with this assumption. Hitzig's treatise contains various cases and among them some which have nothing to do with true vertigo (instead apparent turning movements, feelings of uncertainty, obscuring of the field of vision, etc.) In uncomplicated neurasthenia, according to my experience, vertigo is very rare.¹⁴ If true vertigo is more frequent in traumatic cases, I cannot consider it as a neurasthenic, much less as

12. In isolated cases it is shown after further observation as a premonitory symptom or accompanying phenomenon of a traumatic acquired internal hydrocephalus.

13. *Der Schwindel*, Wien, 1898, page 46, etc.

14. Binswanger, (*Pathologie und Therapie der Neurasthenie*, 1896, Page 89,) says that apparent movements of objects are rare as compared with movements of the person's body. I also believe the latter very rare as far as apparent turning movements are concerned.

a hysterical symptom. I believe that it still concerns a functional or an organic labyrinth lesion which is so slight that it cannot be discovered. This is confirmed by the fact that frequently a caloric or galvanic hypersensitiveness of the vestibular apparatus can be shown. In any case, a test for this should never be omitted.¹⁵ If this understanding of the case is correct, then the vertigo of the traumatic psychopathic constitution would be a coordinate phenomenon,¹⁶ somewhat analagous to the alcoholic neuritis in the alcoholic psychopathic constitution. In certain cases, a sudden disturbance of circulation in the labyrinth may be suspected.

I do not consider as cases of true vertigo those in which there is described only a continuous oscillation of objects in the field of vision (without movements of turning.) These exceedingly rare cases of apparent movements occur now and then in neurasthenia but have no special relation to the traumatic neuro- and psychopathic constitutions.

Finally, slight coordination disturbances deserve attention as bodily symptoms of the traumatic constitution. They are essentially cerebellar or vestibular in character. Thus in addition to the more frequent neurasthenic and hysterical pseudo-Romberg sign, we find now and then a true Romberg swaying. It is very apparent¹⁷ in stooping in the Romberg posture (with closed eyes.) It seems to me that possibly here also the labyrinth is involved.¹⁸

The remaining bodily symptoms are so well known and so clear in their significance that they can be omitted.

15. In this relation one should always seek for a diminution of bone conduction. Compare Baginsky, Berl. Klin. Wochenschr., 1905, No. 37.

16. Oppenheim (Monatsschrift f. Psych. u. Neurologie, Vol. 29, page 275) has communicated cases of prolonged vertigo and has assumed that there is a condition of excitement in certain regions of the central nervous system. I am, on the contrary, still inclined to seek the location of these disturbances, at least for many cases, in the labyrinth.

17. In many cases much more considerable than it is occasionally found in healthy people.

18. I would not agree with Stenger (Deutsche Med. Wochenschr. 1905, No. 2) that there is a special "traumatic labyrinth neurosis."

THE GERMAN METHOD OF TREATING THE
CRIMINAL INSANE.*

BY W. J. HICKSON,

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I shall treat the subject under discussion from two standpoints, namely—(1). Insanity at the time of committing a crime—the criminal insane. (2). Insanity among criminals in penitentiaries—the insane criminals. There is a saying in Germany that you can tell an American a long way off but that you can't tell him much. However true this may be, if we would be a little more teachable when we go abroad, especially when we visit some of the more advanced countries, such for instance, as Germany, there is much that we could bring home and apply to advantage. Germany itself is not averse to learning from other peoples. For example a few years ago when a further reform of the criminal laws was proposed, Germany investigated those of practically all other countries and the results appeared in a set of 16 large volumes. From these findings, new laws were drawn up and submitted to the people for a number of years for discussion, consideration and amendment before adoption. The above example also illustrates the thoroughness with which the Germans attack a problem. They make haste slowly but they make haste, and on account of proceeding so circumspectly, they seldom, if ever, have to retrace their steps. It has been said that modern Jurisprudence is emphati-

*Read by invitation before the Phil. Psychiatric Society, April, 1913 Meeting.

cally a German creation. I think therefore that anything that lends itself to adoption that would be an improvement on what we have, should be applied by us and we shall seldom, if ever, have cause to regret having done so. Germany has adopted much from America. No one country has a monopoly of the world's wisdom.

My work for the past two and a half years in Europe has been largely in the field of normal and abnormal psychology and one does not realize how much there is for us to learn from the Germans, in the latter subject especially, until one is confronted with it over there. The subject of Psychiatry has made wonderful advances with them in the past two decades, due no doubt to the excellent psychopathological laboratories they have developed and without which their progress would not have been attainable. Psychiatry at present in Germany is in the van with the most advanced branches of medicine.

It is very difficult, however, to approach the question at issue without at the same time being drawn into a discussion of the problem of criminal responsibility as it is affected by the freedom of the will, Determinismus, Indeterminismus, Causality of Psychical events, etc. To avoid all of these harrassing questions I have learned for practical purposes to regard the matter from the same standpoint as that of my much honored former Chef, Prof. Bleuler, of Zuerich, who leaving out all consideration of the academic side of these questions takes the bull by the horns and simply says that an individual who is a menace to society should be isolated. For this reason and also to bring my main points into as sharp relief as possible, I shall refrain from entering upon any further discussion of either of the above questions or the details in the carrying out of the procedure to be recommended and shall dwell, therefore, only upon the principles involved themselves, and furthermore since the various states of Germany have individual modifi-

cations which would take us too far afield to discuss them all, and since they do not alter the main points at issue, may very well be left aside.

Legal punishment is inflicted with three objects in view, namely: 1st, retaliation; 2nd, intimidation; 3rd, reformation. Now it is quite obvious that none of the above purposes are effected with the insane, surely not reformation and if there is any intimidation, it is only on normal people who see and shudder at the injustice of inflicting punishment on the irresponsible. That leaves only retaliation as having any "standing in court" and that is the saddest aspect of it all. The criminal insane who make up a large portion of the chronic offenders, the mattoids, speak louder than words of the ineffectuality of our present methods of dealing with these cases and are to us a living reproach.

In Germany there are from 5 to 7 insane in every 100 of the prison population, and this does not include all of the lighter forms, such as the defectives, degenerates, psychopaths, alcoholics, etc. Insanity is at least ten times more frequent in the prisons of Germany than in the outside population.

The eye for an eye, the unrelenting retributive doctrine is now obsolete or should be at least in its application to those who are irresponsible. We do not consider a child under the age of responsibility as guilty when it has committed an overt act, yet we do the criminal insane and mental defectives who are in most cases mentally below the age of responsibility and who are equally irresponsible and many times the victims, thru their inability to react properly, of the very social order that punishes them. The basis of punishment of a deed presupposes responsibility and the basis of putting it into effect its efficacy. Yet both of these bases are lacking in practically all of the insane and feeble-minded on whom legal punishment is inflicted. These are only two of the many inconsistencies that exist in our present methods of treating these cases in America, and illustrates how far the law lags behind and fails

to take advantage of the advances of the other sciences, such as Psychology, Sociology, Anthropology, Medicine, etc.

I am afraid that future generations will look back upon our present methods of treating these cases with the same abhorrence with which we look back upon the treatment of the insane not so very long ago when they were regarded as being beset with devils and were maltreated and mishandled accordingly. It is only as late as 1862 that the Supreme Court of North Carolina, in pronouncing judgment, said, "To know the right and still the wrong pursue, proceeds from a perverse will brought about by the seductions of the evil one." The eminent Austrian Jurist, Dr. Gross, professor of Criminal Law at the University of Gratz, in his splendid two-volume treatise, "Manual for Examining Magistrates: a System of Criminology," has well said "It is only through the greatest care and exceptional conscientiousness that we can repair a part of those shocking sins of former times in which innumerable unfortunate lunatics were most cruelly punished for their imagined wickedness and especial depravity. One comes strongly by closer study of these difficult and painful relations, to the conviction that really every accused person and every important witness should have his mentality examined and that it is only on account of expediency, to save time and money, that we do not install such obligatory examination. On account of this, Science, Conscience and Humanity demand that we at least do not proceed narrow-mindedly when there is a doubt, be it the slightest, arising as to the responsibility of an accused, that we take every fact into consideration which arouses a suspicion of the mentality and that we do not allow ourselves to be deterred from so doing because on a former occasion we may have raised the question which was not sustained by the Psychiater. In order to do this with a good conscience and to spare ourselves in later years painful reproaches it would be better to have too many examined rather than too few."

It has been said that all mankind may be divided into certain well defined groups based on their behavior. For instance, that men who pursue surgery as a profession are of a sadistic nature. Should not those members of the legal profession who (ignoring the question of the different degrees of responsibility and their treatment founded on scientific studies) only see the retributive side in the treatment of these cases, be with more propriety so classified?

The present system in America is unsatisfactory to all concerned, the bar, the medical profession, and the laity, especially in cases where experts figure and there has long been a demand for a change from the existing disgraceful and scandalous proceedings which are now in many instances only travesties on justice. The time is ripe for this change and I think almost anything would be welcome that would offer relief from the present objectionable system. I was told not very long ago by a clergyman who had been in attendance upon two men who were executed that they were both undoubtedly insane, but did not have the money nor the friends to intercede for them. This could not happen under the German method, for not only would they be protected under Paragraph 51, but there is another paragraph No. 485, Clause 2, which is also intended for those becoming insane before or after their act when capital punishment is involved and which reads: "That capital punishment shall not be inflicted on the insane."

There is at present both here and abroad a cleavage forming in the ranks of the legal profession dividing them in two parties, first, those who adhere to a strictly, severe, retributive form of justice, punishing crime as an objective offence with a definite sentence, whom I call the traditional or unscientific class, and second, those taking advantage of modern research in psychology, sociology, anthropology, etc., in the legal treatment of crime, who take account of the psychophysical element present in both the crime and the criminal, who take a subjective view and punish the criminal rather than his

specific crime based on a study of his physical condition, social standing, training, congenital predisposition, etc. This, I call the humane, realistic or scientific class. The work of the latter seems to me to be all a preparation for a still larger field towards which several lines of human endeavor are converging, namely: Eugenics, the betterment of the race, all of which means less crime. We have preventive medicine, why not preventive law?

Having tried to advance some reason why we should seek a change, I will now present what I think will be the remedy for this whole situation, which is practically an adoption of the German Penal Code and procedure modified to meet our institutions. The particular part of this code on which the whole matter rests, is contained in Paragraph 51, which reads as follows: "There is no punishable act, if, at the time of doing it, the actor was in a state of unconsciousness or of morbid disturbance of the mental faculties which excluded the free determination of his will."

It is seen here that through the text of this paragraph, the question of guilt is identical with the question of mental soundness. This being the case, what is more natural than when there is a suspicion of mental defect, that it should be investigated at the very outset. This presupposes that the crime has been admitted, and that there is a suspicion of insanity; where this suspicion exists the examining judge, prosecuting attorney or trial judge, is constrained to take cognizance of it and must have the mentality of the accused subjected to the examination of experts. The question of the mental soundness of the accused can be brought to the attention of any of the above mentioned officials by the accused himself, his friends, his lawyer, or any other person or persons. Most of the cases that I had to do with personally came either from the examining judge who exercises the same function as our grand jury, or from the public prosecutor. Up until the time the charge is publicly announced, the question of the irresponsibility of the accused is in

the hands of those connected with the public prosecutor's office. After the charge has been published, the affair then lies in the hands of the trial judge and he may, at any stage of the proceedings, when the question of mental soundness is brought up, stop the trial and order an examination by experts, sending the case, if need be to an asylum for observation, but for no longer than six weeks in order to establish a diagnosis. If the accused is found at any time under these circumstances to have been insane at the time of his act, to have been irresponsible according to Paragraph 51, the trial is immediately closed and the accused declared 'not guilty,' and sent to an asylum if his mental unsoundness is still present, where he is kept until in the judgment of the director of the institution, he is cured or sufficiently harmless to be released, only however, with the sanction of the prosecuting attorney. Different states have different laws in regard to this point, ranging from immediate dismissal if mental soundness has returned up to detention for two years in the asylum from the time of showing a return to normal mentality. The entire situation is thoroughly surrounded by safe-guards which circumvents its abuse from one side or the other.

Let us suppose a case for an illustration. A man commits a crime, is arrested and taken with the data in the case before the examining judge, the latter corresponding to our grand jury. If the judge sees in the conduct of the prisoner, the nature of the crime, the evidence, or what not, a suspicion that the accused was not mentally normal at the time of the crime, or if the prisoner himself, his attorney, relation, friends or any one else should raise this question, the judge is constrained to instigate an examination into the matter by experts. If the insanity is very outspoken, the matter is usually decided by an expert, there is seldom more than one, making the examination of the accused, wherever he is confined. In cases, however, where there is any question about the matter, or simulation suspected, at the request of the expert or experts, the accused may be sent to an

observation pavillion of an insane asylum for study. It is not permitted to detain such a person in such an institution for a longer period than six weeks for such a purpose. Such clinics with their psychopathological laboratories are to be found in all the larger cities of Germany, sometimes in connection with a general hospital for the insane, many times as independent institutions such as, for instance, the clinic of Professor Kraepelin in Munich. If, in the judgment of the experts, the prisoner was insane according to Paragraph 51, at the time of the deed, the examining judge declares him not guilty and hence, as far as the courts are concerned, he is entirely free from any further prosecution as far as the act in question is concerned, with the exception that he cannot be discharged from the insane asylum at any time without the sanction of the prosecuting attorney, except where this discharge is specifically provided for in the statutes.

The above machinery is also brought into use in deciding the mental status of cases in civil instances, as well as witnesses.

What then are the advantages of the German system over our own? In a few words they are these:

First, they have an insanity act based on intelligent scientific data, adjusted to fit all forms of mental disease. Ours on the contrary, "the right and wrong test" is only applicable to one form of mental disturbance, and yet we try to measure all cases with it, with the unsatisfactory results which we all know only too well.

Second, the question as to the sanity of the case is settled at the very outset. This leaves the field clear for the trial to proceed on the merits of the case and the judge, prosecuting attorney and jury are free to go ahead fearlessly, without any qualms in the performance of their duties. It practically eliminates the misusing of the insanity plea as a last resort. It prevents the defence from taking the court by surprise with the plea of insanity and an array of experts to back it up which the court is not prepared to meet.

Third, the court appoints the experts who, according to law, are bound to serve and their emoluments are also regulated. This obviates the present method here of both sides employing an array of talent to refute each other regardless of the facts in the case and only tending to bemuddle the minds of the jury. Apropos of this, some one has well said "that there is nothing more certain than the uncertainty of the honest opinions of the individuals composing the jury. Consequently there need be no surprise at the very varying verdicts which are returned as to the sanity or insanity of a criminal." In Germany, the judge decides on the expert evidence submitted, as he is both in training and experience, best qualified for this important duty.

Fourth, it puts the rich and the poor on an equal footing which is quite in contrast with the present methods in vogue here.

Fifth, if the case should be really one of insanity, trials as carried out here are most prejudicial to the mental condition of the accused and if he should be convicted and sentenced and at its expiration be released, it will only be a short time when he will probably be again in the toils of the law, as many of these cases are slaves to their diseases and their criminal acts are only symptoms and manifestations of it, and thus, it is that the vicious circle is established and the dreary repetition of a short period of freedom and a long period in the penitentiary is instituted. In the German method, all of this is avoided. The insane are practically always detected and sent to an institution where the proper care is administered both as regards the rights of patients and those of the public.

Sixth, in borderland cases where there is a question of lessened responsibility, it leaves the judge the discretion of administering milder punishments. Under our present system, the accused must be declared either guilty or not guilty.

Seventh; to introduce the German procedure will not necessitate any very radical changes in our present

methods. We have simply placed the cart before the horse. If we would change the time of making the plea of insanity to the outset of the proceedings, we would have at once secured one of the advantages of their system.

Eighth; our judges and public prosecutors, as they are in Germany, should be made to feel that they are just as responsible to see justice done to the innocent as to the guilty and that their merits should not be based solely on the number of convictions they secure.

Of course, the treatment of this whole subject presupposes the existence of well equipped psychopathological laboratories such as they have in all the largest cities of Germany. Medicine takes advantage of every possible means to make a correct diagnosis before instituting treatment in a case. Why should not the law do likewise in order to be in a position to treat these cases legally with proper intelligence? It is the borderland cases especially where this laboratory will render some of its greatest service. Well informed judges, as well as physicians, realize that these cases, as the insane asylums are now arranged, should not be sent to them, and their scientific insight into these cases would be done violence to if they should be sent to prison. Such laboratories are the antidote to lawless law. What is needed for these cases is especially constructed institutions similar to those for the chronic alcoholics. The two might be combined.

The second part of my theme, "insanity among criminals in penitentiaries," can be disposed of in a few words, as I only wish to make a plea for these neglected unfortunates in the hope of directing and perhaps instigating more generally some measures for their relief. Any expert in psychiatry or feeble-mindedness cannot visit our prisons and reformatories without being impressed with the large percentage of cases who belong to one or the other of the above classes, if not to both, confined there and cannot help but realize that prison life and discipline were never intended for them and only tends

to aggravate their condition. I would therefore suggest that the German methods here be also adopted, which are:

(1) That all such cases be removed from the prison to an asylum in order that they may secure proper treatment for their disease and be removed from the deteriorating influence of prison life and discipline. Many of these cases of insanity are not recognized by the prison officials and they are constantly being punished for breaches of prison rules which they, on account of their disease, are incapable of conforming to. Many times they are suspected of simulation and severely punished. If the insanity of a person is recognized by the prison officials and he is accorded a little attention the cry of favoritism is immediately raised by the other prisoners. Isolation for these cases is, on the whole, very harmful.

(2) There should be special institutions built to meet the wants and treatment of these special classes. Special institutions are needed, constructed with this purpose in view as these cases are not adopted to ordinary asylum care, requiring much closer watching and supervision, and therefore an institution harboring such cases would have to be much more closed than ordinarily, which would therefore carry along with it the same restrictions on the other patients. People on the whole who have insane relatives or friends do not want them to be associated with the criminal element.

Many of the foregoing suggestions are not new over here and many have already been adopted here and there, but having been impressed with their advantages and successful operations abroad, gleaned from my personal experiences and having a conviction that they could and should be applied more universally over here, has prompted me to a discussion of them.

THE IMPERATIVE DEMAND FOR LEGISLATION
TO ARREST THE RAPID INCREASE
OF DEGENERACY.

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IT has been computed that if the standards of a race—
mental, moral and physical—were raised even one degree
thru each successive century the results would be most
amazing: and that all derelicts on the sea of life—idiots,
imbeciles and insane; criminals, drunkards and courtes-
ans; invalids, cripples and deformed—would in a com-
paratively short time disappear, being superseded by a
race of strong men and women.

In this we find assurance in the history of the Greeks,
noted for great physical beauty in both sexes or, to come
down to the present day, the Caprians who also show
magnificent physical development, and the Batz, among
whom immorality, mental defect and chronic diseases
are absolutely unknown. And why? Because, sanitary
marriage and sanitary breeding being to them of vital
importance, they have mated properly and live clean,
wholesome lives.

But sanitary marriage is something more than mat-
ing on purely physical and physiologic grounds for the
purpose of producing healthy children. A true mar-
riage must be founded on love. And love is old—many
many centuries older than sanitary science, and can
never be replaced by it.

But common sense must also have its place to balance against mere emotionalism, and just here is where wise and effective legislation must protect.

So many mistake passion for true sentiment and say: "I will marry whom and where I please." And they do! With what results? Alas! Juvenile courts, divorce courts, reformatories, asylums and over-crowded institutions give uncontrovertible reply.

"Heredity is that biological law by which all beings endowed with life, tend to repeat themselves in their descendents; and it is for the species, what personal identity is for the individual." (Ribot.)

Shakespeare never uttered a greater truism than: "Cowards father cowards, and base things sire base."

Heredity plays a most important part in the production of degeneracy. It has been estimated that there is one feeble-minded person to every 500 of the population of the United States; and in the state of Pennsylvania alone, no less than 15,000. Of these only about 3,000 are being cared for in institutions—public and private—leaving 12,000 avowed cases at large to propagate their kind.

The startling increase among the feeble-minded is simply because the sexual impulses are, in both sexes, greatly exaggerated; and with many females, the child-bearing age is fifteen years or even younger.

The conviction of this certainty of cause and effect came to me first after less than five years spent in the study of defectives, and I have since esteemed it the imperative duty of my profession to affirm it; and thru the press, and before various associations—medical, educational and philanthropic—to present the urgent necessity for legal steps toward the arrest of increase rapidly becoming appalling.

Thus a prognostication made by me in New Haven, Conn., some eighteen years ago that the day must yet come when a marriage license should be obtainable only by those showing a clean bill of health for two generations, finds an echo within the past few months in Chi-

cago, Ill., when the dean of the Cathedral of St. Peter and St. Paul, the Rev. Walter T. Sumner, in a sermon on the "Sacrament of Marriage," taking advanced ground in regard to the responsibility of marital relations, issued the following charge:

"Beginning with Easter, no persons will be married at the Cathedral unless they present a certificate of health from a reputable physician, to the effect that they are normal, physically and mentally, and have neither an incurable or communicable disease.

"This step is taken only after months of study of the situation and deliberation as to its advisability. It is believed that this stand will meet with the immediate sympathy of the clergy in the churches at large, all of whom have long felt the undesirability of being party to the marriage of persons who, because of their physical condition, should never be allowed to enter into the marriage state and propagate their species."

In Canada in 1897 before an international association a plea for the asexualization of the unfit was presented, the same being made before the Congress of Mothers in Washington, D. C. in 1898; these in response to more than one appeal from charity workers "that the cry should go up in language that he who runs might read."

That the experience is wide-spread and the demand ever increasing is evidenced in the number of families seeking relief thru the asexualization of their defective members both in homes and in institutions, Dr. Pilcher of Winfield, Kansas, reporting in 1898, some fifty-eight cases with gratifying results. In the legalizing of this measure, Indiana leads the way in 1907, an honor which properly should belong to Pennsylvania, since three times the will of the people voiced in legislation was thrice defeated; by the veto of two governors—1905 and 1909; and in 1911 by the influence of one legislator.

Meanwhile, public sentiment grows apace, and will yet achieve the desired end as have already in 1909,

the states of California, Oregon and Connecticut, and in 1912, New York.

The opponents of such legislation argue that although a man may be forced to surrender his life as atonement for the taking of another's, the constitution forbids the infliction of any punishment, cruel or unusual. But what we seek is not punishment for, but protection from evil—protection alike for the individual and for the community at large.

Just as many hold annihilation to be preferable to degeneration, so does the welfare of society demand safe-guarding from the poisoning of its life-sources as imperatively as it does security from life-destruction. Indeed more so, since the former would largely insure immunity from the latter. Murder is too often the act of the irresponsible under the strain of hyper-emotionalism; consequently to ameliorate neuroses is to lessen crime. An ounce of prevention here would surely be worth many pounds of cure! Forbid the procreation of those whom science has proven are destined inevitably for the criminal ranks, and the gallows and the electric chair will soon fall into disuse.

Once establish the theory that parenthood is a vocation to which all are not called, its seizure by the unfit a felony, public opinion thus educated would carry forward true race ideals to emulate the examples above considered.

There is so much misunderstanding, or rather I might say misconception, on the part of the general public in regard to the operations for sterilization, that just here it might be well for me to say a few words as to the *modus operandi*.

It is not always essential that both testicles and ovaries be removed, but I prefer it as absolute removal is a certainty beyond a peradventure, and when castration and oophorectomy are performed in the young, desire almost always ceases entirely or is at least held in abeyance. The operation is not in the least serious. The usual cleansing before—a few whiffs of ether—and the operation

is over. There is a slight drop in temperature followed by little or no fever, and after a couple of days quiet in bed, the parts well bathed and kept antiseptically dressed, the patient is physically as well as ever.

If for sentimental reasons the removal of the testes and ovaries will not be considered, vasectomy—simply the excising of a section of the vas deferens in the male—and fallocotomy—the cutting of the fallopian tubes per vaginam in the female, are feasible and so absolutely harmless that in the male, the operation may be accomplished under cocaine or stovaine anesthesia. After vasectomy and fallocotomy, the sexual organs do not wither or atrophy, and there remains sexual desire and sexual power, but no power to impregnate.

Under either operation the individual otherwise unharmed, may likely live out his full period and, with animal instincts so subdued as to be no longer a menace to himself or society, may realize and enjoy life as never before.

There is much talk just now of the Social Evil and the cry is "educate the youth in sexual matters." This the charlatan and the sensationalist are doing in their own way, flooding the country with disgusting literature embodying often the experiences of various persons who, "when all others failed were cured by Dr. Z....."

The serious consequences of venereal disorders are too well known to need elaboration, but they are not sufficiently recognized as potent factors in the production of blindness, idiocy and imbecility.

Statistics show that at least 20 per cent of all blindness is due to gonorrhoeal infection at time of birth; and a well known ophthalmologist estimates that fully 95 per cent of blindness in the infants brought to his clinic is a result of gonorrhoea.

The Second Annual Report of the Committee on Prophylaxis of Venereal Diseases of the American Medical Association, says that 10 per cent of married men enter wedlock with chronic gonorrhoea; and 10 per cent acquire

it during married life, the source traceable in 70 per cent directly to prostitutes. And it further claims 80 per cent of deaths from pelvic diseases are due to gonorrheal infection; and also affirms that 50 per cent of all involuntary childless marriages may be traced to gonorrhea in the mother.

And in our large gynecological dispensaries 25 per cent have venereal disease; and 75 per cent of men and 17 per cent of women at large are thus infected.

Syphilis is estimated variously at from 5 to 20 per cent of the population of America.

Grave facts are these, but facts that can be verified.

A most pitiable case is that of a little imbecile girl absolutely blind, the result of gonorrheal infection by parents. When but an infant of nine months one eye was enucleated, and at seven years the other, leaving in total darkness this victim of disease and heredity.

But recently I had brought to my notice, an imbecile girl eight years old—the product of a syphilitic father who two years previous had fallen a victim to the lust of a grown man, who inoculated her with gonorrhea.

I know a family of nine idiots, eight of whom are microcephalic. The parents are both imbeciles and both syphilitic.

And these are only a few of many cases I could cite.

Legislative prohibition of the sale of patent medicines—the so-called specifics for social diseases, and also the withholding of marriage license from those afflicted, would largely stem the tide of ill. Those seeking a marriage license should be required to present a certificate from a physician in good standing—said certificate to embody the report of an exhaustive examination, both microscopic and macroscopic.

Surely as Herder says: “To help where no one helps, to try to effect improvement where no one attempts it, to espouse the cause of humanity wherever it lies imprisoned, languishing in body or in spirit, in things earthly or of eternal life, this is Christianity.”

There is nothing that clings through generations like insanity, so nearly related as it is to idiocy, and often the difference is one of degree rather than of kind. Note the idiot and the dement. Indeed every anomaly of the emotions is clinically an indication of either mental enfeeblement or mental disease.

In a careful study of insanity covering a period of 9 years, based on an investigation of 136,478 individuals 20.5 per cent was found due to such heredity.

From my own individual study I quote six examples thus:

From one insane woman, who had an insane brother and sister both committing suicide, sprang in two generations, 13 degenerates—3 insane, 9 feeble-minded and 1 criminal; and three of these were also afflicted with epilepsy.

Another shows the descendants of an insane man numbering in 8 generations 113 individuals. Of 45 marriages noted in the family history, 29 show an intermingling with good stock and 16 with bad.

The prepotency of pure blood is found in 66 normal children against 47 degenerates—12 insane, 5 imbeciles, 5 epileptics, and 25 whose mental peculiarities and unstable nerve centres set them apart from normal.

In addition there was noted 5 premature births, 6 infants still born, 4 dying in infancy and 4 illegitimate.

One idiot woman has nine illegitimate idiot children, the fathers unknown.

In one family connection after over a hundred years of intermarriage there are found eighty-four mental defectives—idiots and imbeciles.

In another the father, two daughters and a grandchild are all imbeciles; and yet another shows thirty-four imbeciles in two generations.

Surely among the long list of helpless people in the world, none are more helpless than the insane and the feeble-minded: the former, sad wanderers in a strange country, whose boundaries are limitless, have lost their places in the school of life—are alive and yet dead; the latter are infants without the promise of life, with no

future, and so will they ever be. They do not lack strength, they lack will; and many have not sense enough to be genuine rogues, nor determination sufficient to be honest people.

Yet these poor unfortunates are:

“As he who lives through perilous paths must pass,
And life-long trials, striving to keep down

The brute within him born of too much strength.”

(Epic of Hades.)

That the public mind is aroused to a sense of danger is proven by the fact, that no less than thirty-five states, including the District of Columbia, have laws restricting the marriage of those deemed unfit, for causes specified as follows:

Insanity, 30—California, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

Idiocy and Imbecility, 22—Connecticut, District of Columbia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, (prescribing divorce if discovered,) Nebraska, New Jersey, Ohio, Oklahoma, Rhode Island, South Carolina, Utah, Vermont, Washington, Wisconsin and Wyoming.

Epilepsy, 9—Connecticut, Indiana, Kansas, Michigan, Minnesota, New Jersey, Ohio, Utah and Washington.

Venereal Disease, 4—Indiana, Michigan, Utah and Washington.

Incapable of consent from lack of understanding, 4—Arkansas, New York, North Carolina and Oregon.

Drunkenness, 2—Ohio and Washington.

Indigence, 1—Indiana.

There is no actual regulation by statute in thirteen territories and states: Alabama, Arizona, Colorado, Florida, Indian Territory, Louisiana, Maryland, Missouri,

New Mexico, Pennsylvania, South Dakota, Tennessee and Texas.

England, while not in sympathy in regard to sterilization, has, this year, adopted the Mental Deficiency Act which coming into operation on the first day of January, 1913, reads thus:

If any person intermarries with, or attempts to intermarry with any person known to be a defective within the meaning of this Act, or if any person who solemnizes, procures or connives at a marriage in which either of the contracting parties is proven defective, he shall be guilty of a misdemeanor. And further, if any person carnally knows or attempts to have carnal knowledge of any female defective (the consent of the female being considered no defence) he shall be adjudged guilty, under penalty of imprisonment for from 6 to 24 months—with or without hard labor—or a fine of not less than twenty nor more than fifty pounds.

Such the trend of thought and action in the opening decade of the twentieth century. Much has been accomplished, but the census of increase shows need for yet greater protection.

In the light that science reveals of the persistent power of heredity, these restrictions should cover at least two generations. Thus, and thus only may the desired end be attained, for truly as Amiel observes: "What is threatened today is moral liberty, conscience, respect for the soul, the very nobility of man. To defend the soul, its interests, its rights, its dignity, is the most pressing duty for whoever sees the danger. What the writer, the teacher, the pastor, the philosopher, has to do, is to defend humanity in man, to war on all that debases, diminishes, hinders and degrades him; and to protect all that fortifies, ennobles and raises him."

IS GENIUS A SPORT, A NEUROSIS OR A CHILD
POTENTIALITY DEVELOPED?*

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THE Freud school, ignoring the essential law of the etiologic and psychologic moment, assuming that sex, sex creeds and sex expressions are not evolutions but the results of innate ideas whereby shock results in the child to innate modesty, naturally ignore the generalized types of emotions, thoughts and feelings just as the theologic sciolists in evolutionary discussions ignore generalized types like the ameba where all organs are responses to needs and irritants and not specially organized. The underlying phenomena of mental activity, according to Freud, is the wish to exist from the nutritional and reproductive standpoint. At the outset, as

*Continued *Alienist and Neurologist* May 1913.

many biologists like Rolph forty years ago, showed the reproductive is an evolution from the nutritive function, which implies, moreover, fully developed consciousness.

The older psychologists, who called these instincts, put them more nearly in their true place. The placing of a sexual indifference from its possible developments by environment in the same group as homosexuality is as illogical as the confusion of the coexistence of sexuality perfectly developed with the states where it coexists with other natural functions. Freud claims that the child's sexuality is polymorphousperverse, that is that it is made up of four rudimentary instincts: heterosexual, homosexual, sadistic and masochistic. The child is always autoerotic. To any student of sex psychology who has followed the evolution of sex along the lines elsewhere indicated,¹ this exhibits a serious miscomprehension of the generalized type of sex in the child whose sex organ outward expressions often occur, as Renouf has pointed out, before birth.

Sex does not exist in the lowest protozoa but the reproductive state there gradually passes into hermaphroditism, then into the separate sexes. Psychologically the same evolution occurs. Masochism is not diverse from either homosexuality or heterosexuality. It may occur with either and so may deonism. While Freud plays here to the amateurish desire for absolute terms he ignores fundamental laws of evidence. Even in seeming homosexuality there is a widely different type, psychologically speaking, as D. Stefanowsky² points out.

As A. Moll³ had previously shown when the subject believes himself to be a female, face to face with another man, when he desires to be caressed, embraced, possessed by the latter, when he adores in this last, the male in all his splendor of virility, then the alienist has to do with a perversion, which belonging to a special category, should receive a special designation in the interest of scientific precision. It could appropriately be named uranism, as was suggested by

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1. *Alienist and Neurologist* April 1891.
 2. *Alienist and Neurologist* October 1894.
 3. *Die Conträre Sexual Empfindung* Berlin 1893.

the famous Hanoverian assessor, Karl Ulrichs, who has expressed the essence of uranism in the phrase "female soul in a male body."

The persons afflicted with uranism are called urnings. They are rarely addicted to passive pæderasty and almost never to active, as in many instances impotence has been produced by excessive masturbation. According to their manifestations of inversion they are divisible into two types. The platonics or erotomaniacs who are contented with an ideal, respectful love accompanied with erotic rumination (Binet.) The second type, the fellators, replace the vaginal cavity to them wanting by the buccal. According to Laurent the title of these last in the prisons of Paris, is "butter-merchant." Luys has described several types, above all the case of a young Jew whose picture is taken from the life. "In the daily satisfaction of his shameful passion, his lips were hyperæsthetic and the pleasure, whose extinguishment among his victims he aided, he asserted, the intensity of the orgasm provoked far surpassed the intoxication of normal sensuality. He envied in his sensual desires the low prostitutes, who in blind alleys and retired places throw themselves at the feet of debauchees for the same purpose. These women he supplicated, gold in hand, to allow him to replace them in their revolting function.

Active pæderasts, the only true pæderasts, are attracted by immature youths (gytons) of female feminine aspect. These pæderasts comport themselves as males; their volupty remains always virile, since relations with females are frequent with them. Such relations are impossible to "urnings," as they experience toward women an intense "trade rivalry," which often attains the extreme degree of the "woman hater." Preference of pæderasts for anal coitus is easily explained by pathological association, established between the idea of such a joyance and volupty, such as occurs in many cases of erotic fetichism, (or sexual symbolism) as in the adoration of table-cloths, chemises, drawers, night-caps, etc. A similar association

conceived during childhood, re-enforced by masturbation and erotic rumination, may with time become indissoluble and indestructible.

Stefanowsky draws the following distinctions between the two states:

PAEDERASTY.

1. Is more often acquired than innate. Appears late, sometimes only in senility.
2. The lust manner of acting and feeling is masculine and often co-exists with normal coitus.
3. The appearance is masculine. The tastes and habits are virile.
4. The subject is attracted to boys of feminine aspects (gitons.)
5. The penchant is purely material and gross, and consists in assuagement of lust by anal coitus.
6. Pæderasty is often sadistic, as in the cases of Nero, Giles de Retz, Marquis de Sade, the German artist Zastrow, and many others.

URANISM.

1. Is absolutely innate and manifested in youth.
2. The lust manner of acting and feeling is feminine, and is accompanied with envy and hatred of women.
3. The external aspect is feminine, as are the tastes, habits and dress tendencies.
4. The subject adores well-built virile men.
5. The penchant is often pure, ideal, disinterested. Anal coitus is rare; masturbation, especially buccal, occurs.
6. Uranism is almost always accompanied by a more or less pronounced passivistic state.

The evidence against Wilde leaves little doubt of the existence of uranism which is peculiarly borne out by his mental attitude toward games.

Among the evidences of degeneracy in genius often cited is change in occupation. While, as I pointed out in a critique on a translation of Lombroso,⁴ this often normal as an experience of environment in the U. S.,

4. *Alienist and Neurologist*, Oct. 1891.

still even in the British Isles, rigid as conditions used to be, it may likewise be normal under the pressure of circumstances and an ideal.

The poet Crabbe was an excellent illustration of this, as I pointed out eight years ago.⁵

The celebration of the sesquicentenary of the birth of Crabbe, the poet, at Aldeburgh, has attracted some attention to his career as a physician. Crabbe is much more read even in the United States than one would infer from the *Lancet's* insinuation that he has dropped out of perusal by the multitude. In the cheap edition, which implies considerable circulation and perusal, Crabbe still appears and delights a much larger circle than he did at the height of his boom. Ebenezer Elliott, "the corn-law rhymer," was of opinion that Crabbe's realism must be repugnant to the Americans. Crabbe, he remarks, "takes his hideous mistress in his arms, and she rewards him with her confidence by telling him all her dreadful secrets. The severity of his style is an accident belonging not to him but to the majesty of his unparalleled subject. Hence it is that the unhappy people of the United States of America cannot bear to read Crabbe. They think him unnatural, for he is so to them, for in their rigid country cottagers are not paupers—marriage is not synonymous with misery."

George Crabbe was born in Aldeburgh, Suffolk, England, December 24, 1754. His family while in competent circumstances, were not as a rule highly educated. His father could barely read because he indulged in a preference for the sea. Crabbe was sent to school at Bungay in order that his literary predispositions, which had already attracted attention, should be developed. The enjoyment of physical chastisement by the master of that school, not uncommon in school masters in a day when opinion fostered rather than forbade corporal punishment of soldiers, sailors, scholars, and servants, came near smothering Crabbe's tendencies to knowledge. At twelve he was removed to a better institution, where

5. *Medicine*, 1905.

he achieved considerable attainments. Here he wrote much doggerel and some creditable verse. The aim of this second school was to qualify him for the medical profession, as it had been decided he should be bred as a surgeon. Accordingly he was, like Lawson Tait, bound apprentice to a country practitioner. From the time he left the school until he was apprenticed to a surgeon near Bury St. Edmunds he had still irregular warehouse training. The first master employed him as an errand boy and man of all work after fashion of Marryat's "Japhet in Search of a Father." Three years later he was regularly bound to a surgeon at Woodbridge. During this period he published his first poem, which was on a quasi-professional topic, "Inebriety." In 1775, when his apprenticeship and his twentieth year were completed, he returned to Aldeburgh, hoping his father would be able to send him to London to complete his medical education. At this time he obtained the appointment of parish medical officer, but all his father could offer him was a place in his warehouse. The poet was therefore compelled to trust to his own resources.

He succeeded in obtaining funds to study medicine for eight months in London, when he returned to Aldeburgh as an assistant to a Mr. Maskill as a surgeon and apothecary. Maskill left Aldeburgh soon after, and Crabbe was again consigned to his own resources. Except during the winter of 1778 and 1779, when the militia were quartered at the town, he did not have much success in practice. He later came to London to try his hand at literature. Here the success of the "Library," the profits of which were given to the author by the publisher, brought him fame. He was ordained in the Church of England in 1781. He was at first assistant curate at Aldeburgh, and afterward held small clerical places in different parts of England. Crabbe never lost the high ethical ideals of the medical profession. Unlike many clergymen he never tolerated the quack, as witness the famous chapter on "Physic" in "The Borough."

There was a time, when we beheld the Quack,
On public stage, the licensed trade attack;
He made his labor'd speech with poor parade
And then a laughing zany lent him aid;

Smiling we passed him but we felt the while,
Pity so much that soon we ceased to smile:
Assured that fluent speech and flow'ry vest
Disguised the troubles of a man distressed:

But now our quacks are gam'sters and they play
With craft and skill to ruin and betray.
With monstrous promise they delude the mind
And thrive on all that tortures human kind,

Void of all honor, avaricious, rash,
The daring tribe compound their boasting trash—
Tincture or syrup, lotion, drop or pill,
All tempt the sick to trust the lying bill;

And twenty names of cobblers turn'd to squires
The bold language of these blushless liars.
There are among them those who cannot read
And yet they'll buy a patent and succeed;

Will dare to promise dying sufferers aid,
For who when dead can threaten or upbraid.
With cruel avarice they recommend
More draughts, more syrup to the journey's end.

"I feel it not;" "Then take it every hour."
"It makes me worse;" "Why then it shows its power."
"I fear to die;" "Let not your spirits sink,
You're always safe while you believe and drink."

How strange to add, in this nefarious trade
That men of parts are dupes by dunces made,
That creatures Nature meant should clean our streets
Have purchased lands and mansions, parks and seats;

Wretches with conscience so obtuse, they leave
Their untaught sons their parents to deceive;
No thought of murder comes into their head;
Nor one revengeful ghost to them appears
To fill the soul with penitential fears.

Yet not the whole of this imposing train
Their gardens, seats and carriages obtain;
Chiefly indeed, they to the robbers fall
Who are most fitted to disgrace them all:

But there is hazard—patients must be bought,
Venders and puffers for the poison sought;
And then in many a paper through the year,
Must cures and cases, oaths and proofs appear;

Men snatched from graves as they were dropping in,
Their lungs coughed up, their bones pierced through their skin,
Their liver all one scirrhus and the frame
Poisoned with ills which they dare not name.

Men who spent all upon physicians' fees,
Who never slept nor had a moment's ease,
Are now as roaches sound and all as brisk as bees.

Crabbe dealt a severe blow at the soothing-syrup fads, as prevalent in his day as in ours. The practice of nurses in this particular was identical with that of to-day. Too many newspapers at present still urge the "soothing-syrup," albeit the rise of a non-narcotic, non-secret nostrum has nearly killed the soothing syrup in maternal favor:

Who would not lend a sympathizing sigh
To hear yon infant's pity-moving cry,
That feeble sob unlike the new born note
Which came with vigor from the op'ning throat.

When air and light first rushed on lungs and eyes
And there was light and spirit in the cries;
Now an aborted faint attempt to weep
Is all we hear; sensation is asleep.

The boy was healthy and at first expressed
His feelings loudly when he fail'd to rest.
When crammed with food and tighten'd every limb
To cry aloud was what pertain'd to him.

Then the good nurse (who had she borne a brain,
Had sought the cause that made her babe complain)
Has all her effort, loving soul applied
To set the cry, and not the cause, aside;

She gave her powerful sweet without remorse,
The sleeping cordial—she had tried its force.
Repeating oft; the infant freed from pain
Rejected food but took the breast again,

Sinking to sleep, while she her joy express'd
That her dear charge could sweetly take his rest.
Soon she may spare her cordial; not a doubt
Remains, but quickly he will rest without.

When a physician or a lawyer abandons his profession for that of the clergyman he usually does it in obedience to an ideal, hence retains the higher ideals of his previous profession. When a clergyman becomes a physician or a lawyer he usually does it, not in obedience to an ideal or revolt against theologic untruth, but for commercial or social reasons whence the charlatanistic and special pleading for practice of the clergyman-lawyer and clergyman-physician. While American environments are said to differ greatly from European, yet the commercial element often survives to make them akin. This is peculiarly shown in regard to sanitation as opposed to local interests.

Ere the days of the drainage commission, war was made upon sanitarians by "business" men and boodling politicians. Plutocratic demagogues, including the then city engineer and Mayor⁶ railed at the water-borne origin of typhoid and diarrheal disease. In sanitation more than usual tact is necessary lest the unlucky physician with stern ideas of public welfare be not only defeated in his objects but held up to reprobation as an enemy of the people, like the hero of Ibsen's famous drama. The hero of "An Enemy of the People," who is physician to a mineral spring town, has discovered that the springs are contaminated with typhoid bacilli, and insists that the water shall be taken from a place higher up in the mountains where it will not be polluted by sewage.

Dr. Stockmann has a career essentially that of the English novelist Dr. Smollett, whose attempt to reform the abuses at the Bath spa led to an ostracism similar to that portrayed by Ibsen. The abuses of Bath as depicted (Humphrey Clinker) by Smollett are singularly like those often credited to European and American watering-places. Smollett's visitor to Bath remarks: "The water contains but little salt and calcareous earth mixed in such in considerable proportion as can have very little if any effect on the animal economy. This being the case the man deserves to be fitted with a cap and bells who, for such a paltry advantage as the spring affords, sacrifices his precious time, which might be employed in taking more effectual remedies, and exposes himself to the dirt, the stench, the chilling blasts, and perpetual rains that render this place intolerable." Stench was then defended as health-giving. A most humorous defense of stench as salutary is given by the fashionable Bath physician. One of the defects of sanitation in the bathing pool is thus depicted:

"A child full of scrofulous ulcers was carried in the arms of one of the guides under the very nose of the bathers. Suppose the matter of these ulcers, floating on

6. *Trans. Illinois Med. Society, 1881.*

the water, comes in contact with the skin when the pores are all open, what must be the consequence? Even consumption itself is highly infectious. When a person dies of it in Italy the bed and bedding are destroyed. The other furniture is exposed to the weather and the apartment whitewashed before it is occupied by any other living soul.

There is some regurgitation from the bath into the cistern of the pump. In that case what a delicate beverage is every day quaffed by the drinkers, medicated with the sweat and dirt, dandruff, and abominable discharges of various kinds from twenty different diseased bodies parboiling in the kettle below at the private bath." All these charges are made against watering-places today. The infectious theory of phthisis was held not only in Italy at this time (1750,) but a quarter of a century earlier by the Irish physicians, who like the Scotch were more en rapport with continental medicine than their English confreres.

Ibsen's picture of the Scandinavian watering-place a century later is a replica of that of Smollett. Sanitary agitation has diminished these abuses somewhat. The strained defense of municipal authorities in charge of water provision by Nordau (*Degeneration*) against Ibsen shows, however, that the old commercial speculative spirit which always defies sanitation is still alert. Nordau's defense of the municipal authorities who ignore sanitary requirements as laid down by competent medical men has received a singular blow in East Orange, N. J. East Orange has water-works. The local authorities dismissed the medical officer of the town because he was too suspicious of the quality of the water and of its bacterial contents. This angered the local reform league. The councilmen attempted to stifle discussion. Some one in the league recalled Ibsen's "An Enemy of the People." There was water pollution to parallel East Orange's water-works. There was a corrupt, selfish, petty local government trying to silence honesty and enlightened public opinion and its spokesman. In fine, what was true of

Norway when Ibsen wrote was true of East Orange in 1905. A company was summoned from New York to act "An Enemy of the People" for the instruction of East Orange. The hall was filled to the last seat. The owner of the hall, a member of the ring, did not dare refuse it. Councilmen and politicians filled the front rows fondly believing they were seeing a play written by some "Dutchman" for the occasion. He was probably from Hoboken. The reformers and their friends had the rest of the seats. They saw a local personage in every character, a local incident in every episode, a local meaning in nearly every speech. The result of the play was an arousal of public sentiment. It emphasized the water-borne character of disease and replaced the "boodling" authorities by an efficient council. East Orange, however, does not seem to have an organized mob of Eddyists, otherwise there would have been a union between them and the "boodling" politicians for the destruction of sanitation.

One of the great American philistines, James Russell Lowell, seems to illustrate the criteria Lombroso lays down as tests of the anomaly he calls genius but which clearly illustrate effects of adolescent stress. He showed great vacillation in the choice of an occupation between law, medicine, business and theology, and finally chose law (which like Carlyle and for allied Carlylen reasons he disliked) chiefly to avoid criticism for vacillation. His father was of English stock and his mother came from the Scandinavian Orkneys and was full of their ballad lore.

So badly had the business of living gone with James Russell Lowell that when he was about 20, he decided to end it all. He even held a cocked pitol to his forehead, but he had not the courage to pull the trigger. Not long after that he met Miss Maria White, a frail woman with a fine mind, a poet of delicate power, of high ideals and splendid courage. Lowell married her when he was 25, and it was then that he found himself.

From the time he was 19, when he was graduated from Harvard, Lowell knew 10 very unhappy years. He made a precarious living practicing law, which he hated, and he received very little for his contributions to the magazines, which took up a large part of his time, but for all that he decided to devote himself to literature. He started a magazine called *Pioneer* which lasted three numbers. In 1843 he published a collection of poems, and a year later "Conversations on Some of the Old Poets," which the critics praised. In 1844 he went to Philadelphia as an editorial writer on the *Pennsylvania Freeman*, but he found the publishers timid, and he did not feel free to express his convictions. He returned to Cambridge, struggling along as a contributor of poems and essays to newspapers and magazines and as a correspondent of the *London Daily News*.

The invalidism of his wife, the death of his two young children, his mother's mental illness and his small income made Lowell almost a recluse. It was under these conditions that he wrote what is perhaps his finest poem, "The Vision of Sir Launfal," in which he says:

And what is so rare as a day in June?
Then, if ever, come perfect days;
Then heaven tries the earth if it be in tune
And over it softly her warm ear lays,
Whether we look or whether we listen,
We hear life murmur or see it glisten.

These were followed by the "Bigelow Papers," the humorous, satirical verse, which brought him general fame and a very considerable financial return.

He became the first editor of the *Atlantic Monthly*, which was established in 1857. He succeeded Longfellow as professor of modern languages and literature at Harvard, and occupied the chair for twenty years, when he became minister to Spain under President Hayes. He was transferred to the court of St. James in 1880 and remained there five years. He died in 1891.

The "Fable for Critics" was peculiarly strong evidence of the philistinism that marred his work which, not his genius, was the outcome of the maternal defect

showing itself in the adolescent vacillation and Welt-schmerz. His marriage was an illustration of the neurotic attraction for neurotics. As W. C. Brownell⁷ points out. Lowell lacked both philosophic spirit and critical instinct. In consequence his criticism, which "clearly grew out of his reading habit, not out of his reflective tendency," is "largely comment." His critical essays, says Mr. Brownell, (writing in *Scribner's Magazine*), "are distinctly artless in both the literal and the derived sense of the word"—representing in each case "a cairn of comment" rather than an organic structure. His lack of the philosophic spirit is stated in another form when we read that he had little interest in "ideas as such, in and of themselves"—an asset "for which there is absolutely no adequate substitute in criticism." Lowell's ideas were in general "the conceits, notions, fancies of the true poet, of the observant rather than the reflective order." From his essays we learn little concerning his own general concept of life and art. As Brownell remarks:

"He had apparently no particular philosophic view to advocate or express, and his essays have no general philosophic derivation. His critical work as a whole lacks the unity of a body of doctrine or even a personal point of view. It does not discuss principles. Its chief value is exegetical. This is why he is at his best in his 'Dante,' his 'Chaucer,' his 'Dryden,' his 'Shakespeare,' and the Elizabethans generally. For as exegesis is the strongest part of his criticism, linguistics are the strongest part of his exegesis, and he is even better in discussing the language than in explaining the substance of the poets. For language he had the instinct to be expected of such a master of expression and of archaic, recondite, or foreign language he was an admirable interpreter—being both a poet and a precisian. In this field it would be difficult to over-praise him."

The essay on Dante, the result of twenty years' study, called Lowell's ablest performance in criticism,

7. *Scribner's*, Feby. 1907.

Mr. Brownell finds, gives the effect of having been "written at random." In Dante's case, more than in most others, to admire is to comprehend. Lowell's admiration is limitless, and one feels that he understood his subject. But his expression of it is only less inartistic than it is uncritical. His twenty years of study have resulted in his comprehension of his theme, but not in reducing it to any definite proportions or giving it any sharpness of outline. There is nothing about it he does not know and, perhaps one may say, nothing in it that he does not appreciate. But he does not communicate because he does not express his general conception of Dante, and he does not because he has not himself, one feels sure, thought it out into definition. He is interested in ranking his poet, not describing him. Dante is next to Shakespeare, next to Homer, above all others, and so on. Think of him in connection with Byron! 'Our nineteenth century,' he says, 'made an idol of the noble lord who broke his heart in verse once every six months, but the fourteenth was lucky enough to produce and not make an idol of that rarest earthly phenomenon, a man of genius who could hold heart-break at bay for twenty years, and'—but no one can care for the conclusion of such a sentence as that. Lowell himself has been less fortunate than he says fourteenth century was, but his idolatry merely consecrates the looseness that mars his admirably sympathetic essay."

It reveals a fine trait in Lowell, says Mr. Brownell, that his essays should be, in general, so compact of eulogy. "They constitute a veritable literary monument, . . . and might be entitled 'The Praise of Great Writers.'" But alas! "there is no qualification to his praise to give it persuasiveness, to say nothing of permanence." Thus:

"The Dante essay (to recur to this representative example) is all patently partisan—patently therefore, in the sixth century of Dante criticism, either unsound or superfluous; the day of discrimination is never over, but wholesale consideration reaches finally its term. Lowell is, like all the temperamentally energetic but

reflectively indolent, particularly fond of superlatives. And though superlatives may be just, they do not define. Obviously they state the known in terms of the unknown—A in terms of X, as Lowell might say; clearly the converse of the critical order. The general atmosphere of idolatry that they create is unfortunate because it is plainly 'too good to be true,' and in a world of imperfections, the result is bound to lack verisimilitude. Dante in Lowell's pages ceases to be credible; or, if abstractly credible, is concretely very difficult to conceive as a thirteenth-century Florentine, as well as a very different personage from the Dante of other commentators."

Lowell who had, as have most of the philistines, like primitive man a repugnance to general principles, had a peculiar dislike to Poe's attempts to establish at an unfertile American period the principles of rhythm and beauty in style, which found vent in the silly.

"Iambics and pentameters which make men of common sense damn meters" of the "Fable for Critics" which in the light of modern international reverence for Poe as a master of style and rhythm damns Lowell eternally as a genius marred by philistinism.

(TO BE CONTINUED.)

THE ADEQUATE PUNISHMENT AND CARE OF DEFECTIVES.*

BY E. S. GOODHUE, M. D., LL. D.

Vice-President (for Hawaii) Medico-Legal Society of New York; American Del. to Medico-Legal Congresses in Brussels and London, 1909; International Congress on Inebriety, Etc.; The Doctorage—Hawaii.

IN view of the very general awakening in the United States at least, regarding the legislative restriction of venereal diseases, and some provision for the sterilization of habitual criminals, the insane, idiots and other incurable defectives, I have taken the liberty of emphasizing a few points, and of proposing for your consideration some similar action as a remedy for conditions in Hawaii which call for sane and adequate remedial measures.

There is no need, gentlemen, in your presence, for me to review at length the history of the evolution of criminal jurisprudence, to enumerate the forms of cruel and barbarous punishments inflicted upon the irresponsible and defective, since the earliest times, both by judicial and ecclesiastical courts, or to trace the first rift which let in the light of a better knowledge of the causation of crime upon the dark and depressing background. As one of our profession has said:

“Society has been a raging stream, dashing against rock barriers, which have thrown it back upon itself; it has been filled with eddies and counter currents. In the conflict with crime, society may be compared to a blind giant, dealing furious blows at an unseen but ever-present and irritating foe, sometimes hitting the mark, but, alas, too often missing it.”

*Read before the Hawaiian Medical Society, March 1913.

Throughout all this conflict it has been the office of the scientific physician and humanist to offer an explanation of the persistent appearance of exasperating offences against innocence and decency, to define crime, and suggest some remedy therefor; not only to satisfy an unreasonable and unreasoning rage against the offender by suggesting wiser measures of repression, but to demonstrate that the only means of diminishing crime is by treating the criminal with reason and sympathy.

Biology, ethnology, anthropology, sociology and their various divisions, we have brought to bear upon the investigation of the diseases of society, and we have shown by concrete demonstration that the basis of crime and insanity both are physical, that "its manifestations are physical, mental and moral."

Our first assaults were made upon the mistreatment and injustice shown the insane who, from earliest periods, have been treated with disgraceful ignorance and cruelty, not only by the populace but by legislators. Until within comparatively recent times our laws and institutions for the mentally inefficient have been a blot upon our civilization, and indeed there is still much in need of modification.

There are yet truisms to impress upon legislators and judges regarding their attitude towards insanity and the insane, and we must be prepared to endure the shafts of ridicule and sarcasm for our plea in protection of the mentally irresponsible murderer or rapist.

Perhaps no greater or nobler work has developed upon us than our defence of these poor defectives of the world who have been hounded by ecclesiastical anathema and judicial fiat; towards whom though as irresponsible as babes, has passed the hatred of all classes.

It has become our duty also by virtue of our special knowledge and the sympathy developed through our contact with the diseased, to champion the rights of children, of women, of the insane, of all who in any way suffer from physical or social errors. Theology has rendered them no aid, except to offer its universal euthana-

sia; during the life of the culprit it waived the offices of extenuating limitations and circumstances. "Away with science," it cried: "Crucify the offender!"

Law and so-called justice were no better. They merely reflected hierarchical dogmatisms, and so it has remained for our profession to suffer blame and even persecution for a position we have established upon the basis of definite knowledge and humanity, and which, thank God, we shall never abandon until the class civilization has produced, is given the consideration and treatment it deserves. But our duty as men of science does not end here. We are as much interested in the good of the normal as we are that justice shall be rendered the abnormal. We stand for the interests of society as well, and for this reason acknowledge that punishments are necessary; that the perpetrator of crime no matter how irresponsible he may be, should be restrained.

We have no sympathy for the mere sentimental consideration of the criminal, for maudlin expression which lionizes the culprit at the expense of his victim: not at all. But we demand that he shall be treated as his condition requires, and that his punishment, whether it be removal to the hospital, the insane asylum, or the penitentiary; whether it be police supervision, or sterilization, shall be administered for his own best good and the interests of the community against which he has used his liberty.

Again, having the specific knowledge possessed by no other class, it is our duty to make such recommendations for the public good as may seem expedient to us. Knowing of the extent and frightful havoc wrought by the spread of venereal diseases everywhere; of the ignorance and consequent indifference shown by the innocent and culpable alike, it has become our office to inform the public of the danger, and to devise means through the aid of our legislatures, for the protection of all classes, men, women, boys, and girls, and for the special protection of women by regulations requiring a physical examination of all applicants for marriage.

Moreover, knowing the basis of crime, and especially of sexual offences; having demonstrable evidence of the processes of heredity and the transmission of tendencies and susceptibilities which explain the increasing number of insane, idiots, habitual criminals, epileptics, incurable defectives and degenerates, and possessing a humane remedy in our hands, it is imperative upon us as the guardians of public health and morality, to make such recommendations as shall secure for us the necessary authority to act.

With the object lesson of several recent sexual crimes in our community, and the consequent recommendation by unqualified persons, of summary and brutal punishments therefor, let us emphasize the importance of immediate action on the part of our law makers towards the authorization of an adequate law which at once will be a measure of reason and of prevention.

New York, Kansas, Utah, and one or two other states will soon require official notification of venereal diseases, which, in view of their prevalence and easy dissemination, should have been officially recorded years ago.

Let us take up the matter of the marriage of those suffering from venereal disease.

Before this body it is not necessary for me to discuss the urgent need of some enactment which shall have for its object the prevention of marriage between parties either of whom suffers from local or systemic venereal infection.

It does not matter whether they acquired the disease innocently or not, we are concerned in protecting one of the parties who may be clean, and in preventing the spread of the disease by every possible means. We can do so, to some extent at least, by making a physical examination by a reputable physician prerequisite to a license to marry and to the marriage ceremony.

Clergymen will be glad to assist in this matter, as we may see from the marriage edict issued by Dean Sumner of Chicago in a recent sermon on the "Sacrament

of Marriage:" "I will hereafter perform no marriage without clean bills of health from the contracting parties."

Dr. Tregold of the London National Association for the Feeble Minded, recommends that "marriage license be granted only after a medical examination and an inquiry into his or her family history."

In England, Sir James Crichton-Browne stands at the head of a movement to provide a board of physicians whose duty it shall be to examine all applicants for marriage license, and "rule out all who shall be found physically or mentally unfit for the relation."

"Society might well demand that before a marriage license is issued the parties should present a certificate from a reputable physician of freedom from venereal disease," says Dr. Davenport, a conservative student at the Carnegie Institute.

"We ask that the diseased man who would marry be barred that precious privilege," declares Dr. Bogart of Indiana.

"Let the ministers refuse to marry unless the parties show a physician's certificate," says the *Journal Record of Medicine* editorially, "while many would avail themselves of justices of the peace, the evasion would soon arouse suspicion and make such marriages unpopular. The cities and states could well afford to provide means whereby those unable to pay for an examination could have it done by the regular city or county physicians."

"The scientific mating of man and woman at the expense of sentimental tradition would produce superior children and eliminate disease," voices David Starr Jordan.

The Indiana law of 1905 states:

"No license to marry shall be issued except upon written and verified application. Such application shall contain a statement of the full Christian name and surname, color, occupation, birthplace, residence and ages of the parties, whether the marriage contemplated is the first, second or other marriage, together with the full Christian and surnames of their parents, including the

maiden name of the mother, together with such other facts as may be necessary to determine whether any legal impediment to the proposed marriage exists."

Said Dr. Robert Reid Rentoul of London before the N. Y. Medico-Legal Society recently: "Marriage is regarded too much as a mere social function—a fetich worship for the protection of property. It should be for the procreation of children. A prenuptial certificate of good health, and sterilization of certain degenerates should precede matrimony. Degenerates who desire to marry should be sterilized after a written direction by the Commissioner of Lunacy."

California has introduced a bill providing for a "physical examination as a prerequisite to a marriage license."

A similar bill will be presented before the Indiana legislature for action. In Delaware (1893), Minnesota (1904), New Jersey and Colorado (1904), Ohio (1905), Michigan, North Dakota and in Argentine, South America, more or less adequate legislative action has been taken. A bill is pending in Nevada demanding a "certificate of health before license to marry," with a clause making the "wilful communication of venereal disease a felony."

Pennsylvania and Wisconsin are following in line, urged by their medical societies and the Morals Efficiency Committee.

In Utah the Woman's Christian Temperance Union has seconded the work, which shows what concerted and determined action on the part of the medical profession can do towards influencing public opinion.

It remains for us as a body to pass resolutions or formulate a bill in which shall be embodied the necessary recommendations regarding marriage.

In the second place, but perhaps of primary importance, comes up the matter of the adequate punishment, care and treatment of the insane, idiots, habitual criminals, defectives and degenerates, based not only upon the prevention of the propagation of defective tendencies,

but the amelioration and rehabilitation of the criminal himself, as well as the protection of society against his assaults.

To a surprising and gratifying degree this subject is being discussed in every part of the civilized world, by all classes of men, and to practical purpose by associations and congresses of scientific men.

"It is a reproach to our intelligence," says the author of a recent work on heredity, "that we as a people, proud in other respects of our control of nature, should have to support about half a million insane, feeble minded, epileptic, blind and deaf; 80,000 prisoners, and 100,000 paupers at a cost of 100 million dollars every year."

"Regression to the normal average may be (1st) by marriage into sound stocks," says Dr. Mott, "or (2nd) by anticipation or antedating leading to congenital or adolescent mental disease terminating in the perpetuation of the unsound elements of the stock."

"When both parents are neuropathic, all children will be neuropathic. One parent being normal, but with the neuropathic taint from one parent, and the other parent being neuropathic, half the children will be neuropathic, and half will be normal, but capable of transmitting the neuropathic make-up to their progeny" are the findings of Cannon and Rosenoff.

"There are degenerates," says Dr. Ball in his presidential address to the Vermont Medical Society, "whose thought and action (from their hereditary influence and environment) can be only upon the mean and vulgar. They are not able to think connectedly, to reason, or to associate fact and circumstance. They act by impulse, being governed by those things that please and excite.

It is this class that are especially dangerous to society, for their tendency to sexual excesses is proverbial. The number of their legitimate and illegitimate children is large, and their offspring usually of a lower grade of degenerates than themselves."

"Criminal tendency," said Dr. Parker before the Texas State Medical Society recently, "is a species of

insanity. Hardly anyone will contend that a normal mind would incite to commit crime. The physician's records at the New York State Reformatory show that two-fifths of the inmates are mentally defective."

Recognizing these truths as we all do, the question at once arises: How shall we prevent this alarming transmission of tendencies which are sure to develop into crime sooner or later? The answer has been furnished us by those whose study and findings deserve the gratitude of every normal man. Sterilization is the remedy. A simple surgical operation which eliminates the possibility of procreation, without in any way affecting the subject's health or happiness. His sexual desires remain undisturbed.

Dr. Sharp who has been in charge of the Indiana Reformatory since 1899, reports over 500 operations. "It consists of ligating and resecting a small portion of the *vas deferens*. This operation is indeed very simple and easy to perform. I do it without administering an anaesthetic, either general or local. It requires about three minutes' time to perform the operation, and the subject returns to his work immediately, suffers no inconvenience, and is in no way impaired for his work, but is effectually sterilized. There is no atrophy of the testicle. There is no cystic degeneration. There is no disturbed mental or nervous condition following, but, on the contrary, the patient becomes of a sunny disposition, brighter of intellect, ceases excessive masturbation, and advises his fellows to submit to the operation for their own good. And here is where this method of preventing procreation is so infinitely superior to all others proposed—that it is endorsed by the subjected persons. There is no expense to the state, no sorrow or shame to the friends or the individual."

Dr. Frank Lydston says: "Coming to vasectomy, a subject in which an increasing number of legislators are becoming interested, the physician furnishes a method of sterilization with no impairment of the sexual function, merely the blocking of the minute canal (the *vas*) tra-

versed by the fecundating element of the male, thus wholly preventing impregnation."

This author goes on to point out that over 6000 who have been sterilized for years are in "robust sexual health."

"In the case of mere defectives," says Dr. Rentoul, "then operation should be voluntary with the sane—here vasectomy would suffice; with the insane it should be compulsory spermactomy."

At the recent meeting of a sociological club in London Sir John McDougall agreed that something must be done to stop the breeding of defectives. Some "physical means," he declared, "should be employed to prevent degenerates from propagating their like." Earl Russell, who was present, added: "I think it admits of little doubt that if the ruling classes in the country, in Parliament, and in the law, were composed entirely of people of adequate medical knowledge, some such remedy as this suggested would soon become a law of the land."

Dr. Barr was quoted: "Let asexualization at once be legalized, not as a penalty for crime, but as a remedial measure preventing crime and tendency, and the future comfort and happiness of the defective."

"Nothing short of such radical measures can stem the tide of degeneracy," said Dr. Bevan Lewis.

"Some step will have to be taken," declared Dr. Bernardino, "if we are to protect the nation at large from a large addition of the most enfeebled, vicious and degenerate type."

"As a deterrent," writes the President of the N. Y. Prison Association, "the terrors of punishment do not exert a great influence on hardened criminals. But I conceive that the proposed punishment (emasculation) would have a stronger restraining power than any punishment provided by our penal codes."

Mr. Arnold White, who in England over twenty years ago, recommended the sterilization of the unfit, has lately said that he gave Great Britain till 1925 "as the final year of her sovereignty, unless something practical was done to reduce the number of her inefficients."

Vice-President Marshall in addressing the Indiana state health officers, remarked: "I guarantee that you will cut off fifty per cent of the crime and you will largely have increased the Christian character of the citizens of Indiana by your regulations."

The law of New Jersey passed in 1911, permits and specifies the operation orchidectomy in rapists and vascotomy in all other defectives. This law has been declared constitutional by the Supreme Court. The Governor of New York has signed the bill providing for the sterilization of criminals. By it he is empowered to appoint one neurologist, one surgeon, and one practitioner of medicine to be known as a Board of Examiners for Feeble-Minded and Criminals and Defectives. I give below a section of the Indiana State law regarding sterilization:

"On and after the passage of this act, it shall be compulsory for each and every institution in the State entrusted with the care of confirmed criminals, idiots, rapists and imbeciles, to appoint upon its staff in addition to its regular staff, two skilled surgeons of recognized ability, whose duty it shall be to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of this committee of experts, sterilization is advisable, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective."

In Oregon the law recently passed providing for the sterilization of defectives has been declared constitutional by the Supreme Court of that State. The Nevada State Medical Society has petitioned the legislature to authorize the sterilization of criminals, and so have California, Iowa, Connecticut, Ohio and Wisconsin enacted laws of control, while bills are pending in several other states, and public opinion has been aroused to definite action.

In nearly all the states the law properly leaves the decision of the fit and unfit with a board of physicians.

In Iowa the officers entrusted with the care of the insane, criminals, idiots, feeble-minded, drunkards, drug-friends, epileptics and syphilitics are authorized to consult annually or oftener with the State Board of Paroles and decide by a majority vote if any such inmates should be deprived of their power to procreate, and if so, to sterilize them.

Most of the bills passed cover the ground, but a few are weak, or indefinite. For instance, sterilization which is a humane elimination of virility, is not a punishment in any sense, and its purpose is not retribution, but solely to prevent procreation. Fortunately it does this without depriving the subject of sexual pleasure in which he may have a right to indulge.

Sterilization therefore which does not remove sexual desire or its performance, would not in any way deter sexual perverts, rapists, sodomists and other degenerates from exercising their abnormal function, while castration would.

Castration then in the male, and its equivalent in the female, is the only effective treatment indicated. While this operation sterilizes and prevents procreation, it may be used as a punishment, an object not to be lost sight of. It is also a prevention and a cure as well.

I would suggest that immediate steps be taken by the society to formulate a bill, embodying these several requirements, for presentation before the Hawaiian Legislature now in session;† that the president appoint a committee of members from this Society to draft such a bill.

With the help of laws already adopted and bills pending elsewhere, our task is rendered easy and we may the more surely avoid the errors of some of the provisions so laboriously prepared. I would suggest that one lawyer be made a member of the Board of Examiners, recommended for appointment by the governor, he to assist in the legal aspects of each case.

†Such a bill was prepared and presented by Representative Irwin (M. D.) before the House, but failed to pass. The governor was anxious that the bill should pass and wrote me a cordial letter of approval.

With such a law upon our statute books, we may protect society from the assaults of irresponsible men and women, as well as from the emotional recommendations based upon retribution, which good men are sometimes apt to make. Such laws also will provide for the offender the restraint and treatment he deserves.

PSYCHIATRY AND PSYCHOTHERAPY
IN SURGICAL PRACTICE.

AN OVERFLOW REVIEW EDITORIAL.

By C. H. HUGHES, M. D.,

Retired Dean of Medical Faculties, ex-Prof., Psychiatry, ex-Supt. State Hospital for Insane, ex-Surgeon of Vols. Civil War, Associate Member Amer. Association Military Surgeons, Ed. A. and N., etc.

St. Louis.

SO much of man is mind, conscious and subconscious that surveying this great field of psychic impress power from the time when the mystical gods of the air swayed men and women up to our own more rational day, one is led to marvel that more study and use has not been and is not now made among us in our teachings and practice of the healing art and for health conservation.

Our researches into the relations of mind, liminal and subliminal, to its substratum organism, the brain and its allied nervous system, together with the marvelous movements of the blood vessels under its influence and even of the viscera under mental control, through neurotic inter-relation, bring us close to the conviction of that far-away philosopher in the passing time of our earth, that "the mind resides in the whole and the whole in every part." The wonderful showing of the blood under mental influence, as of certain of its cells under certain serums, must give us pause for thought, more than ever before, as to the value of psychiatry in curative consideration and cooperation in therapeutic endeavor.

The influence of the vaso-motor nervous system, induced by and inducing various brain and mind conditions through circulatory change, is perhaps the most patent and most potent of the demonstrable evidences of neuro-psychic interdependence. But the remarkable power of

ideation and emotion on physical processes (secretion and excretion, growth, decay, metabolism etc.) is equally apparent when we diligently search for it. This, the blood alterations, the metabolic processes generally and the influences of the internal secretions which Sajous and his collaborators (Isaac Ott and others) have done so much to bring into the physiologic lime light, impress upon us our delinquency of psychic vision in the past as to the laws and potency of nature's power over organic and functional movement of the vital processes of the machinery of man entrusted much to our management and repair. We have done much for him as a physical mechanism, but not so much as we ought to have done and ought now to do regarding man as both a psychological and physical machine. We have left the psychic management much as our ancient brethren did, to the oracles of the temples, to the soothsayers, necromancers and enchanters, as our forebears did before the advent of our wise forefather Hippocrates.

But the wise skepticism of the ancient father of rational medicine as to the deceptive futility of the curative pretensions of the goddess Hygeia, has led us into too great indifference of that psychic potency within the human organism, whose aid may be justly, hopefully and often extremely fruitfully, evoked in so many cases and which was included, though apparently unconsciously so, by the father of rational medicine; as shown in his potent and true aphorism—concerning the *vis medicatrix naturae*, an agency which always should include in our practical use thereof, the conjoint influence of a rationally considered and helpfully employed psychotherapy—the sustaining and curative influence of right conditions of mind over the organism in disease, for all concede that states of mind with reference to disease sustain or depress vital processes.

We have seen the flush of shame or ecstatic joy mantle the cheek, the pupils change under certain exalting or depressing emotion, dilated or contracted as if under the tangible impress of atropine or esserine, the hair blanch in an incredibly short space of time, even perhaps in a single night, as in the historic case of

Marie Antoinette, and in less historic instances, such as have happened in the observation of most, perhaps all, of us and yet we have not always taken just account of the full value of psychic tonus or psychic atony in our practice, to sustain the physiological processes of resistance to or advance of the destructive course of disintegrative disease.

That automatic cerebration known to Socrates as his familiar spirit and to his Greek countrymen as impressing the mind from without, is familiar to all of us, but with a more certain and exact conception of its origin and presiding place in the cerebrum, in certain morbid states of mind and allied brain, especially as revealed in hypochondria, hysteria, melancholia and other states of psychic depression. Ancient physicians with more or less accurate discernment, placed the blame on morbid states of the liver and blood (atrabili and peccant humors,) such as we now with more light than they from our modern chemico-biologic laboratories and other sources call ptomains, toxines, microbic empoisonment or other toxhemias.

The interrelation of the psychic and the chemico-physical are in our day more definitely understood but the comprehension as to mutual relations and influences is similar in conception. We must recognize and employ both in the rational and most successful practice of medicine but should beware of skepticism, as is now the tendency in some quarters as to the value of *materia medica* therapy.

The tendency to berate the latter and denounce defamatorily "drugs," so called, as useless, is as grave a mistake as to ignore the potent psychological processes in our therapeutic endeavor, in view of what we know in positive therapeutic experience. All but a few drugs, say, certain medical doubters, especially among some surgeons of limited experience in curative medication and the serum experimenters who are right enough to show faith of speech in their sphere of research but wrong to herald their skepticism concerning therapeutics beyond the zone

of their practical knowledge. They have contributed much of real value to serum therapy but they would do medicine quite as much harm as good, (if not more harm than good) if they should succeed in implanting doubt enough in the medical mind to cause the entire neglect of experienced rational medical empirical therapeutics. To concede that mercury iodine and salvarsan are valuable in syphilis, that calomel is a cholagogue, opium and its derivatives, anodyne, quinine anti malarial and destructive to the plasmodium malariae, that laxatives empty the bowels, emetics the stomach, that pepsin partly supplements the gastric juice, that poisons are toxic and that anaesthetics may kill, is enough concession to the possible potency of prevailing methods of medication with pharmacals and other agencies in vogue, to justify faith in them as remedial agencies that should not be discarded.

What we need as much as biologic experimentation, is judicious microhemic examinations, many and oft repeated, to determine what the blood is doing, how it acts under galenical and chemical administrations, as well as under serum experimentation, not omitting the behavior of the blood under different conditions of psychic impression made upon the brain and associated nervous system from without, as well as mental states arising from within the brain and mind and allied nervous system (sensory, motor and ganglionic.) A hint is all I can here give. May be some one better qualified may some day write a book on the subject. We need one.

Dr. J. Ewing Mears of Philadelphia, Pa., in his recent interesting brochure (1912) on Surgical Psychoses gives some extreme examples of autosuggestive tomanomania apropos to our theme from which, before going further, we partly abstract in very brief epitome, which, as Dr. Mears states, "possesses interest in a neuropathic sense" as well they should from a surgical standpoint.

A woman, unmarried, approaching forty years of age, came to Dr. Mears from one of the interior cities of the state Pa. for surgical advice and operative interference. With the utmost sincerity and candor she informed him that she had been subjected to several surgical operations which, as she bluntly stated, had removed all of the organs of generation, clearing out the cavity in which they were contained, and leaving nothing behind but the "stumps," as she expressed it. With the information she had given he informed her that nothing more could be done by any surgical operation, and advised her to return home. She then stated that she desired him to remove the "stumps," which gave her pain, and which she was determined to have removed. If he would not perform the operation, she asserted vehemently, she would consult an advertising surgeon whom she knew, who would do it.

Feeling that he might help this deluded person, he sent her to the hospital to be admitted to the surgical ward under his care, instructing the interne to make a careful record of her condition from day to day, to keep her rigidly in bed, and to treat her as a gravely sick patient. On inspection a cicatrix in the abdominal wall was found, and digital examination disclosed the fact that the neck of the uterus had been the sight of operation. No definite information could be obtained by palpation as to the condition of other organs belonging to the generative system. Her mental condition was apparently normal, and physically she gave evidence of being in good health. She was resolute in her determination to have the "stumps" removed. Keeping her under observation for a week's time, in which he studied the conditions present in her case, he decided to influence her perturbed mental state if possible, by performing a quasi operation, very simple in character, but deemed to be sufficient to accomplish the purpose. To accomplish this the patient was placed upon the operating table, an anesthetic administered and a simple scratch was made

with the scalpel over the sight of the cicatrix in the abdominal walls. Dressings of an elaborate character were applied, the patient returned to bed, and care taken by the attention given to impress her profoundly with the important nature of the operation which had been performed, and the necessity of great care in conducting her recovery. No permission was asked to inspect the stumps which she had so earnestly desired to have removed. She expressed herself as greatly relieved, and at the expiration of two weeks returned home to all intents and purposes cured.

I believe the method of treatment employed in this case was not only legitimate, but in every respect justifiable. While we cannot sit in judgment on the necessity for operative interferences in her case to relieve conditions, the character of which we know not, we can certainly say that she became the subject of mental perversion which would have jeopardized her life, possibly, by placing her in the hands of the advertising surgeon, or sent her into the field of the faith-healers as an unhelped subject of scientific medicine, to swell the growing army of believers enlisted as recruits from those hostile to its progress.

Another, not under Dr. Mears immediate care, but placed in Dr. Mears' general charge, gave him an opportunity to study the case's interesting features. The patient, a woman, between forty and fifty years of age, of slight physical development, with evidences of progressive emaciation, gave a history of epileptiform seizures, the aura initiating the attacks, taking origin in the thumb of the right hand, and passing up the arm, as she described it, until it reached her head, when the seizures would occur. The convulsive movements, she stated, were limited to the side of the body on which the aura took origin and were not accompanied by mouth frothing or inversion of the thumb so far as she knew. They occurred frequently, and the head, arm, and forearm were the seats of intense pain. The suffering, unrelieved by

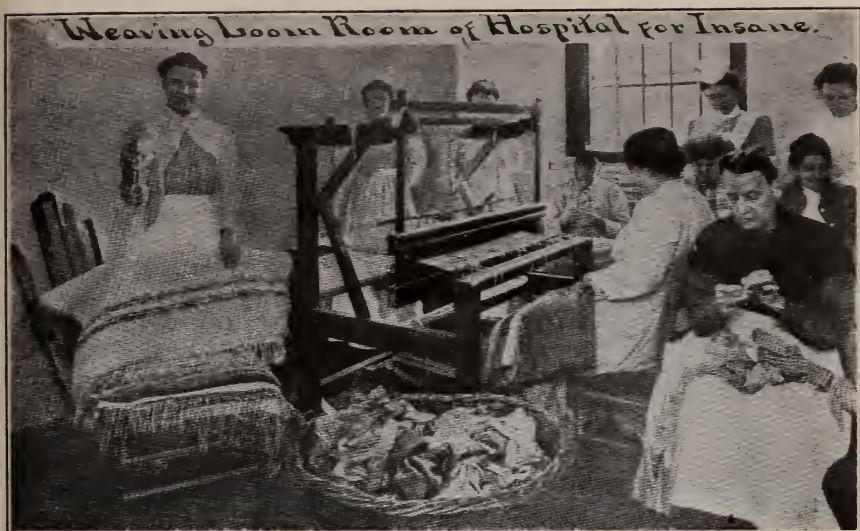
grain doses of morphine, was so great as to have become unendurable, she stated, and she had determined, unless relieved by surgical operation, to take her life. She insisted upon the removal of the hand in which the trouble began, and the surgeon decided to comply with her demand.

In her ordinary garments the patient took a seat in a straight-backed chair and her body was covered by a sheet to protect her dress from being soiled by blood. She refused to be placed under the influence of an anaesthetic agent, asserting that it was her desire to see how the operation was performed, and presumably, to know that it was properly done. The forearm being exposed, the hand was grasped by an assistant, and without any attempts at cleansing the field of operation, amputation was performed at a point midway between the elbow and wrist joint. Throughout the entire procedure the patient did not express any sensation of pain, holding her arm rigidly firm and watching, with apparent interest, the steps of the operation. During the period of convalescence from the operation, which took place favorably, no seizures occurred, and the patient returned to her home in the country, quite well satisfied that the operation would effect a permanent cure. [A neurectomy might have sufficed to satisfy here.—Ed.]

With the subsequent history of the case, Dr. Mears states he is not familiar. A dissection of the part removed with the exception of a possible swelling of the median nerve and its digital branches there was no evidence microscopically of any morbid condition which could have caused the intense pain complained of by the patient.

These cases take their places in the mind with hysterical joints (false ankyloses, etc.) and phantom tumors to which Dr. Mears alludes and about which others have previously written. A phantom tumor in Ewing's record disappeared under anaesthesia to which the patient

ILLUSTRATIONS OF "HAPPY THOUGH INSANE."—Published in May number of this magazine but inadvertently omitted by the editor.



THE ABOVE HOMELIKE APPEARANCE of other days is now more common in institutions for the insane for the entertainment of elderly and middle aged ladies from the farms, of a past generation. than for present day farm lady denizens.

These and the quiltings and other similar mutual assemblages of the housewives tended to interrupt the monotony of the farm life and thus to postpone and drive away melancholy so common to life on the farm in women.

The picture is from an illustrative report with other photos of the Spring Grove Hospital for the Insane of Maryland, by Dr. Percy Wade, Medical Superintendent.

We wish other superintendents and managers would present more special illustrative features of their institutions. Such pictures of internal hospital life disarm suspicion. More or less of it is done by many hospitals which we purpose showing from time to time, during the present and coming years.

This and the following illustrations of insane hospital life should have appeared to illustrate the author's article "Happy Though Insane" in the last May number of this magazine.



Voluntary competitive gardening by male patients of an insane hospital, intended to have illustrated the paper in May number, "Happy Though Insane."



Voluntary competitive gardening by female patients.



Regatta of patients manned by attendants.

objected (though her objection was overcome) lest she might talk in her anesthetic sleep.

Thus autosuggestion may be turned from hypochondriacal to salutary self suggestion by psychotherapeutic environment and salutary surgical impression. Patients of a certain class may recover at reputed healing springs whose waters actually possess no marked healing power beyond their curative repute.*

*This and similar brief articles as they have appeared or may appear from the pen of the editor, are given space according to the editor's time and chance to partly cover essential subjects in the psychiatry of medical practice, especially, not compassed by other editors in current medical literature and with the view of inciting others of more leisure perhaps to take up and more thoroughly cover themes of psychiatry in general and special medicine and surgery, a far too much overlooked matter in medicine.

THE EROTOGENESIS OF RELIGION.

DEVELOPING A WORKING HYPOTHESIS.

BY THEODORE SCHROEDER,

Cos Cob, Conn.

FROM the times of prehistoric sex-worship to this very hour, sex-mastery, and especially the regulation of other people's sexual affairs, has been probably the most zealously pursued of all the ambitions of priests and religious societies. Once convinced of this the suggestion came to me to inquire as to the how and why of this relationship. The purpose of this essay is to develop a working hypothesis for the study of this subject. Rather than take the readers over all the devious bypaths which originally took me to my goal, I will lead them to my working hypothesis by a better route.

Before going far in the consciously planned part of my investigation, I learned that in so far as my hypothesis involved only the assertion of *some* connection between erotism and *some* religions, it was very far from being original. The aggregate of the materials considered by all those whose opinions can be quoted in support of a connection between religion and sensualism will far exceed my own available materials. Often those opinions are justly entitled to greater weight than my own inductions, or interpretations, because they come from persons who were friendly partisans of the religions of which they wrote, so spontaneously. Furthermore, most of these persons reached their conclusions without any design or thought of questioning the objective verity of their religious beliefs, and without any thought of discrediting the subjective evidences for the truth of religious dogmas. In many cases they were free from suspecting the psychologic import of what they said,

or the support which their utterances might give to such a theory as is herein proposed. These opinions, soon to be quoted, are entitled to great weight, also for the added reason that they come from many intelligent observers, acting unknown to one another, inspired by a great variety of motives, considering very different materials and yet reaching very similar conclusions. Their empirical inductions should be analyzed in order to discover the psychic essence, all of their necessary implications and the elements of their unification. Thus, by successive inductions and inferences, we may arrive at a more inclusive generalization and acquire a well supported working hypothesis. This then will furnish a condensed recapitulation of practically all of my present investigation and of much more besides, and will furnish a working hypothesis better supported than was mine when originally framed.¹

Having now stated why these opinions are being quoted, it becomes desirable to negative some assumptions which the reader might otherwise make in explanation of some omissions. It must be borne in mind that the following opinions are not offered either as conclusive, nor even as the final proof of the truth of the theory which they support. The final proof of the correctness of this theory must depend, not upon these opinions, but upon the facts which underlie and justify them and other facts of the same general character, which will be adduced at another time. It is also desirable to explain at the outset why certain contrary opinions are here omitted from consideration. It is true that eminent men have insisted that such opinions as are hereinafter quoted are unwarranted. Their disapproval demands critical study beyond the space-possibilities of this article. Those various opinions which attempt to explain the existence of religion upon a non-erotic physical basis, need to have their short-comings pointed out. It was necessary to call attention to these omissions lest some

1. For an outline Method for the Study of the Erotogenesis of Religion, see *American Journal of Religious Psychology*, October 1912. This article will give references to other articles of mine upon this same subject.

one might think such matter had been overlooked, or intentionally suppressed. Since the sole purpose of this article is to develop a working hypothesis as to the erotic origin of all religion, it follows that the presumption of probable correctness of the hypothesis and the desirability of further pursuit of the study, depends upon the competence and the number of observers who have noted a casual relation between sex and religion. This, and the bibliographical value, are my justification for having made the quotations so numerous.

Probably the oldest record, showing the recognition of some relation between lust and religion, is found in the code of Romulus (about 470 B. C.) wherein it was provided, "That there should be no night vigils in the temples and no pretending to sacrifice at such unseasonable hours." The vicar at St. Mary's in Nottingham also informs us that: "This was to prevent the meeting together of men and women, by night, who under the pretense of religion, might gratify their lewdness. The like order with this, we find recorded of Diagondas, the Theban, who forbade all night meetings for religion,"² but not other night meetings.

A more specific suggestion that there existed an interdependence between religion and sex, and one almost as old, is that of Pausanias, (A. D. 174) himself an initiate into the Eleusinian mysteries of Greece. Although writing reservedly of the mysteries, he mentions the mixture of the obscene and miraculous, the frequent assignation and "the Proneness of religious Females to Venery."³

Centuries ago it was observed that even the normal sex stimulus of one in love and conscious of its nature, though without the gratification of sex appetite, would preclude the greater "spiritual" exaltation which we may later believe to be due to religious misinterpretation of sex-feeling. "In the fourteenth century the wise old Knight of the Tower, Landry, tells his daughters that

2. A View of Ancient Laws against Immorality, p. 4. and citations.

3. Quoted from Bishop Lavington's *Enthusiasm of Methodists*, etc. Part III, p. 387, citing Pausanias, *Editio Kuhnii*, p. 195, et seq.

that unfeignedness which she did aforesaid. For I have heard it argued by many, who, in their young days have been in love, that, when they are in the church, the condition and the pleasing melancholy in which they found themselves would infallibly set them brooding over all their tender love-sick longings and all their amorous passages, when they should have been attending to the service which was going on at the time. And such is the property of this mystery of love that it is ever at the moment when the priest is holding our Saviour upon the altar that the most enticing emotions come' ".⁴

The reason why a young woman in love cannot serve her God with that unfeignedness she did aforesaid is very easy to uncover. Being in love, she is definitely conscious that the object of her affection is a man, and he the objective stimulus of her emotions. In the presence of this consciousness, the suggestions of the priest do not as readily create the ordinary illusions of a "conviction of sin" and "spiritual regeneration," nor induce the maiden to center her erotic longings on a creature of the imagination.

Cassanova, who was decorated by the Pope, looking at the matter from a very different standpoint, and after referring to "that mingling of mysticism and concupiscence which seethes in a Spanish heart," goes on to say: "I have everywhere observed that devout women are more sensitive than others to carnal pleasures."⁵

In the *Historical and Critical Dictionary* of the learned Peter Bayle,⁶ I find these observations also indicating, at least, some uniformity of connection between venery and religious enthusiasm.

"It is a truth, confirmed by the experience of all ages, that one of the surest means to draw the female sex, and make them run after men, is to set up fraternities of an austere reformation, and to make a great show of strict devotion to certain conventicles. Those,

4. Ellis' *Studies on the Psychology of Sex*, (Modesty), p. 232.

5. Quoted from *Studies in the Psychology of Sex*, (Modesty), p. 233.

6. Second edition, London, 1736. Vol. 3, p. 103-280.

'no young woman in love can ever serve her God with who trace events to their causes, have not forgot to meditate on the reason for this. They divide into two principal classes, those female scholars. Some go to that school out of a good principle; being led by devotion, which is innate to the sex: others have heard a thousand times, that there is a great deal of hypocrisy in these religious founders, and they are men like the rest, and they play the hypocrites, only to make love without scandal, and under the cloak of secrecy.

"This is the reason a woman hopes to find a lucky hour among those pretenders to devotion, and is eager to put herself under their direction, with whom she may lose nothing with regard to pleasure, and get a great deal as to her reputation. Women even hope, that, in case such men should not be hypocrites, they may have the address powerfully and victoriously to tempt them; for, of all vices, none is more untameable and ungovernable than concupiscence. As for the scholars of the other class, they conceive so great a veneration, and even so great an affection for the pretended man of God, that they blind themselves in His favour. If he finds it necessary to persuade them that there is no sin in doing some things, he insensibly turns that way, and at worst, their tenderness does not suffer them to resist his desires. However it be, there was never a head of a sect, nor a founder of a conventicle, let the things practiced there be never so abominable, but found very tractable disciples among the other sex; and when we see how solicitous these men are to draw in women, one must have a great deal of charity not to believe, that the scope of their devotion rather centers in the body, which they have received from nature, than in the salvation of their souls.

"I do not much wonder, that women should have been prevailed upon to prostitute themselves in the ancient Paganism; it was accounted a kind of divine worship; the goddess Venus was honored in that manner: but it is an amazing thing, that in the midst of Christianity, notwithstanding the wise counsels of mothers, and the

pathetical exhortation of preachers, the first hypocrite who comes in their way, should be able to persuade them to a thousand abominations. If he tells one of his devotees, as Saint Aldhelme did, 'lie by me; I desire to know whether you will be so powerful an instrument in the devil's hands, as to make me yield to the temptation,' she will do it. If he tells her, as some heretics did, who were punished by the Inquisition of Toulouse, 'let us be stark naked one by another, one upon another; let us kiss and tickle one another; we shall thereby give proof of our spiritual strength.' He is obeyed. Can there be a greater docility? Would she refuse to proceed farther, if he was willing? Have not many women complied with the order of lying with the first comer, when candles were put out, in the conventicles of the fraternity?"⁷

Another historian, writing upon our theme, uses these vigorous expressions:

"Moreover, religious and erotic emotions, if not generally one and the same thing, are at least, two golden threads spun from the one distaff of the heart's holiest love, and which, in their spinning, ever and anon touch and intertwine with each other. I state it as no quip of levity, but as a simple psychological fact: In the maiden's heart, when God is near, Man is not far off. Once interest a lady in Jesus, and it is not difficult to interest her in Jones. A woman is a woman first, and, if a lady at all, a lady afterwards. It matters not whether she be a countess or a cook; with her there is but one step between Jesus and Jones. I care not whether she be the stateliest duchess kneeling at the confessional in silk, stiff enough to stand alone, or the 'Hallelujah lass' following the tambourine with a devout hop-step-and-jump, the love of God is synonymous with the desire of Man, and I submit that there is no reason to be ashamed of the fact; but there is much to be ashamed of the advantage which the priesthood take of the fact.*——*

7. Bayle's *Historical and Critical Dictionary* (2nd Ed. 1736) Vol. 3, pp. 103-280 and authorities cited.

It is a fatuous sophistry to urge that the love for Jesus and the love for Jones are generically dissimilar. Woman has but one heart, one avenue of erotic passion. The Church knows this fact and acts upon it. It recognizes that Jesus, the mere abstraction, would utterly fail to excite amatory favor. So it passes on to Jesus the concrete, and envisages him on canvas or in marble, with free-sweeping and symmetrical human limbs and lineaments, and all but in a state of nudity. And the art of the priest is to work up woman to a state of religious hysterics before this all but nude figure of a young and lithesome man. And, the result? The result all experience of sacerdotalism teaches. There is but a step, and a short one, between 'divine love' and human sensuality, and, in all ages of the church, this step has been taken. Human nature is only human nature, and it is more generous to expect too little from human nature than to expect too much. Psychic though love may be, by incontrovertible law its manifestations are organic, and we cannot possibly be divorced from sex. And why should we blush to acknowledge that this is the truth? The fervor of the young and innocent neophyte is spontaneously transferred from the handsome Jesus to the handsome priest. God is an abstraction; but a concrete substitute is found, and for centuries has been found, in his ministering servant. He who acts as proxy to woo a maiden to love another usually succeeds in inducing her to love himself. The priest woos the maiden to give her heart to God; and the aspirations of divinity are dashed in the realization of infamy. 'Luther speaks of a fishpond of Rome, situated near a convent of nuns, which, having been cleared out by order of Pope Gregory, disclosed at the bottom over six thousand infant skulls; and of a nunnery at Neimburg, in Australia, whose foundations, when searched, disclosed the same relics of celibacy and chastity.'"⁸

Ennemoser, in his *History of Magic*, when writing of the Witch Prosecution of the Hungarians and Servians,

8. *Woman, Her Glory, Her Shame and Her God*, p. 245, 247, of Vol. I.

and their use of drugs to produce "spiritual" phenomena, records this:

"They rubbed themselves in various parts of the body, with the salve, in which narcotics, garlic, etc., were used; and nymphomania, hysteria, and somnambolic visions were the consequences. For behind the curtains of magic and miraculous works lay concealed the unclean spirits of the Natural flesh, which were not restrained. According to Jung Stilling, in 'Theobold, or the Fanatic,' Vol. 1, p. 244, the religious excitement often flows from a very impure source; and he states that a fanatic society appeared in the thirtieth year of the last century, (1730) in which such transports followed the rubbing and kneading of the body in a magnetic manner, and those in whom these took place were said to be new-born. It, therefore, depended entirely upon the explanation whether in these scenes of excited feelings and of the life of the imagination, the result should be held to be a witch-exploit and dealing with the devil, or a vision of holiness."⁹

G. B. Vale, the devout author of a little book on "Fanaticism," written about 1835, shows by it that he was in other matters a most exact and conservative on-looker. Through his intimate knowledge of "Mathias the Prophet," he had good opportunity for observing at first hand the phenomena under consideration, and he wrote:

"We believe there is not a popular clergyman but could triumph over any number of his devotees, could he be base enough to apply the arts of seduction. *——* We believe that these feelings, natural in such circumstances, could be mistaken for divine communications, for even the scripture will admit of a similar interpretation in the cases of Sarah, Elizabeth and Mary."¹⁰

Sha Rocco, a student of ancient sex-worship, expresses this conclusion: "The primitive religion in this early day of adolescent manhood was purely passion

9. Ennemoser, *History of Magic*, Vol. 2, p. 127.

10. *Simple Narrative of Isabella in the Case of Mathias*, part II, p. 124.

consecrated and sanctified—a religion of feeling. It was a physical heaven counterpoised by a physical hell. Promises were sensuous bliss, and punishments were bodily woe.*——* It was based on the dynamics of nerve.”¹¹

Richard Payne Knight, in his “Two Essays on the Worship of Priapus,” shows that cult to have existed all over the world, and among Christians to have found widespread devotion as late as the Middle ages.

Hargrave Jennings, another most scholarly student of Phallic worship, puts the case this wise: “It may be at once asserted as a truth that there is not a religion that does not spring from the sexual distinctions.”¹²

Clifford Howard, another student of Phallic worship, expresses these views: “Love is both the foundation and the pinnacle of religion; the beginning and the end of human thought and aspiration. Religious emotion springs from the animating power of the sexual nature, and through the emotions thus aroused we deify and worship the inspirational source of our spiritual longings. In every sense both physical and spiritual, both material and ideal, love is the animating creative force of the world; the divine immanence of the universe; the actuating source of life, and the indwelling spirit of the soul; the beginning and end of all that is.”¹³

“But as Cousin observes, ‘mysticism is never nearer the senses than when it supposes itself to be very distant from them,’ an opinion wholly confirmed by the testimony of many writers regarding the sensualities practiced by monks and nuns in medieval times.*——*

“These holy vestals and brides of Christ were doubtless devout; but they were frequently sensual by nature, and their very piety was often a perverted mode of expressing sex feeling. Ample testimony could be afforded to prove that the passion of love and the fervour of religion are closely related. The neurotic nun who be-

11. *Ancient Sex-Worship*, p. 49-50, by Sha Rocca.

12. *Phallicism*, page XX of the Introduction, quoted with approval in *Phallic Worship*, by Robert Allen Campbell, St. Louis, 1877, p. 7.

13. *Howard's Sex Worship*, p. 30.

lieves that she is embraced by one of the saints, imagines that she has subjugated the instinct of her sex; but in reality her emotions have a sexual origin. In mania, old maids in whom no one but the neuropathist would suspect immodesty, frequently suffer from erotic delusions, suppressed desires leading them to firmly believe that they have been ravished. Such subjects also cause surprise by their evident knowledge of sexual matters, expressed often in the phrases of the street. Notwithstanding, this does not impugn the sincerity of the devotee who vows chastity from a deep sense of the rightness of her sacrifice. Such minds are self-deceived as to the source of much of their pietistic emotion, yet they do not always wilfully deceive others.*——* In more than one of these sects of celibates and spiritual lovers, the flesh has repeatedly triumphed and asserted itself. The sect of 'the Christs' in Russia practice strict continence for prolonged periods; but at religious festivals, when they are aroused to an exalted state of hysterical excitement, men and women tear off their clothes and abandon themselves to sensuality under the belief that what they do is sanctified. The 'holy kiss' of religion has been in numberless instances the prelude to wantonness and license. Hepworth Dixon's 'Spiritual Wives' reveals the failure of such spiritualized fellowship between men and women as commended by the Princeites, and the members of the Agapemone."¹⁴

ALIENISTS AND PHYSICIANS

If there exists a causal relation between lust and religion it would naturally exhibit itself most conspicuously in those mental derangements involving religion and the sexual apparatus. This is necessarily so because in these insanities the normal relation would be exhibited in acute augmentation. We accordingly expect to find alienists even more uniformly than the historian, expressing an observed connection between morbid erotism and ecstatic religious emotion. In the case of the psychologist we have the added advantage of an observer with special

14. Geoffrey Mortimer, *Chapters of Human Love*, p. 43-52-259.

qualifications for the selection of materials and for their interpretation. Our expectation will not be disappointed, and so we come nearer to the statement of a working hypothesis.

Though others had anticipated him, yet probably Dr. J. G. Millegan (in 1837) made the first lengthy statement concerning the sensual origin of religious ecstatic exaltation.

He says: "No definition of this state can equal that given by St. Theresa of her own feelings. By prayer she had attained what she called a celestial quietude,—a state of union, rapture, and ecstasy.*——* 'It was a voluptuous sensation such as one might experience when expiring in raptures in the bosom of our God.'*——* Zimmerman (in 'Solitude') relates two cases somewhat of a similar kind. Madame M. experienced effusions of divine love of a peculiar nature. She first fell into a state of ecstasy.*——* Suddenly she started up seizing one of her companions, exclaimed: 'Come, haste with me to follow and call love, for I cannot sufficiently call upon his name!'. A French young lady was the second instance of this affection. She also frequently lost the power of speech and all external senses, animated with a love divine, spending whole nights in ecstatic bliss, and rapturously embraced by her mystic lover. It is difficult, perhaps, to separate this amorous feeling from physical temperament; and the following remarks of Virey on the subject of St. Theresa, are most judicious: 'She possessed an ardent and sensitive disposition, transported, no doubt, by terrestrial affection, which she strove to exchange for a more exalted ardour for the Deity; for devotion and love are more or less of a similar character. Theresa was not fired by that adoration which is exclusively due to the infinite and invisible intelligence which rules the universe; but she fancied a sensible and anthropomorphic divinity; so much so, that she not infrequently reproached herself with bitterness that these raptures were not sufficiently unconnected with corporeal pleasures and voluptuous feelings.' "

Continuing, Dr. Millegan asks what other name than mental aberration "can be given to the ecstatic state of the Monks of Mount Athos, who pretended or fancied that they experienced celestial joys when gazing on their umbilics in converse with the Deity?" Another description of religious enthusiasts, our author concludes with these words: "The excesses of these maniacs were at last carried to so fearful an extent, and their religious ceremonies were so debased by obscenities, that the police were obliged to interfere."

After more illustrative discussion Dr. Millegan observes also this: "In Spain and Italy, religious melancholy and that most vexatious species of insanity called erotomania, are most common.*——* The ecstatic exaltation of religion and of love are not dissimilar.*——* Extremes of depravity and contrition do not unfrequently meet.*——* Emasculation was considered as rendering man totally unfit for prophetic revelation, indeed any holy inspiration; and we find in the first Deuteronomy that such subjects [as eunuchs] were not admissible to the service of the temple." ¹⁵

Henry Maudsley, the celebrated English alienist, has said much about the "spiritual orgasm," and tempts one to over-indulgence in quotation. He reminds us that contemporaries of St. Theresa "did not fail to discern a marked sensual flavor," in some of her raptures. "Sometimes in a voluptuous ecstasy or orgasm" this saint "felt herself received like St. Catherine of Sienna 'as a veritable spouse into the bosom of her Saviour.'" Maudsley expresses the opinion that such experiences were "little else than vicarious sexual orgasm."¹⁶

When St. Theresa became abbess she saw in hysterical nuns such invasions of sensuality as betray delusion and the work of Satan. Commenting on her effort at differentiation between these two, Maudsley says: "It is a distinction between love and lust which other authorities on like spiritual seizures were compelled, in face of the

15. Millengen's *Curiosities of Medical Experience*, Lond. 1837. See Chapters on Ecstatic Exaltation, Daemonomania, Enthusiasm, Flagellation, etc.

16. *Pathology of Mind*, (Appleton Edit. 1890. pp. 143-144.)

gross lubricity sometimes displayed in them, to make, just as it was necessary to discriminate between the mania which was the result of inspiration, a divine madness, and the mania which was madness. In various parts of the Confessions, St. Augustine's elaborate exposition of the inexpressible delights of heavenly love betray plainly their inspirations in the sensual delights of earthly love."¹⁷

With numerous other illustrations Dr. Maudsley concludes a most interesting discussion, which all should read who are interested in the psychology of religion.

"We find," observed Dr. J. Milner Fothergill, a noted English medical author, "that all religions have engaged and concerned themselves with sexual passion. From the times of Phallic worship, through Romish celibacy down to Mormonism, certain theologies have linked themselves markedly with man's reproductive instincts."¹⁸

To this, Dr. Daniel G. Brinton adds: "The remark is just, and is most conspicuously correct in strongly emotional temperaments.*——* Stimulate the religious sentiment and you arouse the passion of love, which will be directed as the temperament and individual culture prompts. Develop very prominently any one form of love, and by a native affinity it will seize upon and consecrate to its own use whatever religious aspirations the individual has. This is the general law of their relation."¹⁹

The eminent writer on mental disease, Schroeder von der Kolk, when speaking of the forms of melancholy arising from physical conditions remarks: "The patient who is melancholy from disorders of the generative organs, considers himself sinful. His depressed tone of mind passes over into religious melancholy; 'he is forsaken by God, he is lost.' All his afflictions have a religious color." He adds: "I venture to express my conviction that we should rarely err, if, in cases of religious melancholy, we assumed the sexual apparatus to be implicated."²⁰

17. Maudsley's *Causes and Supernatural Seemings*, pp. 249-257.

18. *Journal of Mental Science*, Oct. 1874, p. 198.

19. Brinton's *The Religious Sentiment*, pp. 61-73.

20. *Hand-book von de Pathologie on Therapie der Krankzinnigheid*, (1863, p. 139, of the Eng. Ed. here quoted from Havelock Ellis' "Studies in Psychology of Sex," and from "The Religious Sentiment" of Dr. Brinton.

In a similar strain, Dr. Feuchtersleben says: "In the female sex especially, the erotic delusion, unknown to the patient herself, often assumes the color of the religious."²¹

"The unaccomplished sexual design of nature," observes Dr. J. Thomas Dickson, while writing of the effects of the single life, leads to brooding over supposed miseries, which suggest devotion and religious exercise as the nepenthe to soothe the morbid longings."²²

Mr. Havelock Ellis has given us a summary of the conclusions of numerous alienists, from which the following are quoted: "The relationship of the sexual and religious emotions, like so many other of the essential characteristics of human nature, is seen in its nakedest shape by the alienist. Esquirol referred to this relationship, and many years ago, J. B. Friedrich, a German alienist of wide outlook and considerable insight, emphasized the connection between the sexual and the religious emotions, and brought forward illustrative cases."²³

"Regis, in France, lays it down that: 'there exists a close connection between mystic ideas and erotic ideas, and most often those two orders of conception are associated in insanity.'²⁴

"Berthier considered that erotic forms of insanity are those most frequently found in convents. Bevan Lewis points out how frequently religious exaltation occurs at puberty in women, and religious depression at the climacteric, the period of sexual decline."²⁵ 'Religion is very closely allied to love,' remarks Savage, and the love of woman and the worship of God are constantly sources of trouble in unstable youth; it is very interesting to note the frequency with which these two deep feelings are associated."²⁶

21. *Elements of Medical Psychology*, p. 218, requoted from Brinton.

22. *The Science and Practice of Medicine, in relation to mind*, p. 383, (N. Y. 1874) requoted from "The Religious Sentiment," p. 73.

23. Ellis, citing, *System der Gerichtlichen Psychologie*, 1842, pp. 266-68. *Allgemeine Diagnostik der psychischen Krankheiten*, pp. 247-251, Ed. of 1832.

24. Ellis, citing, *Manuel Pratique de Medicine Mentale*, 1892, p. 31.

25. Ellis, citing, *Text Book of Mental Diseases*, p. 393.

26. Ellis, citing, H. P. Savage, *Insanity*, 1886.

“ ‘Closely connected with salacity, particularly in women,’ remarks Conolly Norman when discussing mania, ‘is religious excitement.’²⁷ Ecstasy as we see in acute mental disease is probably always connected with sexual excitement, if not with sexual depravity. The same association is constantly seen in less extreme cases, and one of the commonest features in the conversation of an acutely maniacal woman is the intermingling of erotic and religious ideas.’ Ball, Brouardel, Morselli, C. H. Hughes,²⁸ to mention but a few names among many, have emphasized the same point.”²⁹

Spitzka, one of the foremost American alienists, concurred in these words: “All through the history of insanity the student has occasion to observe the close alliance of sexual and religious ideas, which may be partly accounted for because of the prominence which sexual themes have in most creeds, as illustrated even in ancient times by the Phallus worship of the Egyptians, the ceremonies of the Friga cultus of the Saxons, the frequent and detailed reference to sexual topics in the Koran and several other books of the kind; and which is further illustrated in the performance which, come down to a modern period, characterize the religious revivals and camp meetings, as they tincture their medieval model, the Münster Anabaptist movement.”³⁰

Krafft-Ebing, the renowned Austrian specialist on sexual insanity, deals briefly with the connection between holiness and the sexual emotion, and the special liability of the saints to sexual temptations. He thus states his own conclusions: “Religious and sexual emotional states, at the height of their development, exhibit a harmony in quantity and quality of excitement, and can thus in certain circumstances act vicariously.” “Both,” he adds, “can be converted into cruelty under pathological conditions.”³¹

27. Ellis, citing, Tuke's Dictionary of Psychological Medicine.

28. Erotopathia, in *Alienist and Neurologist*, Oct. 1893.

29. See also *Delire Religieux in Icard's La Femme pendant la periode Menstruelle*, p. 211-234. All restated from *Psychology of Sex, (Modesty)* p. 234.

30. *Manual of Insanity*, p. 39.

31. *Psychopathia Sexualis*, pp. 8 and 11, also p., 110 Chaddock's translation of seventh edition.

Dr. James Weir, who so far as I know, has made the only effort in this country toward gathering and publishing evidences bearing upon our theme, reaches the same conclusion. He says: "That there exists a relationship between the cultivated ethical emotions, religious feelings and the essentially natural physio-psychical function, sexual desire or libido, is a fact noticed and commented on by many thinkers and writers. The literature of the subject, is, however, exceedingly fragmentary and disconnected, no author having devoted as much as one thousand words to this very interesting psychical phenomenon. Throughout thousands and thousands of years religious feeling and sexual desire, the component parts of phallic adoration, were intimately associated; finally religiosexuality became an instinct."³²

"The current opinion that woman is religious is equally erroneous. Female mysticism, when it is anything more than mere superstition, is either thinly veiled sexuality (the identification of the Deity and the lover has been frequently discussed, as, for instance, in Maupassant's 'Bel-Ami' or in Hauptmann's 'Hannele's Himmelfahrt') as in numberless spiritualists and theosophists, or it is a mere passive and unconscious acceptance of man's religious views which are clung to the more firmly because of a woman's natural disinclination for them. The lover is transformed into a Saviour; very readily (as is well known to be the case with many nuns) the Saviour becomes the lover. All the great women visionaries known to history were hysterical; the most famous Santa Teresa, was not misnamed 'the patron saint of hysteria.'

"All through Hecker's Epidemics of the Middle Ages one is, by the facts recited, constantly reminded that religious enthusiasm must be a most powerful aphrodisiac. He speculates but briefly over the matter, and with these words: 'An overstrained bigotry' says Hecker, 'is, in itself, and considered from a medical point of view, a destructive irritation of the senses, which draws men away from the efficiency of mental freedom, and peculiarly favors

32. Religion and Lust, pp. 92-110.

the most injurious emotions. Sensual ebullitions, with strong convulsions of the nerves, appear sooner or later, and insanity, suicidal disgust of life, and incurable nervous disorders, are but too frequently the consequence of a perverse, and indeed, hypocritical zeal, which has ever prevailed, as well in the assemblies of the Maenades and Corybantes of antiquity, as under the semblance of religion among the Christians and Mohammedans.'

"This religious receptivity in early life has been frequently noted by careful observers. It seems as though the agitation caused by a mysterious access of vitality, and the consciousness of physical changes of momentous, though unknown, import, predisposed the troubled mind to seek repose within the sheltering guidance of religion.*-*"

"The above instances fairly establish the fact that widely dissimilar as appear the motives which originate religious emotion and sexual desire, and divergent as may be their psychical operations, there subsists between them an occult yet indissoluble bond. Probably, could we know the secret history of many a rigid adherent to church doctrines and observances, we should find that there is little occasion to scrutinize the records of remote times and places to discover what, there is every reason to believe, exists in our midst."³³

"Murisier, in an able study of the psychology of religious ecstasy, justly protests against too crude an explanation of its nature though at the same time he admits that, 'the passion of the religious ecstatic lacks nothing of what goes to make up sexual love, not even jealousy.'³⁴

Havelock Ellis, the distinguished English author of "Studies in the Psychology of Sex," whose valuable researches I have made great use of, in a concluding paragraph, uses these words to express his own opinion: "There is certainly, as I have tried to indicate, good reason to think that the action and inter-action between the spheres of sexual and religious emotion are very intimate. The obscure promptings of the organism at

33. Butler's *Love and its Affinities*, p. 74 to 81.

34. *Le Sentiment Religieux dans L'Extase*: I requote from *Studies in Psychology of Sex*, (Modesty) 235.

puberty frequently assume, on the psychic side, a wholly religious character; the activity of the religious emotions sometimes tends to pass over into the sexual region; the suppression of the sexual emotions often furnishes a powerful reservoir of energy to the religious emotions; occasionally the suppressed sexual emotions break through all obstacles."³⁵

In Italy we find Dr. Paul Mantegazza also asserting the similarity of religious and fleshly love. He says: "According to the temperament of the particular person, Mysticism leads either to a contemplative (melancholia) asceticism, or to a human love. When it teaches that highest exaltation for religion's sake to do good, the ecstasy always assumes the character of mysticism, which it surrounds and guilds with an occult mantle of beauty.*——* Love in its highest degree of intensity resembles nothing so much as religious ecstasy.*——* To the ecstatic woman, God is always her heavenly bridegroom. In this earthly life devotion is the highest form of love. In the religious life devotion is the ordinary form of love which man feels for his God, or the other supernatural beings which his fantasy creates.*——* Devotion almost unavoidably results in prostration which others call the humiliation of the creature before the Creator. This prostration is not only an expression of Christian humiliation but is the natural form of all strong love."³⁶

Tarnowsky, the best known Russian specialist in sexual psychology says: "The development of satyriasis is principally attributed to sexual abstinence, particularly under the influence of religious conviction."³⁷

No collection of such opinions as this could approximate completeness without adding the convictions of the far-famed Dr. Max Nordau. He says: "Now it is known that certain organic nerve-centers, the sexual centers, namely, in the spinal cord and the medulla oblongata, are frequently malformed, or morbidly irri-

35. *Psychology of Sex*, p. 244. (Modesty).

36. *Die Ekstasen des Menschen*, pp. 75-170-172-179.

37. *The Sexual Instinct and its Morbid Manifestations*, p. 88.

tated among the degenerate. The stimuli proceeding from them therefore awaken, in the brain of patients of this sort, presentations which are more or less remotely connected with the sexual activity. In the consciousness, therefore, of such a subject there always exist among the other presentations which are aroused by the varying stimuli of the external world, presentations of a sexual character, erotic thoughts being associated with every impression of beings and things. In this way he attains to a state of mind in which he divines mysterious relations among all possible objective phenomena, e. g., a railway train, the title of his newspaper, a piano on the one hand, and a woman on the other; and feels emotions of an erotic nature at sights, words, odours, which would produce no such impressions on the mind of a sound person, emotions, which he refers to unknown qualities in those sights, minds, etc. Hence it comes that in most cases mysticism distinctly takes on a decidedly erotic coloring, and the mystic, if he interprets his inchoate liminal presentations, always tends to ascribe to them an erotic import. The mixture of super-sensuousness and sensuality, of religious and amorous rapture which characterizes mystic thought, has been noticed even by those observers who do not understand in what way it is brought about.*——* Mysticism is always accompanied by eroticism, especially in the degenerate, whose emotionalism has its chief source in morbidly excited states of the sexual centers."³⁸

Kirsch, the distinguished German alienist who took up the discussion of Degeneration in reply to Nordau, while writing of the epidemics of the Middle Ages, says: "The religious delusion was, as is commonly the case, connected with states of sexual excitement and of delusion belonging thereto."³⁹

Dr. Steingiesser of Berlin, the author of "Sexuelle Irrwege," writes this: "All through the lives of the saints for the last two thousand years, as a red thread running

38. *Degeneration*, pp. 61 and 188.

39. *Genius and Degeneration*, p. 176.

through all the ascetics, with rare exception, we see evidences of sexual disorder, and with scarce an omission, we find every degree of perversion, from the simplest sexual hyperæstheticism up to sadism, as I have described them in my book on 'Sexuelle Irrwege,' (Berlin 1901.) Only through such knowledge, that which heretofore seemed an insoluble riddle, has now become clear, and only by assuming a perversion, can we dispel the darkness which has hitherto obscured the lives of innumerable ascetics.*——* More interesting and plain the female ascetics and fanatics show all the symptoms which point to a relationship between religion and sex-feeling, and from the ecstatic and hysterical Madame Guyon, the spiritual devotee of Port Royal and contemporary of Pascal, to the hysterical, epileptic Catherine of Siena, we have before us all grades of sexual degenerates, in whose lives we find a more clear and certain verification of my above announced thesis."⁴⁰

Prof. August Forel, a Swiss physician, gives a number of illustrations not elsewhere found of religio-sexual abnormalities. He records one case of ecstasy which seems undoubtedly to describe the religious ecstatic without any religious interpretation or verbiage. "Ein geistes-Kranker bezeichnete in seiner Druckschrift seine pathologischen sexuellen Gefühle als psycho-sexuellen Kontakt per actio in Distanz!" Forel thus generalized his observations: "A large number of religious rites and usages are nothing but the worked-over customs of the sex-life (in its broadest sense) and many dogmas serve only to give these sex-customs a religious foundation, to enhance their authority. Thence they react and work mightily upon our sex-lives and our whole conception of it."⁴¹

Doctors Lauret and Nagour have made an extensive study of the relation of occultism and love. From a hundred pages I take space only to translate two paragraphs. "Without mentioning the cult of the holy prepuce (of Jesus) which is the analogue of the heathenish

40. *Geschlechtsleben der Heiligen*, (Berlin 1902) pp. 8-9.

41. Prof. Aug. Forel's *Die Sexuelle Frage*, pp. 367-377. (Munich, 1906 Ed.)

sacrifice to Priapus, it is undoubted, by those who understand the relation between religious and erotic emotions, that the ethereal passion for the Virgin Mary, as the same is cherished by young priests and even serious theologians, portray only a peculiar effusion of erotomania, and show that a glowing sex passion inspired the writing of these celibates. Knight von Cadenberg, formerly a pupil at the polytechnic school, in his book 'Le monde spirituel et la science chretienne,' informs us of his relations with an incubus, which assumed the form of the Virgin."⁴²

THE ACADEMIC PSYCHOLOGIST

Having now reviewed briefly the opinions of historians and of medical experts, it is fitting to pass on to the opinions of some professional psychologists. Here will be included the opinions of those who have specialized broadly on the subject of psychology as distinguished from those who have specialized upon insanities as an incident to or specialty within the medical profession. Now for the first time I find some conflict of opinion, for such men as the late Prof. James rather flout the idea of a causal relation between sex psychic sensation and religion. These adverse opinions will be critically studied at another time. Here will be presented only the opinions of those psychologists whose views contribute toward the development of a working hypothesis concerning the erotic origin of all religion.

Prof. James H. Leuba, after making a psychological study of a group of Christian Mystics, reached these conclusions: "In renouncing the work of the flesh—as most of the great Christian Mystics have done—they do not give up the passionate enjoyment which it yields. They are still ready, nay, eager, to secure carnal delights, provided it may be obtained otherwise than through the ordinary channels of sexual gratification. One of the greatest attractions of Mystical ecstasy is the presence in it of those voluptuous feelings. Ecstasy is, as we shall see, a love trance, so far as our Mystics are concerned.

42. Okkultismus und Liebe, pp. 76-77.

Saint Theresa tells us that she usually enjoyed intoxicating delights in the company of Jesus. Ruysbroek declares that 'the pleasure is greater, more voluptuous, for the body, and for the soul, than all those the world may give.' This experience is not peculiar to one or another of the Christian Mystics; it is a trait common to them all. The voluptuous excitement in which they are at times plunged may be paralleled only by the most passionate physical love. Mme. Guyon, frigid towards her husband, wrote of Jesus Christ, with whom she had contracted a so-called mystical marriage: 'I love Him so that I can love no one but Him. I have lost every other inclination of appetite.' Speaking later on of that period of her life, she said: 'I was like one of those drunkards, or one of those lovers who think only of the object of their passion.'

"For information as to the physical seat of this pleasure, we may go to Saint Theresa herself. She had at times angelic visitors. Once the vision of a very small and very beautiful angel was granted her. He held in his hand a long shaft tipped with fire. Every once in a while he would plunge it into her heart and push it down into the bowels. As he withdrew it, it was, she says: 'As if my bowels would be torn away and I was left burning with the love of God.'

"Take in connection with the preceding, the interesting case quoted by Havelock Ellis, in his *Psychological Study in Auto-Erotism*. A woman physician, a disciple of the Brotherhood of the New Life, founded by T. L. Harris, describes thus one of her religious experiences: 'One morning I awoke with a strange new feeling in the womb, which lasted for a day or two; I was so very happy, but the joy was in my womb, not in my heart.' The difference between these two experiences, so far as the point at issue is concerned, is that the woman physician says womb, and the Spanish saint says bowels.

"The sexual origin of at least the most intense and highest (according to their own valuation) of the divine raptures cannot be denied. They result from the setting

into activity of at least some of the organs of the sexual life, to an extent varying with each person, and always without his knowledge. It is a distinct form of erotomania."⁴³

Dr. Josiah Moses, Ph. D., is the latest psychologist to bear testimony to the connection between religion and lust. I will quote him at some length.

"There is a natural dynamic relationship between religion and sex; the two are inextricably interwoven, so to speak, and influence each other at every turn. In the biographies and autobiographies of saints, both male and female, of monks, nuns and enthusiastic religionists in general we find that sexual disturbances irradiate and produce marked religious disturbances such as erotic trances, visions, hallucinations, mystic experiences, etc. Unable to express itself naturally the sexual impulse finds an outlet in a more or less sensuous love of God, Christ or the Virgin Mary."⁴⁴

In another place the same author adds this: "Likewise the religious impulse, when overwrought, breaks through its natural bonds and spends itself in sexual orgies. In the religious ceremonies of the Christs, for example, a peculiar mystical sect in Russia, after the performance of a series of hysterical acts, such as rapid whirling around on their heels, loud singing and stamping, wild and uncontrolled laughing, yelling, contortions, mutual flagellation, tearing off their clothes, running wildly, throwing themselves on the ground, walking on all fours, sitting on each others' backs, etc., which continued late in the night, they threw themselves pell mell, men and women, on beds, benches, on the ground, and abandoned themselves to indescribable forms of depravity. 'The carnal love which we experience for our sisters 'they say, in justification of their licentiousness,' is sanctified by the presence of the Holy Spirit among us.' Even more degrading are the closing scenes of the ceremonies of another kindred Russian sect, Skoptsy. Similar phenom-

43. *Mind* (of London) for Jan., 1905 p. 16-17.

44. *American Journal of Religious Psychology*, Vol. 1, p. 229.

ena obtained in the festival of Venus, the Bacchanalia, Floralia, Saturnalia, Liberalia and others, not only of the early Greeks and Romans, but also of the European nations until almost recent times.

“Of the influence of sex on religion there are also very many examples. Mme. Guyon, whose married life was loveless and most unhappy, cried, ‘I wish the Divine love, the love which puts me in a swoon.’ And later, when she had experienced the mystic union with God, she wrote: ‘O! my God, if you should make the most sensual persons feel what I feel, they would soon leave their false pleasures to enjoy one so true.’ Another mystic, Ruysbroeck, sought and found in God an enjoyment, ‘more voluptuous for the body and soul than all other earthly pleasures.’ Numerous other erotic mystics, especially the female ones, such as St. Teresa, Catherine of Sienna, and St. Gertrude, who experienced mystical ‘marriages with God,’ express themselves in similar strains. Of the first, James says, ‘In the main, her idea of religion seems to have been that of an endless amatory flirtation—if one may say so without irreverence—between the devotee and the Deity.’ And to the last we read, that one day, ‘Suffering from a headache, she sought, for the glory of God, to relieve herself by holding certain odoriferous substances in her mouth, when the Lord appeared to her to lean over towards her lovingly, and to find comfort Himself in these odors. After having gently breathed them in, He arose, and said with a gratified air to the saints, as if contented with what he had done: ‘See the new present which my betrothed has given me!’

“One day at chapel, she heard supernaturally sung, the words, ‘Sanctus, Sanctus, Sanctus.’ The Son of God leaning towards her like a sweet lover, and giving to her soul the softest kiss, said to her at the second Sanctus: ‘In this sanctity of my divinity and of my humanity, and let it be to thee a sufficient preparation for the approaching communion table.’ And the next Sunday, while she was thanking God for this favor, behold the Son of God, more beauteous than thousands of angels, takes

her in His arms as if He were proud of her, and presents her to God, the Father, in that perfection of sanctity with which He had dowered her. And the Father took such delight in this soul thus presented by His only Son, that, as if unable longer to restrain Himself, He gave her, and the Holy Ghost gave her also, the sanctity attributed to each by His own Sanctus, and thus remained endowed with the plenary fullness of the blessing of Sanctity, bestowed on her by Omnipotence, by Wisdom, and by Love.

“Francis Parkman states that the nuns sent over to America in colonization days were frequently seized with religio-sexual frenzy. ‘She heard,’ he writes of Maria de L’Incarnation, ‘in a trance, a miraculous voice. It was that of Christ, promising to become her spouse. Months and years passed, full of troubled hopes and fears, when again the voice sounded in her ear, with assurance that the promise was fulfilled, and that she was indeed his bride. Now ensued phenomena which are not infrequent among Roman Catholic female devotees when unmarried or married unhappily, and which have their source in the necessities of a woman’s nature. To her excited thought, her divine spouse became a living presence and her language to Him, as recorded by herself, is of intense passion. She went to prayer, agitated and tremulous, as if to a meeting with an earthly lover. ‘Oh my Love!’ She exclaimed, ‘when shall I embrace you? Have You no pity on the torments that I suffer? Alas! my love! my beauty! my life! Instead of healing my pain You take pleasure in it. Come let me embrace You; and die in Your sacred arms!’

“This vital, interdependent relationship between the two impulses is so marked that, with perhaps only one exception, Prof. Wm. J. James, all who have given the matter serious thought have been forcibly impressed by it.”⁴⁵

Pres. G. Stanley Hall of Clark University, has more elaborately studied the parallelisms between religious

45. *Pathological Aspect of Religion*, pp. 15 to 18.

and sexual love; these are condensed for us by Dr. Moses and I therefore requote Pres. Hall's sentiments from Dr. Moses, chiefly in the latter's words: "It is no accidental synchronism of unrelated events that the age of religion and that of sexual maturity coincide, any more than that senescence has its own type of religiosity, nor is religion degraded by the recognition of this intimate relationship, save to those who either think vilely of sex or who lack insight into its real psychic nature and so fail to realize how indissoluble is the bond that God and nature have wrought between religion and love. Perhaps Plato is right, and love of the good, beautiful, and true is only love of sex transfigured and transcendentalized; but the Gospel is better, which makes sex love at the best the type and symbol of love of God and man.*——*

"The attitude of the lover and religionist towards death is the same. The fanatic rushes into the very jaws of death to avenge an insult to his God; the ardent lover does as much for his offended lady love. The mystic yearns for death that he may become one with God; the lover that he may become 'the air that surrounds, the breeze that fans, or the ornament that adorns his beloved.'

"The soul in both is highly sensitive to nature. Both love and religion draw the curtains from the eyes of their votaries and their beauties in nature to which they were previously blind. Jonathan Edwards, the God-intoxicated man of America, tells us that after his conversion, 'the appearance of everything altered; there seemed to be, as it were, a calm, sweet cast or appearance of divine glory in almost everything, God's excellency, his wisdom, His purity, and love seemed to appear in everything—in the sun, moon, stars; in clouds, and blue sky; in the grass, flowers, trees; in the water and all nature, which used greatly to fix my mind. I often used to sit and view the moon from continuance, and in the day spent much time in viewing the clouds and sky, to behold the sweet glory of God on these things; in the mean

time singing forth, with a low voice, my contemplations of the Creator and Redeemer.*——* Before I used to be uncommonly terrified with thunder, and to be struck with terror when I saw a thunderstorm arising; but now, on the contrary it rejoiced me. I felt God, so to speak, at the first appearance of a thunderstorm, and used to take the opportunity at such a time, to fix myself in order to view the clouds and see the lightnings play, and hear the majestic and awful voice of God's thunder, which oftentimes was exceedingly entertaining, leading me to sweet contemplations of my great and glorious God.

"For the amorist too, do the sun, moon and stars, the clouds and blue sky, the flowers, grass and trees, the winds and streams take on a new aspect and meaning, but to him they suggest not so much the glory of God as the rare beauty and sweet qualities of his *Dulcinea*.

"Love builds and decorates its nests and homes; religion its towers and altars, its shrines, temples and cathedrals.

"Both love and religion are subject to the laws of rhythm. Now the lover is elated with joy, now depressed with sadness; the religionist now despises and scourges himself, and now is ravished with delight because he has received some token of divine favor.

"Music and verse, the song and dance are vehicles of expression for both. 'Music is the language of the feelings as speech is of the intellect, and the theme of by far the most music of the world is either love or religion. The melodies of the one often strangely fit the words of the other, while songs and hymns have always been one of the potent aphrodisiacs of religious affection, and will remain so as long as man is thumic or pectoral and must have emotion.'

"Both have their fetiches—rings, tresses, handkerchiefs, and every article of dress or ornament, any one of which may and has become the only object capable of arousing genesic states. The very name assigned them, amatory fetiches, is significant. So in the history of religion, men have made idols of almost every object

in nature which has been focused on to arouse crude and perverse religious feelings and sentiments. There is almost nothing that has not been worshipped, and there is a long catalogue of even scatological religious rites. Nearly every act and attitude have somewhere been regarded as worship, and also have elsewhere been used as passionate provocatives.'

"Just as man has been made by woman in manifold ways and he in turn has made her, so, too, has man been made by God, and in turn made Him in his own image.

"Both hunger for a larger and fuller life, and the best work of each is to keep the other pure."⁴⁶

"Love is the greatest thing in the world for both the religionist and the amourist. Its praise is in superlatives, for all else is dross. We must love with all our might and strength. Both furnish in their sphere the strongest motive both to assert and to renounce the will to live. They are exalted and degraded together, and the best work of each is to keep the other pure. Religion is at its best when its earthly image is most spotless and untarnished, and love is at its best where religion is purest and most undefiled. Just as this relationship seems to degrade religion only by those whose ideals or cults of love are lower, undeveloped, so those who dispraise religion have not realized how indispensable it is to perfect love. How central this thought was in the mind of Jesus many parables and sayings attest. True piety is earthly love transcendentalized, and the saint is the lover purified, refined and perfected. To have attained this insight, to have organized it into life, cult, and a Church, is the supreme claim of Jesus upon the gratitude, reverence, and awe of the human heart.*——*

"Christianity gives a yet higher interpretation of love—the greatest power of the soul fixed upon the greatest object, God, and next to him, man. Those both pray and serve best who love most. To the Christian, God himself is love, and without the Pauline charity

46. *Pathological Aspect of Religion*, pp. 20 to 22, restating Hall's *Adolescence*, Vol. 2, pp. 295-301.

or love, all is sounding brass or tinkling cymbals. The very end and essence of both moral and religious culture is to conceive and cultivate love in the purest, loftiest, and most all-comprehending way. We saw in Chapter VI how often in fact the sting of sin lies in the sphere of sex, and phallic worship shows how religion itself can grovel. If true love is the religion of the flesh, true religion is the love of the spirit."⁴⁷

IN CONCLUSION.

Here we have the concurring opinion of historians, devout and non-religious, agreeing substantially that the world-over, and without distinction as between different religions, there appears always a concomitance of religious enthusiasm and sensual enthusiasm. The practical universality of such synchrones in themselves are very strong proof of a causal relation between the two.

The alienists and psychologists who have been quoted, have been a little more specific in pointing out how, a sexual longing, abnormally intense, creates an hallucination of the experience longed for, and how a consciousness that the experience is not of the normal physical type, but psychic in character, produces in the attempt at explanation all those mystical verbalisms by which are described those experiences which are usually miscalled "spiritual," or "transcendental." Here there is more or less definitely the recognition that in their essences religious ecstasy and erotic ecstasy are indistinguishable, at least in their respective insanities. In so far as some of these authors have treated this as a peculiarity of the abnormal states, and therefore unrelated to the normal functioning, I believe they have erred. The abnormal manifestations should rather be utilized to aid us in understanding the normal. Not one of the authors who has discussed this question of the interdependence of religion and its sensual co-relate, has claimed the development of these abnormalities to involve even the least change in the nature or relationship of religion and erotism to one another. This strengthens

47. Hall's *Adolescence*, pp. 294-295-314.

the inference that the relationship is absolutely the same in the normal condition as these experts found it to be in the abnormal, although in the latter there is an extravagant augmentation of their importance, relative to other phases of life. We thus confirm in this particular a deduction made from the more general truth that insanity "consists in relative augmentation or diminution of healthy conditions" without any change in essential causal relations. I therefore conclude that whatever is conspicuously true, of the relation of religion and sex, in pathologic cases and in those great enthusiasms which mark the borderland between health and disease, must be equally true, though less conspicuously so, in all cases of perfectly healthy religionists.

Here we must not overlook those numerous clergymen who have assured us of an observed connection between religion and erotism. Among Christian sects the most frequent and the most effective reproach, sought for and always made, against heretical sects or individuals, is that of unorthodoxy of behavior in relation to sex. From what has preceded this result must be expected, not only because a deviation from the normal in the sexual life is to be expected, on the part of those whose religious enthusiasm has become abnormally intense, but also because the religious critic, by very reason of the conditions which make him religious, is predisposed to search for sexual irregularity, as the most probable and at the same time, from his viewpoint of its exaggerated importance, the most damning criticism that could be made. This results from the predisposition of all humans to seek and see most easily, in their opponents, all those sins which they themselves are most tempted to commit, and the repression of which is to them the most difficult. Because the temptation to them the most torturing "virtue" it is to that extent also esteemed to be the one for which they expect most praise, and for ignoring which others are entitled to severest condemnation.

It is a psychologic principle that when a person shows very intense feeling in regard to some one idea, out of all proportion to the relative importance of that idea measured by objective standards, the abnormal intensity is not due to the idea itself but to some unbearable associated idea which the victim is most anxious to conceal. The method quite unconsciously adopted is the old, old one of the thief crying "stop thief"—of concealing an excessive sensualism in one's self by the extravagant denunciation of sexual irregularities in those whom we oppose and an equally irrational overvaluation of the importance of our own sexual orthodoxy and that of our friends. I believe it is by this psychologic law that we must explain the fact that all religions, especially all religious enthusiasts, so extravagantly overestimate both the sacredness and sinfulness of sex. Thus we again conclude that there is not only a concurrence but some causal relation between the sex and religious conditions.

Now I must say a few words about the nature of this relationship, and here let me draw chiefly upon the clergymen.⁴⁸ One says this of rapturous enthusiasms: "It cannot be denied but that the fuel of them is usually natural." Another writes of divine love as self love "touched with some fleshly apprehensions of divine things and excited by them." Another in writing about "a mixture of natural love to the opposite sex, with Christian and divine love" explains it by saying that because the enthusiast finds himself with "more vehement motions of his animal spirits, thinks himself fuller of the spirit of God." Rev. Chas. Chauncey says that "some have been made sensible, their joy was nothing more than a mere sensitive passion." Baring-Gould testifies that "Spiritual exaltation runs naturally inevitably into licentiousness." And yet another divine informs us that when unhallowed men get to expounding scripture there is something "very delicious to the fleshly appetites of men,"

48. See Religion and Sensualism as connected by Clergymen, *Am. Jour. of Religions Psychology*, May, 1908. Vol. 3, p. 16.

and goes on to say that true religion does not consist in the "glowing heats of passion though these are often mistaken for it." So it comes that: "'Tis an experimental truth that passion is a great instrument of devotion," and "young converts are apt to ascribe to the operation of the Holy Ghost what is owing to the mechanism of the body."

In these clerical admissions there is a very clear recognition that in the cases observed religious experiences were only sexual ecstasies, not identified as such, and therefore under operation of appropriate suggestion these would be readily transcendentalized, thus interpreting them as the operation of the Holy Ghost, the inward miracle of grace, the testimony of the wee small voice within, certifying to the truth of any accidentally associated theology, moral code, or religious ceremonial. The same isolated facts which these clergymen thus interpreted, our historians have found to exist everywhere as the accompaniment of religion, and some of our alienists have made the same interpretation in the case of religious insanities.

I propose now that the interpretation of the theologian as to the sexual nature of religious enthusiasms; the historian's findings of the geographical universality of similar facts; the alienist's interpretation of religious insanities and the deduction which has been made from these; the facts known about primitive and prehistoric phallic worship which under the well known formula of the law of evolution must be reproduced in condensed recapitulation in the religious life of the individual; all this I propose to combine inductively in one comprehensive generalization. This generalization shall be my working hypothesis for further investigation, and it must be stated somewhat as follows:

All religion, at all times, and everywhere in its differential essence is only a sex ecstasy, seldom recognized to be that, and therefore, the more easily and quite uniformly, misinterpreted as a mysterious and "transcendental," or super-physical, indiscriminating wit-

ness to the inerrancy of all those varying and often contradictory doctrines and ceremonials of superphysical value in the promotion of present ecstatic or post mortem wellbeing and which, in the believing person, happens to be associated with and conceived as attached to the feeling-testimony. Thus it is that all variety of religionists know because they feel and are firmly convinced in proportion as they are strongly agitated. When we have correctly weighed the probative force of these "feelings," as evidence for or against any theologic religious or moral doctrine, and discover their essence, we will have abolished dualism and spiritism, and finally establish as irrefutable the essentials of materialist monism.

SELECTIONS.

NEUROSURGERY.

PURPOSE OF ANCIENT TREPHINING.—Fractures of the skull among the Kabyles are practically unknown. None of the prehistoric trephined skulls show any evidence of a fracture. Unless the entire fractured area was wholly removed in every instance, which is regarded as improbable, Lucas-Championniere concludes that the purpose of neolithic and pre-Columbian trephining was the same as that of semi-civilized races today, namely, the relief of headache. In other words, the primitive surgeon, with his sharpened flint, had practised cerebral decompression just as it is advocated in modern cranial surgery.—N. Y. Med. Rec.

NEUROPROGNOSIS.

HIGH BLOOD PRESSURE.—W. Edgecombe presents the following summary of his experiences: The measurement of blood-pressure by the mercurial manometer is, on the whole, reliable, and furnishes a useful clinical guide. There is a condition of "functional" or "neurotic" high blood-pressure not due to arteriosclerosis. In the majority of cases of "functional" high blood-pressure, direct treatment is unnecessary and may be harmful. "Functional" high blood-pressure does not readily lead to arteriosclerosis. The significance of high blood-pressure as a symptom is less serious than is usually supposed. The treatment of early cases of hyperpiesis is imperative and is usually

satisfactory. Spa treatment gives the best results. The treatment of developed arteriosclerosis is unsatisfactory and should be mainly by general measures and periodic spa treatment rather than by drugs. Excess of treatment may be harmful as liable to accelerate cardiac defect. The prognosis in cases of high blood-pressure is less gloomy than usually considered.—Royal Society of Medicine. *Med. Rec.*, N. Y., Aug. 2, 1913. Opposite this excerpt, page 204, may be found apropos good reading in Beverly Robinson's *Obsession*.

NEURODIAGNOSIS.

DIAGNOSIS OF CONVULSIONS BY LEUCOCYTE COUNT.—Joedeke (*Muench. Med. Wochenschr.*) claims that a trustworthy method of differentiating between hysteria and epilepsy and one that cannot be imitated, is the behavior of the white corpuscles.

While these cells show no change whatever after a hysterical attack, they increase greatly in numbers after a genuine epileptic seizure. Leucocytoses of more than 20,000 are not uncommon. They drop rapidly after the convulsions cease, and soon attain normal again.—Bryce W. Fontaine's excerpt, in *Memph. Med. Month.*

MEASUREMENTS OF PAIN.—Arthur MacDonald of Washington, D. C. gives some of his results of pain measurements on different classes of individuals, in all, 2311, as follows:

1. In general the sensibility to pain decreases as age increases. The left temple is more sensitive than the right. This accords with former experiments that the left hand is more sensitive to pain than the right hand.

2. Girls in private schools, who are generally of wealthy parents, are much more sensitive to pain than girls in the public schools. It would appear that refinements and luxuries tend to increase sensitiveness

to pain. The hardihood which the great majority must experience seems advantageous. This also accords with our previous measurements, that the non-laboring (professional and mercantile) classes are more sensitive to pain than the laboring classes.

3. University women are more sensitive than washer-women, but less sensitive than business women. There seems, however, to be no necessary relation between intellectual development and pain sensitiveness. Obtuseness to pain appears to be due more to hardihood in early life.

4. Self-educated women, who are not trained in universities, are more sensitive than business women. The greater sensitiveness of self-educated women as compared with university women may be due to the over-taxing of the nervous system of the former in their unequal struggle after knowledge.

5. Girls in the public schools are more sensitive at all ages than boys. This agrees with the results of our previous measurements that women are more sensitive to pain than men. But this does not necessarily refer to endurance of pain.

These measurements of least disagreeableness, or of threshold of pain, are approximate measurements of the combination of nerve, feeling, and idea. Which one of these elements influences the combined result most would be difficult to say.

Some of these statements merit further consideration and more extended confirmation.

PSYCHOTHERAPY

PSYCHOTHERAPY AT BATTLE CREEK.—“The American Florist” calls attention to the efficacy of flowers in cheering

the sick and thus aiding in their recovery. It cites the Battle Creek Sanitarium, at Battle Creek, Mich. as carrying out this idea most specifically. Here, physicians actually prescribe flowers for patients, just as they would order massage or an application of electricity. After an operation, or if a sick person feels particularly depressed in spirits, a blooming plant or a vase of flowers is sent to his or her room, and the effect is often pronounced. Of course, women are more susceptible to this influence than men, but some of the male invalids take a surprising lot of comfort from this "medicine."
—Can. Jour. Med. & Surg.

This is often the manner of our best hospitals for the insane and a good practice for any hospital, medical or surgical. All cheerful brain and mind entoning instrumentalities should be therapeutically employed in our hospitals.

CLINICAL NEUROLOGY

UNCERTAINTY OF DIAGNOSIS IN GENERAL PARALYSIS.—This uncertainty of diagnosis was well illustrated by the fifty-four cases upon which Wassermann and Plaut first started their syphilitic investigations, when the one thing they desired was clinically certain material from the institutions of Berlin and Munich. They were informed that "no doubt of the diagnosis of paresis could exist," for the cerebro-spinal fluid came from cases almost all of which were in the "undoubted advanced" stage of the disease, or were "ordinary straightforward cases" of "clinically undoubted" general paralysis. In spite of every precaution three cases of mistaken diagnosis were found after death in the fifty-four cases, an error of nearly 6 per cent.

A most instructive investigation into this subject was made a few years ago in America by Southard.

He followed to the post-mortem room and the laboratory forty-one well-marked cases in which the entire medical staff of an asylum had unanimously agreed on clinical grounds that the diagnosis of general paralysis was certain. He found on examination after death that there were six errors of diagnosis in the forty-one cases, or 15 per cent. From my own experience I am certain that this is not an over-estimation, and if an attempt were made to diagnose not merely well-marked but also early cases, and those showing slight clinical phenomena, the error would be much greater.

Caution was recommended by the most experienced physicians of the past, who pointed out that as the diagnosis of general paralysis was tantamount to passing sentence of death on the patient, every other possibility should be excluded before coming to this conclusion. Much likewise required to be excluded, for there were at least ten other conditions from which a differential diagnosis might have to be made. These included alcoholic and syphilitic insanity, senile insanity, and organic brain disease with paralysis, traumatic insanity, certain toxic conditions and neurasthenic states, epilepsy, mania, and imbecility. It was often impossible to arrive at a definite diagnosis, and this was especially the case with certain forms of alcoholic insanity resembling the confusional psychoses of Korsakoff. A provisional diagnosis only could be made, and the course of disease watched, for any other policy sooner or later led to most regrettable mistakes. In cases of organic brain disease with paresis similar mistakes were also liable to occur. Neurasthenic states in middle-aged men who had been exposed to infection from syphilis often gave great anxiety, and in doubtful senile cases above sixty-four, owing to difficulties and uncertainties, a diagnosis of general paralysis was seldom made.—Robertson Morrison Lecture in Jour. Nerv. & Ment. Dis., April, 1913. 1st Art. "Early Diag. G. P. I."

NEW DIAGNOSIS OF PARESIS.—The methods of investigating general paralysis have now been revolutionized,

and its diagnosis has been placed on a sure basis by the six new serum and spinal fluid reactions and tests. The method of diagnosing it now consists of two processes which are complementary. There is first the clinical process in which the patient is examined by the usual methods employed in psychology and neurology. If, as a result of this examination, the presence of general paralysis be suspected, it is then necessary to apply the second or laboratory process to verify this first impression. The employment of the latter resembles chemical analysis in the method of its application and in the certitude of its results. By obtaining certain, definite reactions in sequence and noting the presence of certain positive signs in association with the clinical symptoms, an accurate diagnosis can almost always be made. There are only two conditions in which there is any uncertainty with regard to the presence of general paralysis, namely, when mental symptoms exist in association with its twin sister, tabes, or its first cousin, cerebro-spinal syphilis.

It is not the author's intention to give a description of the classical symptoms of general paralysis, as these can be found in any text-book. But rather to arouse suspicion of the presence of the disease at an early stage by drawing attention to those symptoms, often not serious in themselves, which appear early. In the past such suspicions would have been futile had they arisen, for nothing further could have been done to complete the diagnosis but to await developments. Now we can apply the laboratory tests referred to, and in almost every case say definitely and at once whether general paralysis be present or not.—Dr. Geo. M. Robertson Morrison Lecture in Jour. Ment. Sci., April.

The author adds the following mental symptoms to the above:

“The fundamental symptom of general paralysis is enfeeblement of function. There is a steady process of deterioration going on, producing first impairment and finally destruction or paralysis of the mind, known

as dementia. Weakness of judgment, loss of memory, and a blunting of the sensibilities are present in one shape or another in every case, and these are the characteristic symptoms. In the early stages the patient is not insane: he is merely a changed man. There is an alteration in his intelligence, character, habits, and feelings, and this change is for the worse. He may continue to do his work, though in a more mechanical and less efficient way than before, and it costs him a greater effort. Forgetfulness is usually a noticeable symptom, and failure of memory may lead to unexpected mistakes in spelling and calculation, but there are also more serious lapses when important matters are forgotten. Lifelong habits of courtesy, of decent behaviour, and of personal honor may be departed from, and in their place there may arise a tendency to alcoholism, immorality, or even criminal acts, such as absurd theft. Moodiness and irritability may develop, or else apathy and indifference. It is said that 12 per cent. of the cases are conscious of these defects, but it is probable that at this early stage the percentage is really very much higher."

TUMORS OF THE HYPOPHYSIS, according to Bernier, *Presse Medicale*, cause adiposoidal degeneration and acromegaly. The former is shown in complete genital atrophy, eye derangements and sella turcica hypertrophy. The acromegaly by hyperfunctioning of the hypophysis (anterior lobe). The causes are tuberculosis, hereditary syphilis, alcoholism, plumbism, malaria or other and more obscure morbid states.

SPREADING TYPHOID AFTER RECOVERY.—The Hospital records the following to be added to the remarkable case of Typhoid Mary Ann:

In 1895 a woman of sixty had an attack of typhoid fever and recovered. She got her infection from a son, whom she nursed: he soon afterwards left the district, and could not therefore be to blame for any further cases. She assisted in the management of a small wayside hotel in a country district, containing a scattered population of some 1,500 persons. It was this old lady's duty

to attend to the cows, and it is significant that she always refused to have the milk boiled. In 1898 another son got typhoid, from which he died. Thirteen more cases occurred during the next thirteen years. Five of the patients were boarders in the hotel, and two were tourists who had stayed there. Three were neighbors supplied with milk from the hotel cows; two were servants in the hotel; and the thirteenth was the old lady's niece. Then in 1911 the "carrier" removed to another hotel in a different district: no further cases occurred in the first district after she left it, but five cases promptly appeared in the second hotel. Just as preparations for investigation were being considered, the old lady died. Her gall bladder was removed two hours after death, and yielded vast numbers of typhoid bacilli: the intestines showed bacillus coli communis, but no bacillus typhosus. The chain of evidence seems strong, and the fact that the "typhoid carrier" continued to disseminate virulent germs up to her death at the age of seventy-six is also remarkable.—Bull and Kidd in the Australian Medical Journal.

CLINICAL PSYCHIATRY

TRANSVESTISM OR CROSS-DRESSING [Zum Kapitel der Transvestiten.] (Arch. f. Kriminalanth, 1912.) Nacke.

The impulse to adopt the dress and the ways of the opposite sex without any necessary change in the direction of the sexual impulse has been very thoroughly studied by Hirschfeld, who has termed this condition "transvestism." Nacke here seeks to supplement Hirschfeld's results.

He would term this condition the desire for disguise and divides the persons so affected into three classes: homosexual (including bisexual,) heterosexual and asexual. The last class is based on the case of a man, thus affected, who had never had any inclination to either sex and never

had any sexual dreams. There are further, three types of cross-dressing: permanent, temporary, and intermittent. Whether the costume of the opposite sex acts in these cases as a sexual equivalent for normal gratification is a question which Nacke answers in the negative, though he admits that there are exceptions. So far as his knowledge of them goes, he does not consider that these people can be termed degenerates; in physical development and appearance they are normal.

On the whole, the impulse to cross-dressing seems to be usually inborn and becomes manifest in childhood. It appears either in heterosexual or homosexual persons, and may be associated with a sexual impulse of any degree of strength or weakness. It is a congenital perversion (not perversity), which may occur in the stupid or the clever (it seems especially liable to occur in the upper classes, in artists and in men of letters,) in people of good character or of bad character, in the sane or the insane. Its medico-legal significance is usually small.

Nacke was at one time inclined to think that cross-dressing might be regarded as a kind of fetichism, but gave up the idea since the garment in itself usually has no sexually stimulant influence. Any definite sexual aim is generally absent. It is an impulse, Nacke points out, which decidedly supports the hypothesis of a general bisexual disposition. It is to be regarded as an anomaly, a psychic intermediate stage, but certainly not as a disease.—Abstract by Havelock Ellis in *Jour. Ment. Science*.

PSYCHIC APHASIA IN DEMENTIA PRAECOX.—Dr. Wm. A. White, Washington, D. C. in the *Theory of the Complex*.

An instructive example in the realm of the abnormal is that of Miss P., a case of dementia praecox. She wrote the following letter to her uncle:

Dear Uncle: Washington, D. C.

I am insane as I have been place—in the asylum in the brain favor as Uncle Bee—was once accused of being crazy over seeing to much of the Doctor intuition

of being deying of death over worrying of seeing my own self Home, where I belong as I am "Eplay, in trouble all my life & Hope I re gain cinarc tonces of mind in Body & Kind show me by my own be able in Doctor Office I hope Mrs. E. & Aunt Ida I join love to all very own to claim my own Mind bye from

Affection Neice Sarah."

This patient, although noticeably demented, presented a quite natural appearance to casual observation and despite the fact that her writing is so incoherent, talked well about simple things and answered questions with a fair showing of intelligence. I showed her this letter and asked her to read it aloud and tell me if she wrote it. She took the letter and read it with a perfectly serious manner and said that she had written it. Her whole attitude when reading the letter and being questioned about it gave no indication that it impressed her as in any way strange. On the contrary it was quite natural and she appeared while reading the letter to have a full comprehension of its contents. Here again we are not justified in coming to hasty conclusions without the proper mental setting for the mental facts. The mere fact that this letter is hopelessly incoherent and incomprehensible to us does not necessarily mean that it was to her, and her attitude while reading it certainly indicates that it was not.

I am tempted at this point to illustrate a conception of mind, which the consideration of complexes leads to, by a figure of speech. The mind cannot be conceived as consisting of or containing ideas which are deposited here and there, helter skelter, without order as the scraps of paper that are thrown carelessly into the waste basket. Quite the contrary. Ideas are grouped about central experiences, constellated as we say, built up into harmonious structures not unlike the way in which bricks and stones are brought together to form buildings and these buildings are again grouped according to the purpose they fulfill, as government, business, residential, etc. The city is built according to a general, though often not

very definite plan, it has its avenues of approach, its highways and by-ways, its systems of traffic lines communicating between the different sections, etc. The central part of the city is pretty well organized and constructed, here little change goes on, but in the outskirts new ways are being opened up and we see lying all about building material not yet assembled to form new structures. Now suppose an earthquake destroys this city—what happens? All these fine buildings come tumbling down. The walls crack and crumble and the bricks come falling to the ground. Here and there only a wall, a tower, perhaps a whole building remains standing. The foundations of all these buildings, however, remain fairly well preserved, in outline at least; it is for the most part the superstructure that has been destroyed. Now suppose we try to enter the city by the usual way, we will find ourselves almost immediately arrested by masses of debris, we will see that the streets that we are familiar with are blocked at many points, that the whole picture looks unfamiliar and that landmarks are very difficult to recognize. Here for example the foundation of a church which was razed by the shock has been buried beneath the bricks of an adjoining commercial house. All of the component parts of the city are still here but in quite different relations and in this mass of confusion only the trained eye of the old resident can see the traces of the old order of things and pick out the old landmarks.

And so it is with many of our patients, particularly our *praecox* cases, where the dilapidation of thought is so pronounced. The fundamental things of mental life, the foundations, remain until the last but they are often buried under masses of debris and their location indicated by ideas with which before they never had any connection. So, too, if we try to approach these cases we will find them quite inaccessible by the usual avenues; we must take our bearings anew, draw up a new ground plan—the old one will not suffice.

Our patients live a mental life all their own, even talk their own language which is incomprehensible to us.

If we are to gain access to them we must learn the avenues of approach.

ABSENCE OF PROPER PROVISION for the early treatment of incipient and undeveloped cases of mental disorder in Great Britain.

Broadly speaking, General Hospitals do not make any provision for the treatment of mental diseases. In a few instances there are out-patient departments, but, although there are observation wards at Edinburgh, Glasgow and Dundee, no sufficient provision is made in connection with any of the General Hospitals for the efficient investigation and treatment of cases of mental disorder. Psychiatry is thus divorced from ordinary medical education and practice.

Nowhere in Great Britain can a poor person obtain treatment voluntarily in a public asylum.

The County and Borough Asylums in England and the District and Parochial Asylums of Scotland are not permitted to receive Voluntary Boarders. Expert treatment is therefore unattainable by the poor until the illness has become so pronounced that the patient can be certified as insane.—Rept. Med-Psych. Ass'n. on Status of Psych., Etc.

NEUROPSYCHOLOGY

INSTINCT AND INTELLIGENCE.—For many years it has been the custom to think of instinct and intelligence as set over against each other. The former represents the inherited reactions of the animal; the latter signifies those acts which the animal learns in the course of its individual life and its power to learn in this fashion. Instinctive acts are "perfect the very first time," while intelligent acts are slowly acquired. In so far as an animal is dependent on its instincts it is the victim of its ancestry and of its immediate environment. In so far as it is intelligent it can adapt its environment to itself, can rise

above its immediate surroundings and act in the light of a distant end to be accomplished. Instinct is blind as to the outcome of its action; intelligence foresees and modifies its behavior in the light of its foresight. The supreme example of instinct has been the wasp going through an elaborate course of action to provide food for its yet unhatched offspring, seeking out a particular species of caterpillar, stinging every segment just enough to stun the animal but not kill it, and then depositing the worm at the bottom of its newly made nest where it has laid its egg, covering up the cell and then leaving, never to see the larvae nor to live to do the same act another season. The supremely intelligent animal is man possessing the earth by the genius of his intellect.—Haggerty in *Atlantic Magazine*.

THE FEELINGS.—Until 1896, the psychologic analysis of the feelings seemed quite a simple matter; an experience felt either pleasant or unpleasant, if it were not entirely indifferent. In that year, however, Professor Wundt, of Leipzig, published a new theory in which he distinguished innumerable feeling-qualities. They are classified into three pairs of opposite qualities—namely, the pleasantness-unpleasantness group already recognized, a group of feelings of excitement and depressions, and one of tensions and relaxations. The first group depends upon the intensity of the stimuli that affect us, a moderate amount being pleasant, while too much or too little is unpleasant; the second group depends on the quality of the stimuli, and the last group on its duration, for as we wait and expect, we become tense, and after the event we relax. Many psychologists have accepted this theory, although others have severely criticized it, especially on the ground that Wundt has described as feelings what they consider to be organic sensations, which his system practically entirely omits. Experimental evidence by the two methods applicable to feelings has so far been contradictory.—Dr. Geissler in *July Med. World*.

AS TO ALCOHOL IN THE TISSUES.—Through the activity of the yeast-cell in the presence of glucose alcohol

is formed. Is there anything analogous to this in the case of the animal cells that make up our tissues and organs? This question has often been debated; and the suggestion of close chemical relations between the fermentation initiated by yeast and certain aspects of the metabolism of carbohydrates in the animal body recurs from time to time. The possibility is further strengthened by the fact that muscle from freshly killed animals has more than once been reported on good authority as yielding traces of ethyl alcohol by distillation. The immediate explanation ventured has been that alcohol may be formed by the agency of micro-organisms in the alimentary tract. It may then be absorbed and distributed through the organism so that there need be no surprise if residual traces can be detected in the tissues at times. A. E. Taylor of the University of Pennsylvania has approached this phase of the theory advanced by examining the tissues of an animal in which bacterial processes within the digestive tube were excluded by complete removal of the tract. The operation is necessarily a difficult one; the circulation of the pancreas and the integrity of this gland must be maintained, and the animal must be kept alive long enough to permit the combustion of any traces of alcohol that might have been absorbed from the intestine prior to the operation. Even after this precaution small amounts of alcohol were still obtainable from the fresh tissues. The implication thus obtained that alcohol may actually arise in metabolism offers nothing out of harmony with known biochemical fact and theory. It merely indicates one of the numerous possibilities, like lactic acid, formic acid, etc., exemplifying intermediary stages in the transformation of glucose by living organisms.—*Jour. A. M. A., Current Comment.*

NEUROPHYSIOLOGY

REPRODUCTION OF BLOOD-CONSTITUENTS.—After taking 10 liters of blood from an immunized horse, O'Brien

noted the following: The number of white cells varies widely and irregularly. Very small differences are found in the differential count. The hemolytic liter remains practically constant, showing variations of at most 10 per cent. from the initial figure. The total amount of salts present does not decrease, but may be increased 10 per cent. The content of all other blood constituents falls, the hemoglobin and number of red cells falling together to 50 or 60 per cent. of the initial figure. The color index of the new red cells remains at the normal figure. The curve of volume of the red cells does not correspond very closely with that of the number of red cells. The curves of total proteins and of diphtheria antitoxin show a fairly close relationship.—Lancet, London Jour. A. M. A. abstract.

NEUROTHERAPY

NOMENCLATURE OF TUBERCULIN DOSES.—Codd would select as a final unit the smallest dose likely to be given. For this unit a name must be found. and it should be an "unappropriated" Greek letter, with an associated word with meaning suitable to its minute dimensions. Therefore he suggests the letter ψ and the word psilon, which may be conveniently translated "shred," "residue" or "atom." Thus fractions may be obviated, the dose being given in psilons, until it reaches the cubic millimeter, and then be given in cubic millimeters until it reaches the cubic centimeters. Another suggestion is the abolition of the practice of speaking of the dose of TR in terms of milligrams of the original bacillary substance, when three-fifths of that substance is no longer present. It is just like speaking of a dose of liquor strychninae, not as 5 minims, or as 1-20 grain, but as the original weight of nux vomica bean from which this quantity of liquid had been made. If, however, clinicians still wish to prescribe TR in terms of weight of the original bacillary substance,

it would still be practicable to use the symbol ψ for 100,000 mg. of original bacillary substance of TR and its quantity would be the same as if the dose had been expressed in the Continental fashion—that is, in cubic centimeters of tuberculin fluid. In the method of prescribing tuberculin adopted at the general hospital, Wolverhampton, they use the pylon unit and the cubic millimeter unit. The cubic centimeter unit is used only when the dose has attained unity or beyond. If this method were generally adopted, Codd says, it would render the use of tuberculin more popular and more intelligible to busy practitioners who do not give their whole time to unraveling these ponderously expressed fractions.—*Brit. Med. Jour.*, Jour. A. M. A. abstract.

DISTILLED WATER IN SYPHILIS.—The British Medical Journal has the following on this subject and it is especially interesting:

The treatment for syphilis recommended by Stephens consists of the hypodermic injection of 6 to 10 c.c. of distilled water every three days for two to four weeks. He was induced to give this treatment a trial as the result of some research work on surface tension. He claims that the addition of distilled water to blood corpuscles so affects the osmotic pressure as to cause a passage of water into the cell, which gets larger and eventually scatters its contents. In disease the rapid catalytic changes and rapid production of antibodies are interdependent, and if one can induce these marked catalytic changes with or without a vaccine, one stands the chance of setting free a number of very useful and remedial antibodies. In such a chronic disease as cancer it seemed to Stephens that the process was allowed to continue owing to the absence of sufficient antibodies, or at least a sufficient number to act together at the same time, and if one could set free any catalytic antibodies in sufficient numbers one might get a good result. Knowing of no vaccine to induce this antibody effect, it occurred to him that the injection of distilled water might so affect the surface tension as to bring about the osmotic

effects. The marked effect produced by the injections of distilled water made him feel certain that in any similar disease of less malignancy their effect ought to be still better, so with that object he undertook the treatment of syphilitic patients. The Wasserman reaction is, in his opinion, nothing but a roundabout way of determining the surface tension at which hemolysis occurs, and if, he says, this view is correct, the time ought not to be far distant when a simpler and more scientific method is introduced, and one that is not open to so many pitfalls. He cites six cases.

MAGNESIUM SUPPLHATE CURES TETANUS.—A very valuable instance in which Tetanus was demonstrably cured by intraspinal injections of magnesium sulphate has been lately reported in the *British Medical Journal*. Lumbar puncture was first performed, and then without withdrawing the needle 3cc. of a 25% sterilized solution of the magnesium was introduced. Three similar injections in the course of nine days were followed by a cure.—*Maine Med. Jour.*

HIGH FREQUENCY APPLICATIONS AND BODY TEMPERATURE—DIATHERMY.—High frequency currents are said to increase metabolism; causing more rapid oxidation, more rapid elimination of waste products, and increased heat production. They reduce congestion and relieve pain; give rise to local vaso-dilatation and in some cases reduce blood-pressure.

It is now recognized that practically all the effects of high frequency currents proper are due to their thermal action. These currents, by virtue of their extremely rapid oscillations, are quite innocuous as far as ordinary electrical effects are concerned, hence very large doses can be given. The heat production, however, is directly proportional to the strength of the current, consequently we have in high frequency electricity a means of raising the internal temperature of the body that is only limited by the power of the apparatus at our disposal. Until quite recently this limitation was the cause of failure in many instances, but the introduction of powerful

apparatus for wireless telegraphy has rendered possible the medical science of "diathermy," which consists in raising any part of the body to any desired temperature by means of modified high frequency currents.—Alfred C. Norman. "Electricity in Modern Medicine." The Hospital.

RADIUM EMANATION THERAPY.—Engleman, (London Lancet), says that radium emanations have been found to increase the activity of certain enzymes in small doses, decreasing such activity in larger doses. Radium treatment has been observed to first raise, then decrease the number of leucocytes. Both in gouty and in healthy subjects uric acid excretion, endogenous and exogenous, seems to be accelerated. Radium emanations are administered in three ways: by baths; drinking radiated water; and inhalation of radiated air. Radium inhalations in any or all of the three ways often cause striking improvement in gout. Other conditions sometimes improved are chronic articular rheumatism, sciatica, neuritis and neuralgia, asthma, arteriosclerosis and some diseases of women, particularly myoma.—N. C. Med. Jour.

GOAT'S MILK SHOULD BE BOILED BEFORE DRINKING since Malta fever is transmitted by goat's milk and has affected entire families on goat ranches in Texas and New Mexico. Comes from the Office of Information, U. S. Dept of Agriculture.

Scientists of the Bureau of Animal Industry have compiled a bulletin which is of practical interest to all who raise goats and to such invalids as have been prescribed goats' milk as a diet.

Pasteurization of infected milk for twenty minutes at 145° F. is sufficient to destroy the organism which transmits the disease. Therefore, milk pasteurized for the destruction of typhoid and tuberculosis germs will also be free from the Malta fever germ.

THE RELATIVE VALUE OF TURTLE TUBERCULIN IN THE TREATMENT OF TUBERCULOSIS.—"The treatment of individual diseases with medicines or by methods having a selective curative action has until recent years

been limited. With the establishment of the germ theory, and vaccine therapy of certain diseases and the development of information concerning immunity, new methods of specific treatment have been made possible, and are now practiced under the terms of serum and vaccine therapy." This is part of an introductory paragraph of a valuable contribution on the above subject, appearing in the *New York Medical Journal* for September 13th, 1913, by Doctors J. W. Beattie of New Hampshire and E. E. Meyers of No. 418 Central Park, West, New York City.

Drs. Beattie and Meyres quote von Ruck's reference to the claims of Friedman for the superior value of a living tubercle bacilli in the treatment of tuberculosis, and deprecates the Berlin Doctor's spectacular advertising propaganda in the daily press. Von Ruck said, "inasmuch as living tubercle bacilli of the human type have been found in vaccinated cattle, both in their flesh and in their milk, as long as three years after their intravenous injection, the objection to the use of the living tubercle bacilli as an antigen, or vaccine for prophylactic purposes in the human subject is well founded. A more formidable objection is, however, the danger of virulence."

They aver Prof. Piorkowski, working along the lines of Prof. Koch's discovery, isolated a living antigen in the form of tubercle bacilli recovered from a turtle, as far back as 1903 without in any manner questioning its non-virulence. Since that time he has continued his research along this line, and has at last succeeded in perfecting a tuberculin produced from the tubercle bacilli of a deep sea turtle which is non-virulent, and with which, he has successfully experimented with thousands of cases during the past few years at his laboratory in Berlin.

PASTEURIZED MILK AT LOW TEMPERATURES.—Washington, D. C.—In order to determine the best way of pasteurizing milk so as to kill the disease germs and yet not give the milk a cooked flavor or lessen its nutritive

value, the Department of Agriculture, through its Dairy Division, has been conducting a series of experiments, treating milk at different temperatures and for different lengths of time. According to the report on these experiments in Bulletin 166 of the Bureau of Animal Industry, when milk is pasteurized at 145° F. for thirty minutes the chemical changes are so slight that it is unlikely that the protein (muscle building element) or the phosphates of lime and magnesia are rendered less digestible than they are in raw milk.

Moreover, from a bacteriological standpoint, pasteurizing at low temperatures is found to be more satisfactory than pasteurizing at high temperatures. According to Bulletins 126 and 161, where low temperatures are used the majority of bacteria that survive are lactic acid organisms which play an important part in the normal souring of milk. When milk is efficiently pasteurized at high temperatures, the bacteria which survive are largely of the putrefactive kinds, and milk so treated if kept for any length of time has a tendency to rot instead of sour. From the standpoint of economy, the technologist of the Dairy Division finds that pasteurizing at low temperatures calls for less heat. It is found that it takes about 23½ per cent. less heat to raise milk to the temperature of 145° F. than a temperature of 165° F. A similar gain is a saving of the ice needed, because it will require 23½ per cent. more refrigeration to cool milk to the shipping point when it is pasteurized at the higher temperature. The Department, therefore, recommends that "When market milk is pasteurized it should be heated to about 145° Fahr. and held at that temperature for 30 minutes."—Aug. 1st, 1913 Report—Dept. Ag.

THE
ALIENIST AND NEUROLOGIST.

VOL. XXXIV. ST. LOUIS, NOVEMBER, 1913. No. 4.

Subscription \$5.00 per Annum in Advance. \$1.25 Single Copy

This Journal is published between the first and fifteenth of February, May, August and November. Subscribers failing to receive the Journal by the 20th of the month of issue will please notify us promptly.

Entered at the Post-office in St. Louis as second-class mail matter.

All remittances should be made to CHAS. H. HUGHES.

The Alienist and Neurologist is always glad to receive articles or photographs from subscribers or friends and material acceptable for publication. Address manuscripts and photographs to the *Alienist and Neurologist*. For return of non-accepted manuscript send addressed envelope and sufficient postage.

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CHAS. H. HUGHES, M. D., Editor and Publisher.
Editorial and Business Offices, 3858 W. Pine Boul.
HUGHES PRINTING Co., Printers and Binders

EDITORIAL.

[All Unsigned Editorials are written by the Editor.]

THE MEDICAL STUDENT'S BURDEN.—That too much detail study is being put on the medical student, too little condensed and boiled down to really available essentials for the practical life before him as a physician and even for his own sanitary endurance is evident to any experienced medical educator who will study the number of teachers and hours assigned to the average American college.

Some sort of psychic condensing apparatus needs to be devised for these unfortunates who now aspire to become doctors of medicine. Some medical Edison

should come to the aid of the present day medical student. Perhaps Dr. Achille Rose could suggest a shorter Greek course for the embryo doctor than is now in vogue in the literary two-year college course, for philological Greek the medical student must know if he would rightly understand medical terminology, of which medical terms are so greatly composed.

By the manner in which we are teaching we are putting too much and too prolonged work on the medical student who has ambition to begin his life work along with others of his fellows before middle age comes upon him. The present exactions are unfair to him and his life. He should be prepared for practice by the time he is twenty-five and we should adapt our teaching methods by right condensation, illustration and generalization as well as clinical specialization to his needs and powers of endurance with justice, fairness and wisdom of instruction.

"The student should possess a good primary and secondary school education. If the boy enters the primary school at six, he will graduate from the secondary school at eighteen or nineteen. He should have in addition to this, a sufficient knowledge of chemistry, physics, biology, to enable him to intelligently begin his medical studies. In Canada, England and Germany this additional preliminary training can be obtained in one year of work either in the medical school or in the science department of a university. Then follow four years of medical studies proper and a year or more of hospital internship. According to Dr. Bevan, the Council on Medical Education believes that one year or more of hospital service should be required before the graduate is permitted to engage independently in practice.

To our way of thinking, Dr. Bevan has struck the happy medium in medical education. If Germany, the recognized leader in medical thought today, can produce the men she does without such stringent requirements, there is something radically wrong with our methods. There is no doubt but America is suffering from too much pedagogical pedantry. Non-medical educators to a large

extent have set the standards, and every school not reaching them is considered behind the times, run for commercial purposes, and a menace to the country. Those schools of extremely rigid requirements in many instances have non-medical men occupying many of their laboratory chairs, or medical graduates who have never practiced. What practical knowledge has either of these classes concerning student needs? As a rule, they teach pure science, and this applies especially to the non-medical teacher. The student of medicine is not after pure science; he is after what is essential and necessary for him to engage intelligently in the practice of medicine."

What the medical student needs and must have for the life work before him is all available knowledge for his future vocation as a physician and that must be imparted to him in the most useful form for immediate bedside and office service in hemo and excretion, inspection and analysis and in intelligent utilizable therapy. Teaching methods need revising.

THE SANITARY CONSERVATION OF HUMAN LABOR POWER is the saving of force in length of days and endurance, exceeding in value to the country, the highest present day ideals of big business. Big business that overlooks the best sanitation and sustenance by neglect of adequate and timely nutrition, tranquilizing mental strain and recuperating sleep makes the gravest of errors as to the best welfare of big business itself.

Timely hours for rest, recreation and daily repair of mind and body, used as such and not in depressing dissipation, is economy to both big business and efficient labor. It bestows to most potent and enduring power and brings capacity for best results to both labor and capital.

Ex-President Taft is to be congratulated and thanked for the signing of the "Phossy Jew" bill of April 9th, by which American match makers were freed from one of the most loathsome of occupational diseases. Rejoicing in the successful outcome of this campaign, the members of this worthy organization are now planning new meas-

ures for the protection of the thousands of men, women and children who suffer and die from many other occupational diseases.

They extend to all this worthy organization an opportunity to share in this work. The minimum membership fee is only three dollars. Jane Addams, Irving Fisher, Samuel McCune Lindsay are the Membership Committee, Metropolitan Tower, New York City; and John B. Andrews, Secretary, same address.

The country and humanity in general are largely indebted to the American Association for labor legislation and the conservation of human resources for this salutary measure. Some day, but, O! Lord how long, the congressmen of the United States will awaken generally to the sanitary needs of the human interests they are supposed to guard and enact more of this sort of legislation. And when we get the National Health Board—But when? Oh, when will the medical profession cease to keep out of politics and let the lawyers and the manufacturing interests mostly conduct our legislation and lead our American Congress?

THE UNSTABLE NEURONE IN BARBAROUS HAZING ATROCITY was lately again in evidence at one of our highly endowed home universities. Chief and most degrading among the revolting immoral semi fous stunts of the mentally unstable hazing diabolistic students, was marching their victim freshmen into a liquor saloon and compelling them to serve liquor and wash the glasses behind the bar. Of course this was shockingly delightful news to reach the sober and temperate homes of the boys' fathers, both of the hazed and of the devilish and immoral brained unbalanced hazers.

Other students were reprehensible, but not so viciously violative of the proprieties. Too much mental instability is manifest in the non-collegiate world. It ought not to be countenanced in great university circles and can not continue without harm to our future national welfare.

The smaller, less numerically matriculated, non-hazing schools, will be and should be preferred from a true

psychological point of view. Hazing psychopathy does not commend a college to intelligent parents or guardians of youth. A preliminary examination as to mental stability must become a prerequisite to matriculation to some of our big financially endowed universities if this morally baneful anti-golden-rule business continues in them.

DR. WAUGH'S CONTRIBUTION in the last issue of this magazine was considered of sufficient interest and merit to be copied almost entire by the Censor and here is the apologetic explanation which our censorious and discriminating contemporary makes for the plagiaristic faux pas without giving us credit:

"The article in last week's Censor, "Are Women Polygamists?" by Dr. W. F. Waugh, was taken from that excellent class publication, *The Alienist and Neurologist*. The article was so credited, but the linotype man couldn't see why it should be, and left the credit off and the proof-reader did not catch the drift of matters until the paper was out. Surely, the *Alienist and Neurologist* is always worthy of credit. It is one of the few periodicals of which St. Louisans ought to be proud, as there is no paper of its kind in the world that achieves a higher scientific level or which is of greater value to those physicians who study that delicate and complicated organism constituted by the brain and nerves."

While our contemporary showed its wise appreciation of good literature in the reproduction of Dr. Waugh's paper, it also shows its sense of justice in the preceding "amende honorable." The Censor is a magazine of judicious selection as well as of "wisest censure."

There is always good material for observation and consideration in the *Alienist and Neurologist*. The highest and best part of man are considered in its pages and by the best observers and writers. There are no penny-a-liners or mere space fillers among its contributors.

THE ALCOHOLIC POISON BEVERAGE HABIT—TWO GREAT RULERS AWAKENED TO ITS PERIL.—This year's announcement of the defensive attitude of President Wilson, with his associate Vice-President Marshall, also his great

Premier W. J. Bryan, of His Majesty Emperor William of Germany, and later the Pope, against alcoholic beverage poison is commendably significant of the awakening of our wise men in power to the peril to governments and people of the alcoholic popular drink habit. The danger of this blood, brain and general nerve cell poison is no longer seen afar off, nor as a mirage of the mind by "temperance kranks," but as near and real. Since the convincing revelations of the biochemical laboratory the perils of alcoholic beverage poison are no longer seen from a distance or as through a glass darkly, but with illumined vision as to the destruction, plain and fatal in the inebriate cup. The alcoholic canteen—the saloon for intoxicants will, if Americans are wise, be kept away from army and navy headquarters even though camp and navy harbor neighborhoods must be more strictly patrolled. Soldiers, seamen and government officials should be always sober and so should the American people. A sober Nation, Army and Navy included, is safety for the Nation.

THE MEDICAL POET LAUREATE OF ENGLAND.—With Dr. Wood as Military Commander of the American regular army and Doctor Robert Bridges recently officially honored as the favorite poet of Great Britain, medical men of merit in military and literary ranks are justly coming into their own by way of worthy official recognition. Why not alround and capably educated medical men as well as not always so well fitted lawyers? Lawyers have too long taken most of the posts of honor in government.

The essential anthropological and physical science studies with the alround relations of the physician of general practice, reading, travel and study of all that relates to the individual and family in direct physical, indirect eugenic welfare and direct environment as in hygiene and sanitation of body and mind peculiarly adapt the medical mind of philosophical and poetic inclination and culture for writing a peoples' songs of feeling, aspiration, mental and physical needs, and life experience.

The truly cultured physician is "the highest style of man" among the people. Why should he not speak for them as their crowned poet, if endowed with poetic thought, feeling and power of such expression?

WHY PRESCRIPTIONS SHOULD BE WRITTEN IN LATIN, (OR GREEK.)—These are some of the reasons the editor of the Denver Times gives in justification of the time-honored custom:

Latin is a dead language, and therefore its words are fixed in meaning for all time. Not so the English and other modern tongues, whose vocabulary is constantly changing in import.

The world over, the rudiments of Latin are familiar to nearly all Aryan professional men.

To write the common names of many medicines would only lead to "confusion worse confounded." For instance, "poke root" means not only *phytolacca decandra*, but also the deadly hellebore, *veratrum viride*. Of "snake root" there are at least a dozen varieties. A physician recently prescribed "salt of lemon," meaning citric acid. The druggist furnished binoxalate of potassium (commonly termed "salt of sorrel or lemon") to the patient, who speedily died.

Finally, ignorance of the patient as to what medicine he is taking often inures to his benefit. Many persons "cannot take calomel" at all, at all, but experience no difficulty whatever with *hydrargyrum chloridum mite*. Numerous physicians have found "tinctura thebaica" or "tinctura meconii" a useful substitute for laudanum or tincture of opium.

THE WAR DEPARTMENT has made another unpopular move in reducing the pensions of the soldiers wounded in the Mexican and other wars from six to four and in some cases to two dollars—on the ground that their disabled conditions must be improved by time.—Leslies.

We should say so! A large proportion of the deaths among war veterans after muster out have been due to the tardy effects of battle wounds or to insidious chronic diseases engendered thereby or by permanent damage

sequences of the organic strain of army life and exposure or camp life illnesses, such as typhoid or other fevers and the wear and tear to the human organism of camp and field or navy service.

This penurious non-patriotic husbanding of treasury funds at the expense of veterans' pensions is not commendable but niggardly when compared with other and more lavish unjustifiable political service appropriations.

PROFESSIONAL IDEALS.—The rising physician must be one who can resolutely withstand temptations to wander from the path of rectitude, ethics, altruism, honesty, morality. The practice of medicine should be conducted on a high professional plane. As a profession it is ennobling, inspiring, philanthropic, and has written brilliant, eloquent pages of heroic deeds in history, and is still writing them. It is an honor to be a member of such a profession.

Unfortunately there are some who would relegate the profession to the merely commercial classification of a business. The business begins and ends with a livelihood and has no interest in its patrons other than dollars and cents. All the halo of altruism and tender sympathy and care are lacking—those things for which the profession ever was noted.

But far baser and utterly despicable is the attitude of those who would make of it merely a game. Shorn of all attributes of honesty and honor, it becomes oblique, crooked, insidious; undermining the soul; one of the most disintegrating of all possible inventions of the mind.—From Dr. Geissler's *Psychology of the Adult Mind*, in July Medical World.

THE CHICAGO MEDICAL SOCIETY.—At its meeting held in April, 1912, a resolution was offered dealing with the prevention of insanity and the various forms of delinquency with a view to the formulation of a definite plan to be recommended to the several State Legislatures and for the purpose of discussing, at a later meeting time, June the twenty-third to twenty-sixth, mental diseases

in their various phases.

Harold N. Moyer, M. D., and W. T. Mefford, M. D., were respectively President and Secretary of the arrangements for this commendable movement to which Alienists and Neurologists were specially invited with the result of a new society of Alienists and Neurologists being formed.

Thus do psychiatry and neurology move forward to their proper place in medical thought and endeavor, as was predicted by the editor of this magazine at the time of its foundation, near thirty-four years ago.

NOTES ON THE HISTORY OF PSYCHIATRY.—Translated from Falk and other students of the psychiatry of the ancients and given to the English speaking world for the first time and through the pages of this magazine by Smith Ely Jelliffe, M. D., Ph. D., Adjunct Professor of Diseases of the Mind and Nervous System, Post Graduate Hospital and Medical School, just concluded in our pages, is a meritorious and much needed addition to the study of the record of Psychiatry for English and American libraries, psychiaters and researchful practitioners of medicine, law and even for clergymen, philosophers and literati generally.

This interesting historical production should appear in permanent book form. The able translator and talented author has the thanks of the management of this magazine for this splendidly executed production.

DR. J. M. SEMPLE, Superintendent of the State Insane Asylum at Medical Lake, Oregon, is given complete vindication in "The Findings of the State Board of Control."

"After hearing all the evidence, noting the character of the witnesses and their actions upon the stand, it was the only course the board could take.

"That the charges were conceived in malice and brought in revenge was apparent to all who studied the case," says the Medical Sentinel.

"Dr. Semple's vindication need not be heralded by his friends as a triumph. Rather it is a matter of course.

Those who know Dr. Semple and who know something of his work at the Medical Lake asylum, know also that the doctor stands at the top of his profession.

"The Medical Lake asylum is one of the cleanest, neatest and best managed institutions of the state. Nor is its standing to be limited by comparison within state lines."

MUNICIPAL CARE FOR SANITARY REST RIGHTS IN PARIS.—"From October 15 the heavy motor-drays, loaded with stones, pig iron, and similar materials, that shake the houses to their foundations, must be provided with rubber tires to reduce the vibration, and their speed must not exceed seven and one-half miles an hour in Paris, France.

M. Quentin Bauchard and M. Emile Massard, two Municipal Councillors, have protested against the use of motor street-sweepers that wake the citizens at daybreak. "Juggernaut tramways and rattling motor-omnibuses, chauffeurs who make an exaggerated din with screeching sirens, cabmen who are continually cracking their whips, and engine drivers who make the night hideous with their whistles—these murderers of sleep," says M. Massard, "have converted the capital into an inferno."

DR. FRANK P. NORBURY, alienist, and member of the Illinois State Board of Administration, has resigned. He will practice in Springfield.

Dr. Norbury, who is regarded as an authority on mental and brain questions, has been identified with the State Board of Administration since September 1, 1911, when he succeeded Dr. J. L. Greene, the board's original alienist. He has been professionally active in Illinois for twenty-five years, having come here from Pennsylvania.

DR. JOSEPH COOPERSTEIN of Chicago has been appointed to the position of assistant physician of the Chester, Ill., State Hospital, to succeed Dr. William Hersic.

PANAMA-PACIFIC INTERNATIONAL EXPOSITION, 1915.—Theodore Hardee has been appointed Chief of Liberal Arts for this great exposition.

"The wonderful developments in medicine and surgery make certain a display of the highest importance and of great benefit to the human family. The mechanical side of surgery will be represented by a complete collection of instruments and appliances used in this important field of human endeavor. There will be shown the most intelligent modern methods employed in the prevention and mitigation of the ills which beset mankind."

There should also be a department of eugenics in line with the progress of modern medical thought and effort.

MELLINS FOOD was awarded a well deserved gold medal at the late International Medical Congress, London.

THE CINCINNATI SANITARIUM makes a medical lady its matron, in the person of Doctor, or Doctress as our predecessors would say, Georgia E. Lindsay.

DOCTOR A. NORTH becomes resident physician in place of Dr. C. D. Rogers, resigned.

"WHERE PENNSYLVANIA EXCELS" is the caption of an editorial in the Philadelphia Enquirer complimentary to the old "Keystone" State on the vital subject of the care of the inebriate.

It should be recalled that a great Pennsylvania physician and signer of the Declaration of Independence was the first American, if not the first world physician, to declare that inebriety is a disease demanding humane hospital care.

There should be in Washington and in every State, institutions for the care and cure of inveterate inebriates.

VACCINIA AND ANAESTHESIA manuscripts, instruments and data.

In addition to the otherwise and always interesting displays of the Welcome Exhibits at the International Congresses was a display of Dr. Edward Jenner's vaccination instruments, office furniture, autograph letters, etc., also some early anaesthetic apparatus of Sir James Y. Simpson and the autograph diary and manuscript of Mr. Henry H. Hickman, F. R. C. S., who first experimented successfully with chloroform anaesthetization

and proved the possibility of anaesthesia for surgical use now so universally practical.

THE PSYCHOANALYTIC REVIEW comes from 64 W. 56th Street, New York City, laden with much matter of merit and instructive interest to the new school of psychoanalysts, now rapidly coming into marked prominence in the growing ranks of psychiatry, psychology and alienism.

THE NATIONAL CATHOLIC ASSOCIATION condemns Carnegie Foundation and Council A.M.A. Medical Education plan of the A, B and C classification.

New Orleans, La., July 3.—Depreciation of the classification of colleges by the Federal Bureau of Education into groups of A, B, C, condemnation of the action of the American Medical Association in soliciting aid from the Carnegie Foundation and protestation against the education of children in sex hygiene were contained in resolutions adopted by the National Catholic Educational Association.

The grouping of colleges as now done by the Federal Bureau is declared to be unjust and based upon financial rather than educational standards.

The Carnegie Foundation is arraigned as showing "a spirit antagonistic to institutions under religious control."

"The activities of certain individuals and corporations," which "threaten to interfere with the just liberties of private educational institutions," also were condemned.

The above having come to us we take this occasion to say that while opinions differ as to educational methods, that the Council on Medical Education, though it may seek to exercise legislative functions as to chartered medical schools in behalf of endowed universities, it ought to be restricted by law to recommendations only and should reach inferior grade schools only through legitimate legislation by the state and nation.

To disparage certain schools (as A, B, C, etc., in grade,) chartered to grant diplomas, is to annul lawful charters. There is a right as well as a wrong way to

do almost everything. And grading to degrade or put out of existence chartered medical colleges and destroy costly educational plants is a right which should be exercised only by the charter granting power in the state legislature, notwithstanding there are and have been chartered medical teaching schools in the U. S. whose state right to grant diplomas should be revoked by the state.

The proper persons to decide on the merits or demerits of medical schools should be experienced expert teachers representing the charter giving power, acting under and for the investigation and state authority with power to send for persons, papers, etc., investigate fully and report.

To charter a college to grant diplomas of proficiency to practice medicine and then *post facto* to permit a politically appointed board, often of non-expert physicians, regardless of possible personnel inimical, to annul the value of the grant and plant, is an absurd anomaly in state law, and one of the many modern tyrannies of our misunderstood freedom.

The care of the sick and their welfare in college and hospital should be one of the essential concerns of every church denomination. Not that any particular religious conviction should be exacted of patients or students, but that these health-promoting institutions should be fostered as a proper part of all church charity.

LAWYERS' AND DOCTORS' FEES.—If you consult a lawyer about a transfer of some lot, or the signing of a deed or a contract or something of the sort involving, let us say, only a thousand dollars or so, he will charge you from \$25 to any-old-number of dollars. But the lawyer will take his pregnant wife to a doctor for an opinion—which he gets for from \$2.50 to \$10; or his child, whose life or death may depend upon the diagnosis and advice given by the physician, and if the doctor charges more than ten or twenty dollars the lawyer will be furious. We forget that it is not our moments of time that we are selling to our patients—or more often giving to them—

it is our brains, our thought, our experience, the years of suffering we have felt—and seen— and which we have so heart-breakingly tried to prevent. Perchance it is just because we have suffered so much in ourselves and our patients and feel first for the life of the patient, that it leaves us the poor fools that we are, unable to put a charge upon our advice that would in a measure pay us for the hours of work, anxiety and study that have made it possible to give that advice.—*Memphis Med. Month.*

THE AMERICAN SOCIETY FOR THE STUDY OF ALCOHOL and Other Narcotics. The 43rd Annual Meeting will be held Dec. 3d and 4th, 1913, at the Hotel Rittenhouse, Philadelphia, Pa.

Two sessions will be devoted to the practical work of sanitoriums and hospitals for inebriates.

A very warm invitation is extended to all who are interested in this work. For farther particulars, address the Secretary, T. D. Crothers, M. D., Hartford, Conn.

MELLIN'S FOOD RECEIVED THE GOLD MEDAL at the late London International Congress of Medicine, the highest possible award in any class.

This was one of the greatest of these congresses. Some of the most distinguished members of the American Medical profession and from many other countries were in attendance.

There having been a large number of exhibitors present whose rivalry for the awards was most keen, the Mellin's Food Co. have reason to be proud of their product, and we cordially congratulate this company.

TOO MUCH FOR THE MEDICAL STUDENT.—The Maryland Medical Journal, reproducing much of Dr. Arthur Dean Bevan's interesting, valuable and timely paper before the American Medical Association, expresses the following conviction in which we concur:

"We believe with Dr. Bevan that any system which holds its students until their average age at graduation is twenty-six or twenty-seven years, is imposing an unjust burden upon this student, and especially so when

pecuniary returns after this long period of apprenticeship are taken into consideration. Indeed, as Dr. Bevan states, it is nothing short of a crime committed under the guise of the interests of higher education. Then, too, from the standpoint of efficiency it is undesirable."

The Medical Fortnightly also extracts and concurs in this Bevan statement as much as all of us.

EXCESSIVE PENAL INFLICTION EXCEEDING NORMAL SYSTEM REACTIVE POWER is often too common in our reformatories and penitentiaries through the brutal ignorance in humanity or indifference of jailors, wardens and other controlling officers.

The "Appeal to Reason" quotes from the Indianapolis "Sun" the following case:

"John Fritz had served five years in the so-called reformatory of that state for participation in the theft, when sixteen years old, of finger rings valued at a few cents. He was sent to prison for two years, and was held three years longer without warrant. So morose and angered did he become over the injustice done him that he killed a guard. For this he was sentenced to be hanged. The records show that for 144 consecutive hours, six days and nights, Fritz stood in a solitary cell with no chance to sit or lie down, fed only bread and water, and this more than a year after he had served his sentence."

The governor reprieved the boy's sentence of death. And well he might for a murder committed after such a body and brain and other nerve center strain and mind disordering punishment.

Criminal so-called "cures of crime," inflicted beyond normal endurance and healthy reaction power, should be given to the unfeeling brutes that inflict them.

Unhygienic inhumanity to prisoners, "cruel and unusual" punishment that ought not to be inflicted is too little considered in this "God given land of the free and the home of the brave," designed by our father founders to be a fair play free government, even toward

those bound in prison and often so domiciled because of mind perverting disease.

HARVARD UNIVERSITY AND MASSACHUSETTS INSTITUTE OF TECHNOLOGY SCHOOL FOR HEALTH OFFICERS.—A commendable sanitary advance.

Beginning this fall Harvard University and the Massachusetts Institute of Technology are to maintain in cooperation a School for Public Health Officers. The facilities of both institutions are to be available to students in the school and the Certificate of Public Health (C. P. H.) is to be signed by both President Lowell and President MacLaurin.

The object of this school is to prepare young men for public health work, especially, to fit them to occupy administrative and executive public health work positions.

Requirements for public health service are broad and complicated. The country needs leaders fitted to guide and instruct on questions relating to public health. The instruction of the new school will be by lectures, laboratory work, and otherwise, by special instructors from national, state, and local health agencies.

Graduates of colleges, technical or scientific schools, who have received adequate instruction in Physics, Chemistry, Biology and French or German, may be admitted to the school. The medical degree is not a prerequisite, although the Administrative Board strongly urges men who intend to specialize in public health work to take the degree of M. D. before they become members of the school.

The Administrative Board of the new school includes Professor William T. Sedgwick, of the Massachusetts Institute of Technology; Professor Milton J. Rosenau, of Harvard and Professor George C. Whipple, of Harvard. Professor Rosenau of Harvard has the title of Director, and immediate supervision.

REVIEWS, BOOK NOTICES, REPRINTS, ETC.

HISTORY OF THE H. K. THAW CASE.—The escape of Harry K. Thaw from the Matteawan State Hospital for the Criminal Insane did not come as a surprise in some quarters. Last March a prominent New York alienist charged that Thaw was being given every chance to escape, and that his custodians expected him to do so, so they could obtain a reward for connivance.

The last few months of Thaw's incarceration in Matteawan have held much talk of bribery. Last November, Dr. John R. Russell, superintendent of the hospital, said he had been offered \$20,000 to bring about the release of Thaw by signing a certificate that the prisoner had recovered his sanity.

Sweeping charges were made involving Dr. Russell and his subordinates in a business in brokerage pardons and with planning to release Thaw and others. John N. Anhut testified that, though he represented Thaw as a lawyer, he had never offered the superintendent any money, but, on the contrary, had been asked for money by Russell. Gov. Sulzer, on February 27, ordered the removal of Dr. Russell, which Russell anticipated by telephoning in his resignation.

Thaw was 36 years old when he shot Stanford White. Up to that time he had been known as one of the wildest spenders among millionaires' spendthrift sons.

Thaw first discovered Florence Evelyn Nesbit when she was playing a minor part in *The Wild Rose*, her theatrical career having been contrived by Stanford White. The first rumor of a marriage came October 22, 1904, when the couple registered at Claridge's in London as "H. K. Thaw and wife." Upon their arrival in New York they were given the cold shoulder by a number of

hotels. On April 4, 1905, they were quietly married, accepted by the family, and opened an elaborate establishment in New York.

The night of June 25, 1906, Thaw, accompanied by his wife and a friend, entered the Madison Square Roof Garden, where Stanford White was sitting at a table. Excusing himself to his party, Thaw strolled down the crowded aisles of the roof garden and past the table of White. Suddenly he wheeled and fired three bullets at point-blank, all of them taking effect.

Thaw was placed on trial for the first time January 23, 1907.

During the trial, Evelyn Nesbit Thaw went upon the stand and told of how White had become acquainted with her through seeing photographs for which she had posed, and of his obtaining for her a place in the chorus of a Broadway show, of nightly champagne dinners, and of her ruin by him when she was only 16. This story, she testified, she had told to Thaw after their marriage.

The first trial resulted in a disagreement. The second trial began January 9, the following year. Only married men were accepted for the jury, and, the prejudice of Thaw and his family having been overcome, the defense was straight insanity. Evidence was introduced to show a hereditary taint.

In the first trial, every other element was subordinated to the appearance of Evelyn Nesbit Thaw. In the second trial sympathy was transferred from the wife to the mother. Weak and faint from a sickbed, she nerved herself to reveal every detail of abnormal mental development in the Thaw family on a plea for her son.

The verdict was "not guilty." When Thaw heard the first words of the foreman, he thought he was to be freed, but the addition of "on the ground that he was insane at the time of the commission of the act," plunged him into despair.

At first, Thaw's commitment to the State Hospital for the Insane, was not taken seriously. Beginning in

April, 1908 habeas corpus proceedings were tried. Five times Thaw was adjudged insane and remanded to Matteawan. His last attempt along this line was in July, 1912. Following this by a few months, came the bribery charges.

Mrs. Evelyn Nesbit Thaw's interest in Thaw apparently waned, and mutual recrimination culminated in December, 1911, in her application for divorce.

—N. Y. Press Dispatch.

THE STRANGE CASE OF DR. BRUNO.—By F. E. Daniel, M. D. I will not say what one of Dr. Hammond's medical rivals facetiously and ironically said of Dr. Hammond's first novel—Robert Severne, viz. "The author is splendid at writing fiction." But the story, as Galileo said of the world, after his enforced recantation "does move" one in the area of his grey cortex and psychic neurones. Dr. Daniel is a master of scientific fact and knows how to make it entertaining in the reading. His fact is as interesting portrayed as his fiction.

The strange case of Dr. Bruno might have been written by Robert Louis Stevenson but the portrayal of the story could be no better than if written by the author of Dr. Jeckyl and Mr. Hyde, nor any better if a Hawthorne had written it instead of Archibald Malmaison.

This story weaves in facts of psychopathological science, interesting to the medical profession and all students of psychology and psychological mystery as well as to the intelligence seeking general reader.

Changes of character, double and alternate personality as described by Wigan, Mitchel, James and the present reviewer, as well as an interesting explanation with neurone anatomical plate (schematic) of Reuchard's conception of the phenomenon and mechanism of sleep.

The author's skillful blending of psychological truth with fiction is here most skillfully done and equal to the best writers known to the reviewer in connection with similar portrayals, entertaining at once the science searching mind for fact and the imagination reveling mind

of the fiction lover. The case related from the present reviewer is true to the observed fact.

The scenes and history of this "strange case of Dr. Bruno" are largely in the southern States of the American Union and incidentally illustrate the power of music and especially in this case, the potent psychotherapy of the violin in recalling to normal consciousness of this singular amnesic victim medicinally self-induced and time limited hypnosis.

Dr. Daniels, the talented author of this remarkable story is the well known editor of the *Texas Medical Journal*—generally called the "Red Back" because of its crimson color and fiery defense of all rightful matters medical, and of scientific utility and truth in his profession.

The publisher is the Von-Boeckmann Jones Co., Austin, Texas.

ANCIENT AND TRIBAL CRANIAL TREPANATION—The neolithic skulls unearthed in France and the skulls of the pre-Columbian period discovered in Peru, bear ample evidence of the widespread use of this operation. The perfection with which square and round openings, small and large, single and multiple, were made by means of stone or flint implements, the site of election of these trephine holes upon the parietal region of the skull, at a safe distance from the venous sinuses—all indicate that the prehistoric surgeons had considerable knowledge of cranial anatomy and performed this operation with definite indications in view. Thirty-five years ago the distinguished French surgeon Lucas-Championniere published an exhaustive historical and clinical study of trephining, a work which first drew attention to the surgical possibilities of this operation. Today the same writer returns to his early theme and shows that many of the older theories as to the purpose of the prehistoric trephining are erroneous. Broca was one of those who advanced the view that the primitive operation was performed on individuals in order, as the ancients thought, to permit of the escape of demons that were the cause of mental

alienation or malefaction. The operation is performed at the present day among savage and semicivilized races, notably among the Kabyles of Algeria and the mountaineers of Montenegro, just as it was practised by the ancient Peruvians. Among the Kabyles the Art is transmitted from father to son, and one instance is recorded in which the operation was performed on an individual, himself an expert operator, a dozen times. The purpose of the tribal surgeon is to relieve persistent headaches.

“*Les Origines de la trepanation decompressive, trepanation neolithique, trepanation pre-Colombienne, trepanation des Kabyles, trepanation traditionnelle.*” Par le Dr. Lucas-Championniere, is the source of this historic information.—Abstracted from *Med. Rec.*

THE GOVERNMENT MEAT INSPECTION.—The Government Meat Inspection Service shows for the past seven years (time the law has been in effect,) 377,000,000 animals inspected at slaughter, of which 1,100,000 carcasses and 4,750,000 parts of carcasses were condemned. The reinspection of meat and meat food products in their various preparations amounted to 44 billion pounds, or which there were condemned on reinspection 148,000,000 pounds. There were certified for export 8 billion pounds.

There are 792 slaughtering and packing establishments in 227 towns and cities. The force comprises 2,400 veterinary inspectors and assistants.

Each veterinary inspector is well grounded in the fundamental knowledge of animal diseases and when entering the service is taken in hand by an experienced inspector for careful instruction in his duties.

In the large packing establishments the post-mortem inspection work is so divided and systematized that each carcass must pass the scrutiny of several inspectors, each of whom gives his entire attention to examining certain particular parts. Under this system the inspector's vision and sense of touch become so highly trained that exceedingly slight variations from the normal in organ or

tissue are detected instantly, and the government tag is promptly affixed to all the carcasses which show such variation and they are set aside for further inspection by a final inspector.

RADIURGIA AND SYCOPHANTIA BY MARIA ROSE.—This paper refers to a past controversy with the German Medical Society of New York concerning "Historical Remarks on Greek as the Proposed International Language of Physicians," the title of a paper by Dr. A. Rose read before the German Medical Society of the City of New York in 1896. During the session of the society Dr. Rose's daughter sang and spoke to illustrate the beauty of the Greek language. The lecture was at the time published in the official organ of the society, the *New York Medizinische Monatsschrift*, and forms a chapter in Dr. Rose's book "Christian Greece and Living Greek." The controversy is too old to be reviewed but the New York County Medical Association paid Miss Rose the following compliment at the time:

"The members of the Executive Committee present at the meeting of the Association on June 17th, 1895, desire to express their thanks to Miss Mary Rose for the charming manner in which she spoke and sang in the Greek language, in illustration of the subject which formed a part of her father's address on that evening. Let this action, with the seal of the Association affixed, express our pleasure and appreciation of the valuable service rendered by her."

Signed by S. B. W. McLeod, M. D., Pres. and all other officers of the Society. Medical Journals copied this and more at the time—1896.

CHRISTIANITY AND SEX PROBLEMS, by Hugh Northcote, M. A., Philadelphia, Pa., F. A. Davis and Company.

The popular and political mind of the country is talking now of forest and mineral deposit preservation and conservation. Floriculture, horticulture, animal and

agriculture betterment have for a long time occupied the attention of farmers and the raisers of domestic fowls. Even the better breeding of better dogs has been considered. Now the light is dimly dawning upon the mind of some that we might have and should have a better quality in some of the components of our race of men and women or at least avert the present threatened decadence in some of the human family.

Subsidiary to this, the eugenically inclined among the medical profession and the thoughtful beyond our ranks, are much concerned in sex problems, especially in how to impart to the young that delicate knowledge so necessary for them to timely know, in order to avert the possible calamity of moral and physical and mental degeneration that results from premature and perverted indulgence of sexual powers and propensities.

With the latter worthy end in view, this estimable, youth saving book, has been so cleverly written, though its notice has been by inadvertence overlong delayed.

Valuable advice to a boy beginning school, styled additional note D, appears near the conclusion on pages 239-242, just before the concluding note on nocturnal pollution, so delicately and forcefully written that any parent or teacher might use it for juvenile instruction and counsel.

The well-known F. A. Davis and Co. of Philadelphia are the publishers of this valuable book for teachers, parents and all interested in the right moral and medical guidance of the young in matters sexual and erotic.

A WAVE OF DEGENERACY, by Dr. T. Alexander Mac Nicholl. In a recent address before a medical convention, meeting at Atlantic City, N. J., Dr. Mac Nicholl says:

"A wave of degeneracy is sweeping the land, and its development threatens the physical vitality of the nation. Within a period of fifty years the population of the United States increased 330 per cent., while the number of insane and feeble-minded increased 950 per cent, according

to the recent census, practically all of which is due to the chronic and excessive use of alcohol in one form or another, and narcotics.

“Degeneracy is shown in the lessened fertility of the nation. In five years the birth rate in the United States fell off thirty-three and one-third per cent. Back of all the causes for this alarming condition, the study of alcohol and narcotics shows that alcohol is the chief degenerative factor.

“During the past five years the birth rate in the United States has fallen off thirty-three and one-third per cent. This means the loss of a million babies a year. Let this degeneracy continue at the same rate for one hundred years and there will not be a native born child five years old in the United States.

“What is the cause of this degeneracy? A hundred different intermediate agencies may contribute to the undoing of the race, but back of them all stands alcohol as the chief degenerative factor. Statistics compiled by the leading insurance companies, and presented by Sir T. P. Whitaker in a report to the British Parliament, show that out of every 1,000 deaths among the population at large, 440 are due to alcohol. This would mean a mortality from alcohol in the United States of 680,000 a year and drinkers' children bear the burden.

“The germ cell that is to be evolved into another being is the most highly organized of all the cells in the body. In its protoplasm lies the material and pattern of the perfected organism.

“Should such poison as alcohol lessen the nutrition of the cell or impair the quality of the protoplasmic material and deface the pattern, these shortcomings and defects would be manifested in the subsequent stages of development. A defective germ cell cannot evolve a normal body; this is the reason that we find a large percentage of functional and organic diseases among the children of drinking parents.

In his studies among school children in New York City he finds that sixty-two per centum are the children

of drinking parents, and that ninety-one per centum of these children of drinking parents suffer from some functional or organic disease. In one institution for the treatment of physical defectives a recent study shows that every patient is the child of drinking parents.

"Our studies of school children show that one in every three is mentally deficient. If this percentage holds good over the entire country there are 7,000,000 children of a school age that are mentally deficient, and less than 67,000 of these are free from hereditary alcohol taint.

"Three out of five school children are afflicted with some functional or organic disease. If this percentage holds good over the entire country there are 13,000,000 children of a school age that are afflicted with functional and organic diseases, and less than two and a half millions of these are free from hereditary alcohol taint."

This is a startling showing of possible alcoholic nerve center cell damage. The facts are hardly so bad as this but they are hurtful enough to excite professional and popular alarm and move the world to protective action against this killing and brain--degenerating poisons.

MANUEL DES GARDES-MALADES y compris les soins a donner dans les maladies mentales par le Dr. Jul. Morel, Medecin-Directeur r. de l'Asile d'Alienees de l'Etat. Deuxieme edition complement refondue. Brusel-les Henri Lamertin, Editeur, 58 et 62, Rue Coudenberg, 1913.

This is a valuable manual for physician and attendant upon ordinarily sick and the insanelly ill. The eminent author's wide experience and clinically well trained mind fully justifies the writing and publishing of this excellent book which ought to be translated into every language. The author's views as an eminent psychiatrist make this book especially good reading to every Alienist and Neurologist and from this commendation no chapter can well be excepted. Mons. L' Docteur "Vous y etes."

THE LANE MEDICAL LECTURES given by the medical department of Leland Stanford University were delivered by Sir Edward A. Schafer, Professor of Physiology in the University of Edinburg.

Internal secretion in general, parathyroid, adrenal, glandular secretion, the pituitary body and other internal secretions constituted the interesting course; all lectures being illustrated.

The Lane Medical Lectures were founded in 1896 by the late Dr. Levi Cooper Lane. They consist of a "free course of lectures on medical subjects by men distinguished at home or abroad for their work in either medicine or surgery, and are intended for medical students and the medical profession at large."

The highly instructive character of these lectures continues to be well sustained in the last course of Sir Edward Schafer.

FOURTH BIENNIAL REPORT OF THE SUPERINTENDENT OF THE STATE HOSPITALS FOR INEBRIATES at Knoxville, Iowa to the Board of Control of State Institutions for the period ending June 30, 1912. George Donohoe, M. D., Superintendent.

Glad to get this report and to note the progress Iowa is making towards the rational recognition and legal reformation of diseased inebriates for alcohol is a poison and those who are deluded into making a beverage of this poison are not wise, for at the last it enslaves and destroys the higher nerve centers, bringing on paralysis, blood vessel disease, insanity and death.

THE LETTER "HUMANUM GENUS" of the Pope, Leo XIII., against Free-Masonry and the Spirit of the Age, April 20, 1884. Original and English translation and the reply for the Ancient and Accepted Scottish Rite of Free-Masonry. Gr.: Orient of Charleston: 1884.

Masons and Catholics, agnostics and others who would be guided by the Golden Rule may read this with profit. How glorious it is that persecution for opinions' sake has

passed or mostly gone in Christendom. "The prayer of Ajax was for light." The light of the twentieth century is here.

DANNEMORA STATE HOSPITAL reports that the most noticeable difference, when the diagnoses are compared with those of previous years, is the larger number of cases of dementia præcox received during the last fiscal year,, constituting about thirty-six per cent. of the total admissions. This is an increase of about six per cent. over the previous year and an eleven per cent. increase over the average for the past five years. As this form of insanity rarely terminates in recovery, it accounts, to some degree, for the lower discharge rate for the year and the consequent increased gain in population, though this gain is, of course, due mainly to the increased admissions. This applies also to other hospital reports coming to us.

LUTHER'S EARLY DEVELOPMENT in the light of psycho-analysis by Preserved Smith, Amherst, Mass. in the July thirteenth issue of the American Journal of Psychology, is a specially interesting and well treated article for the edification of Alienists and Neurologists.

Martin Luther's obsessions have always had a peculiar biologic interest to students of psychiatry and psychology. From a neuropsychological and neuropathological standpoint this is the best of the several valuable contributions in this number of this excellent magazine of mind. This magazine ought to be a companion magazine to the *Alienist and Neurologist* in every mind student's library.

MILTON FAIRCHILD'S STORY.—Some advance mothers had taught their daughters sex knowledge as to how children grew inside the mother and how papa was the stork that started them for this world.

One of the daughters concluded she would rather have a real baby such as mamma had than a doll. One of the boys in the school group who knew all about such

matters volunteered to show the little girl how it was accomplished, but she chose another boy for papa and then there was consternation among the mamma's over the issue of this advanced sex knowledge.

LETTERS OF JULIUS COMMEDIUS BRUTUS AND THE REPLY.—By E. S. Goodhue, A. M., M. D., LL. D., Vice-President (Hawaii) Medico-Legal Society of New York, etc. from Pacific Commercial Advertiser.

It may interest readers of these letters to know that the author has written a paper entitled, "The Adequate Punishment and Care of Defectives," for the Hawaiian Medical Society, in which a practical and adequate remedy for sexual crimes is discussed. Acting upon suggestions in this paper, the Governor has approved of a bill now before the Hawaiian Legislature, providing for the examination of applicants for marriage license, and the sterilization of defectives.

MEMORIAL RELATING TO THE CONSERVATION OF HUMAN LIFE, as contemplated by bill (S. 1) providing for a United States Public-Health Service. Prepared by Prof. Irving Fisher of Yale University, President of the Committee of One Hundred on National Health. Assisted by Miss Emily F. Robbins of New York City, executive secretary of the committee.

This bill was presented by Mr. Owen April 5th, 1912, and should have been enacted into law before now. At least there should be on our Nation Statute Book a National Bureau of similar purport.

THE ESTABLISHMENT OF PARKS AND PARKWAYS.—Recommended by the City Plan Commission, meets with the hearty approval of this magazine from the standpoint of sound eugenics. Parks reduce the need of hospital space and of cemetery lots required by a city people and augment the nerve tonic and physical vigor of those who enjoy them. They are good investments for any city.

TRAITE CLINIQUE ET MEDICO-LEGAL Des Troubles Psychiques et Nervosopsychiques Post Traumatiques par R. Benon, Ancien interne de la Clinique interne des Maladies Mentales et enl'encephale ala Facultie de Paris. Medicin del hospice Generale de Nantes.

Paris, G. Steinheil, Editeur, 2 Rue Casimer-Delangué, 1913.

This excellent work will appeal to those familiar with the French language and working in the ranks of surgery, as a book of inestimable value. It deserves a place in every surgeons library alongside Bowlby's great English book on injuries and disease of the nerves and their surgical treatment published in this country by the Blakistons. But this volume lacks the many excellent illustrations given in Bowlby's splendid book.

While the lack of this pictorial feature in the treatise of the Registrar and surgical pathologist of St. Bartholomew it is to be regretted, this valuable book is full of merit.

The general plan of this excellent book includes chapters on traumatic dysthenias, traumatic dysphrenias and the different post traumatic psychic and neuropsychic conditions. The author is systematic, logical and clinical.

MARRIAGE AND GENETICS.—By Dr. Charles A. L. Reed from the Galton Press Publishers, Masonic Temple, Cincinnati, Ohio.

This publication shows the new responsibilities that the people are imposing on the medical profession in connection with new sociologic problems. The chapter on "The Eugenic Medical Examination for Marriage" is the first authoritative utterance on the subject from one of Dr. Reed's high standing in the medical world. "Heredity," "Social Diseases," "Race Poisons," and "Applied Eugenics," all of which are discussed, are other topics upon which physicians are already being asked to give professional advice. Some practitioners are meeting the responsibility by prescribing the book itself.

A careful reading of this interesting volume and from

so competent a source of information and wise counsel on the subjects treated, justifies our experienced commendation from observation along similar lines as those of the distinguished author, personally long and favorably known to the reviewer, a fellow physician. Prof. Reed is an Ex. Pres. of the American Medical Association, a surgeon of especial and extensive medical and surgical experience with women and the family life, and a teacher of gynecological surgery in a meritorious and prominent medical school of the United States.

CANT AND THE CANTEEN.—By S. B. Dexter, Secretary of the Inter-Denominational Ministerial Commission on Investigation at Fort Sheridan, Chicago and New York. The Henneberry Company, publishers.

In addition to the vaso-motor paralyzing power of alcohol causing the congestions cerebral, hepatic, gastric and elsewhere as demonstrable in the florid complexions and blossomed nose, the vertigo and congested head, cephalgia and *Katzenjammer* apparent even to the non-medical observer, its motor and psycho-motor center paralysis as shown in the tremors and delirium, maudlin senseless speech stupor, unsteady gait and other paralyzing and toxic effects and other conditions shown after excessive inhibition in nausea, emesis, diarrhea, coma, spasms and insanity which ought to alarm the drinker as to its poisonous power for harm over the vital nerve centers, its dehydrating effect on the tissue and viscera, as shown in the parched lips and tongue and intense over-mustering depression the morning after a drinking bout, there is the great nerve enduring damage center which develops or awakens into perilous power the neuropathic constitution, entailing upon offspring epilepsy, insanity, imbecility, idiocy and a great many neuropathic sequels, more than we have enumerated, causing woes unnumbered in a sequently suffering world, in its homes and hearts, and eugenic and euthenic resources damaged and destroyed by this chemical killer of human vital power—a poisoning stuff that saves the dead brain from

decomposition, but ruins and kills the living brain and mind—an agent of destruction fit only for the saving of the dead through its power of taking to itself the life sustaining serum of the brain and shrivelling this supreme and all directing organ of the body into slender dimensions and destroying microbic life about it.

It hardens the dead as it tends to harden the living cells and nerve centers of the brain and mind and does so indurate when vital resistance is inadequate and overcome and is the agency of destruction which the author of this book, "Cant and the Canteen," whose name is Dexter, but whose work is sinister, would reintroduce into the army as a daily beverage, to be a part of the social life of the American soldier. Soldiers of a nation, one of whose chief virtues is its comparative sobriety—a nation whose people yet retain a preference for nature's best beverages—pure water and the less harmful soft drinks—a nation whose households, hotels and restaurants place water first on every table, whose sons win at foreign marathon and other tests of personal strength and power, a nation one of whose chief concerns is for pure water and pure food—a nation awakened as never before in behalf of the popular welfare.

Here is a book plausible but fallacious in its reasoning, pleading for the introduction of a disease producing beverage into the army home of young soldiers, the only social place they have—the canteen—pleading for an opportunity for a certain number of these young defenders of our country to contract destructive habit—a habit that often ends in resistless drink crazing and craze in certain of the many nervously endowed enlisted men of our over-strenuous nation, developing or bringing from latency into pathic activity the neuropathic diathesis, a breeder of convulsive diseases and insanity, both in the life of the excessive drinker and in his offspring even unto further succeeding generations.

The author's reasoning is plausible but fallacious. Because it is hard to eradicate an evil is no reason that no attempt to do so, especially one so great as alcoholic

social beverage indulgence or because one thinks the evil will endure "till the dawn of the millennial morning."

But all argument aside, habitual alcoholic beverage drinkers should not be enlisted nor should the means of making them be provided there. Inebriety is liable to be as dangerous to our army as dynamite and saloons in the canteen are liable to develop this danger in some great crisis when only sober action would save.

Erratum Note.—The following, appearing on page 376, last number, should have appeared on page 374 under notice of Dr. Booth's paper on "Simulation of Organic by Functional Nervous Diseases:"

"This is a timely paper from a good source and read before a suitable audience, the Association of Railway Surgeons.

"The average surgeon, railway or other, does not know so much of neurology as he should and papers like this one help to enlighten those who need enlightenment."

PROCEEDINGS OF THE MENTAL HYGIENE CONFERENCE AND EXHIBIT at College of the City of New York, New York City, November 8th to 15th, 1912.

The Mental Hygiene Movement, of which this conference formed a part, is a well organized endeavor to reduce the alarming amount of mental impairment in the United States by making public careful statements of the causes of mental diseases, by securing earlier mental treatment, by promoting special school training and special classes for the atypical child and the child predisposed to mental and nervous disorders, and by encouraging the development of social service for the assistance of individuals in danger of mental breakdown. The movement also includes a medical survey of institutions caring for the insane in the United States for the purpose of determining the best measures to improve standards of care among the 200,000 suffering from mental disorders.

This is one of the greatest movements of the age for the conservation of the mental life of the people and integrity of the nation dependent thereon, for the

nation's life is dependent upon the quality and power of the minds, **which** aggregated, go into the make-up of our country for its future weal or woe in guiding "the ship of state." Sound minds in sound bodies constitute America's salvation from the shipwreck on which other nations have stranded.

The illustrated handbook of the Mental Hygiene Movement and Exhibition we are here noticing is a fit companion of enlightenment on this important subject and ought to be read and studied by all physicians, philanthropists, the judiciary and legislators.

THE DANCING MANIA is one of the themes editorial in the Aug. No. of the *Medical Times* as follows:

In this magazine also appears the handsome face of our talented author friend Dr. Geo. F. Butler, in connection with his new and interesting book for boys and girls.

The dancing epidemic which the country is witnessing recalls in some respects the dancing mania of the Middle Ages, which has been frequently discussed in the literature of neurological medicine. The ragtime and turkey trot manias appear to be contagious in much the same way that the medieval manias were. They are alike also in respect to widespread prevalence, the populations of whole continents being affected. These neurotic phenomena have been ascribed to widespread neurasthenia, due to unrest and other pathological social conditions. These and the naive determination to be "amused" that characterizes the masses, together with the peculiar influence of a type of "music" which seems to set up characteristic motor reactions, account for the specially sensitized class which may be observed in action day and night almost anywhere in the country. This class illustrates well the principles laid down by M. Le Bon, that authority on the psychology of the crowd. Then it has been pointed out that many ragtime tunes are versions of negro revival hymns, which perhaps introduces an element of quasi-religious emotionalism

and also recalls the interesting fact that dancing has always been connected with religion, especially Pagan religion. The instinct to dance is a very primitive one, and through the dance certain emotions find outlet and expression. There is a normal and an abnormal phase to the subject, however, and we are inclined to think that it is the latter that finds exemplification in ragtime and trotting.

THE AFTERMATH OF GETTYSBURG.—The Lancet Clinic has an excellent editorial based on David Star Jordan's "Blood of the Nation" from which we abstract.

The semi-centennial of the battle of Gettysburg has brought reflection to the American mind. Think of the awful sacrifice of young American manhood upon that awful field. They were mere boys—for four-fifths of each army were only twenty-two years of age or younger. The best of both of the warring sections, they left no descendants behind them, and something is wanting from our population that time can never replace. The heaven that should be here will not act upon our civilization, guiding it toward the high ideals that animated the men who were willing to lay down their lives for a cause.

Current literature shows that an earnest effort is being made by many well-intentioned men and women to improve the breed of men. We hear much of eugenics, of sterilization laws, of physical examinations before the granting of marriage licenses, of anti-tuberculosis leagues, of the "back-to-the-land" movement, and these are valuable agencies to a country in a state of peace. But the beneficent work that may be accomplished by these agencies when they are allowed to work in times of peace can be overwhelmed and blotted out by a single war, even of short duration. Behold what happened to Spain when she sought to conquer the world—a few years of glory, many years of savage but unsuccessful wars, and then "the mediocrities and clowns were left to become the parents of the succeeding generations, and Spain, after the Reformation, was rapidly shorn of her power

because she could not furnish the men capable of retaining it."

It is fitting to close with Jordan's keynote, a biological fact we must never forget. He says: "A race of men or a herd of cattle are governed by the same laws of selection. Those who survive inherit the traits of their own actual ancestry. In a herd of cattle, to destroy the strongest bulls, the fairest cows, the most promising calves, is to allow those not strong nor fair nor promising to become the parents of the coming herd. Under this influence the herd will deteriorate, although the individuals of the inferior herd are no worse than their own actual parents. Such a process is called race degeneration, and is the only race degeneration known in the history of cattle or men. The scrawny, lean, infertile is the natural offspring of the same type of parents."

So the medical profession must stand between the people and those ignorant madmen who would drive them into war.

HALF OUR POPULATION LIVING IN "DRY" TERRITORY.

—It is generally thought that Germany drinks more beer than any other nation in the world. This is a mistake. Germany comes second. The United States consumes 1,851,000,000 gallons of beer each year, which is a hundred million gallons more than Germany's consumption. Russia leads the world in its use of distilled liquors, and the United States comes second, with its consumption of 133,000,000 gallons. Although the United States is first as a beer-drinking nation and second as a consumer of distilled spirits among the nations of the world, the liquor dealers of America are having a desperate fight for the life of their traffic.

The saloon has been expelled from one-half of the population and from two-thirds of the geographical area of the country. In 1868 there were 3,500,000 people living in territory where the drink traffic had been outlawed; in 1900 the number had increased to 18,000,000;

in 1908, or only eight years after, the number had doubled to 36,000,000, and today there are 46,029,750 persons, or a fraction over one-half of the population of the country, living in no-license territory. In the last five years the no-license population has increased a little over 10,000,000, which is more than 10 per cent. of the total population of the nation and 30 per cent increase in the number living in "dry" districts. Since 1868 the population of the country has doubled, while the number of inhabitants of "dry" territory has increased over thirteen fold.—From "The Campaign Against the Saloon," by Ferdinand Cowle Iglehart, in the American Review of Reviews for July.

THE INTELLECTUAL STANDARD OF DOCTORS.—There is not the slightest reason to believe that physicians are linguistically inferior to parsons or lawyers. The assertion that English doctors are inferior in general culture to their French and German brethren is entirely unwarranted by facts. It is true that many of the keenest minds of the nation are attracted to fields of activity which offer a better financial return. But fortunately many men of intellect are attracted to the profession by the interest of the work, and it would be strange indeed if medical men whose education is more elaborate and costly than that of any other class of the community should have a lower intellectual standard than that of other professional men. It is recorded by Boswell that Johnson "in general had a peculiar pleasure in the society of physicians." Sir James Paget, as is mentioned in his "Memoirs and Letters," sat one evening at that very select club, Grillion's, between Gladstone and Matthew Arnold. The talk turned on professions and Gladstone said that medicine, steadily developing and improving, was the profession of the future. Arnold said he had been much impressed in America by the superiority of the doctors over the clergy and the lawyers. As regards classical culture in particular, that is becoming more and more the appanage of a

highly specialized class. Members of Parliament no longer quote Latin, and the time is long past when, as Sydney Smith said, a false quantity in early life is a stumbling-block in the career of a politician.—British Medical Journal.

PAY OF ANCIENT GREEK PHYSICIANS.—The remuneration of physicians originally consisted in presents, but at the time of Hippocrates payment in money was already customary. Physicians received also public praise, the "crown of honor," the freedom of the city, the privilege of eating at the king's table. Physicians employed by the state received a yearly salary, as high as \$2,000 in some instances. Rich people would pay enormous sums for a successful treatment, and a case is recorded in which \$200,000 was paid. The state furnished the means for elaborate iatreaia, with a rich equipment, and levied a special tax for the physician of the state; it was sometimes the case in rich cities that the citizens were exempt from all taxes except for physicians.—A Rose, "Ancient Greek Medicine."

LE SPLEEN.—Contribution a l'etude des perversions de l'instinct de conservation. Par Le Docteur Henry Le Savoureux. Interne des Asiles de la Seine et de L'Infirmierie Speciale du Depot Ancien Externe des Hospitaux de Paris. G. Steinheil, Editeur, 2 Rue Casimir-Delavigne, 1913.

HOFFMAN, "DIE RASSENHYGIENE IN DEN VEREINIGTEN STAATEN VON NORDAMERIKA."—Preis M. 4.—Gebunden M. 5.—Mitenier Figur im Text. J. F. Lehmann's Verlag. Muenchen. Paul Heyse Strasse 26.

The Einleitung is written by the author in Chicago.

DEPARTMENT OF COMMERCE, Bureau of the Census, Wm. J. Harris, Director. Mortality Statistics, 1910. Annual Report. Prepared under the supervision of Cressy L. Wilbur, M. D., Chief Statistician of Vital Statistics. Washington, Government Printing Office, 1913.

THE TRIUMPH OF INORGANIC PHOSPHATES, by the Wheeler M.D. Company.—Manufacturing makes a good showing for their claim that their inorganic salts of iron and calcium were superior in every way to the organic—the so-called peptonates, albuminates, etc., and the glycerophosphates; that the laboratory of the human body could utilize in the formation of lecithin, etc., the inorganic salts more easily, and with less loss of time, than the complex organic compounds. Wheeler's Tissue Phosphates Co., is an M.D. Co.

CENTRAL TRAFFIC PARKWAY.—A City Plan Commission, St. Louis.

From every point of view should be included the highest sanitary conditions which mean good health in mind as well as in body and happy mental content. These are the greatest assets of a great city and parks are essential to this end. Strong, stable and wisely endowed psychic neurones make prosperous and rightly ruled people.

SUMMARIES OF LAWS RELATING TO THE COMMITMENT AND CARE OF THE INSANE IN THE UNITED STATES.—Prepared by John Koren for The National Committee for Mental Hygiene. Published by The National Committee for Mental Hygiene, 50 Union Square, New York. Price one dollar, postpaid.

This is a book of valuable information for those interested but the price is too high for a paper back book.

THE EXERCISES AT THE HENRY PHIPPS PSYCHIATRY CLINIC, last April at the Johns Hopkins Hospital, Baltimore, Md., were followed by an interesting and instructive program which showed marked advance in appreciation of present day psychiatry.

BOARD OF EDUCATION OF THE CITY OF ST. LOUIS.—Report of the President. These reports always show pedagogic process.

CONSERVATION OF HUMAN LIFE.—By Robert Lynn Cox. An outline of the movement among life insurance companies to prolong lives of policyholders. Distributed at The Fifteenth International Congress on Hygiene and Demography, Washington, D. C. From "The Business of Insurance," New York City.

This brochure proposes the best of all conservation.

HOW TO PREVENT TYPHOID FEVER.—U. S. Department of Agriculture, Farmers' Bulletin, 478, by Logan Waller Page, John R. Mohler, and Edwin F. Smith. Glad to see such papers sent to farmers. More typhoid comes from farm milk and negligence, uncleanness and ignorance than elsewhere. The preventive inoculation suggestion is timely.

A LIVELY COMBINATION is the Denver Medical Times, the Utah Medical Journal and Nevada Medicine.

These three constitute a valuable triune font of medical knowledge and Dr. Cuneo's foreign translations are especially cunning and edifying as will appear in our selection department.

A CLINICAL MANUAL OF MENTAL DISEASES.—By Francis X. Dercum, M.D., Ph.D. Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia, Octavo, 425 pages, Philadelphia and London: W. B. Saunders Company, 1913.

Cloth, \$3.00 net.

Well illustrated and well written.

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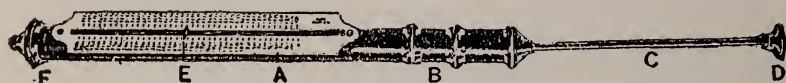
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ENTRANCE



WEST HOUSE



OFFICE AND BATH HOUSE



PSYCHOPATHIC HOSPITAL

THE MILWAUKEE SANITARIUM FOR MENTAL AND NERVOUS DISEASES

ESTABLISHED
IN 1884

Located at Wauwatosa, (a suburb of Milwaukee) on C. M. & St. P. Ry., 2¼ hours from Chicago, 15 minutes from Milwaukee, 5 minutes from all cars. Two lines street cars. Complete facilities and equipment, as heretofore announced.

New Psychopathic Hospital; Continuous Baths, fire-proof building, separate grounds.

New West House; Rooms en suite with private baths.

New Gymnasium and recreation building; physical culture, new "Zander" machines, shower baths.

Modern Bath House; Hydrotherapy, Electrotherapy, Mechanotherapy.

28 acres beautiful hill, forest and lawn. Five houses. Individualized treatment.

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TELEPHONES: Chicago-Central 2856. Milwaukee-Wauwatosa 16.

GYMNASIUM

LAWN

MAIN BUILDING

FOREST PATH

