

H. Russell, Esq., expressed the opinion that the term insanity should never be applied except where the patient was beyond recovery of his reason. Dr. Wm. A. Hammond spoke of the difference between legal and medical insanity, stating that a person might be medically insane, and yet be held by the law to be sane. The standard adopted in New York was correct, he thought, that a man was insane when he did not know right from wrong, or the nature or consequences of his acts.

— Dr. Edward G. Jañeway has been appointed Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, in the place of the late Dr. Flint. In recognition of Dr. Flint's long and distinguished services at Bellevue Hospital, the Commissioners of Charities and Correction have decided, at the request of the Medical Board, to put up in that institution a mural tablet to his memory.

Miscellany.

A SERIES OF CASES OF TUBERCULAR MENINGITIS.

IN the *Polyclinic*, March 15, Dr. J. H. Musser gives a series of notes based on thirteen cases of tubercular meningitis, all observed in private practice. Among the conclusions of interest that are drawn are the following:—

Tubercular meningitis may be considered a disease (1) of frequent occurrence, in the middle and lower classes especially; (2) more common than other localizations of tuberculosis, except the pulmonary; and (3) much more frequent than other varieties of meningitis.

Among the causes most prominent are, age, hereditary predisposition to tuberculosis, poor hygienic surroundings, and insufficient and poor food. The prime factor, always to be looked for, is the presence of a primary focus, inflammatory, tubercular, or "cheesy." The important symptoms presented in this series of cases were, in addition to the ones usually noted, in the premonitory stages, emaciation, irregular fever, and gastro-intestinal disorder without vomiting; in the succeeding stages, purulent conjunctivitis, erythemas, and other vascular changes in the skin, excessive emaciation, fever, offensiveness of breath, the scaphoid abdomen, and changes in respiratory rhythm.

Headache, motor and sensory irritations, and palsies occurred in all the cases. In a few, the headache was distinctly intermitting. The spasms and palsies of groups of muscles were irregular in respective cases, as to order or frequency. Hourly change in the state of the muscles was common, and the same may be said regarding sensation. Not only does this apply to alterations of function of spinal, but also of cerebral nerves. Convulsions (partial, unilateral, or general), delirium, and coma were present at the usual period, but presented no peculiar feature.

Special senses: Total blindness was observed in one case; impairment of vision in five; optic neuritis was recorded in three. The state of the pupils was not of special import—in one instance was there irregularity in size in the second stage. In the first stage they

were not affected, save contracted in one instance, and fixed, in a dilated state, in another. Dilatation was the rule in the second stage. Nystagmus was observed in one case. Purulent conjunctivitis occurred in eight cases, in the second stage usually, and in two instances was unilateral. Ptosis was present only in one case.

In five instances local erythema and general flushings were noted. An urticaria-like rash was seen in three instances. In the later stages pallor or a bluish hue of the face was observed. A unilateral mottling of the extremities was observed. Emaciation was marked and persistent in the prolonged cases, nine in all. Fever was present in the first stage in seven cases; in the second, in nine; intermitting in type, often the irregular paroxysms. Hyperpyrexia was noted in one. The pulse was slow seven times in the first stage; irregular or intermitting in four. In the second stage it was usually quickened, small, rapid and feeble; twice, slow and irregular. It was never wiry or corded in either stage.

Vomiting occurred but three times in the first stage; once only in the premonitory stage, and once only in the final stage. Constipation was seldom observed—three times in the first, twice in the second stage. Diarrhoea was excessive once. Offensiveness of the breath was very frequent, and occurred chiefly in the last stage, but was so marked at first, also, in three cases, as to be noted. In the larger number of instances, (nine) the tongue was heavily coated. The scaphoid abdomen occurred at varying periods: once in the first stage, seven times in the second stage, while three times is recorded absent; twice there is on record. Respiratory symptoms: first stage, irregular or Cheyne-Stokes, four times, rapid twice, slow once. Second stage, Cheyne-Stokes twice, rapid six times.

Remissions of a decided character were noted twice; after the development of the most grave symptoms, a period of improvement led to hopes of recovery.

A CASE OF EXTRAORDINARY SEXUAL PRECOCITY.

THE Paris correspondent of the *British Medical Journal* (February 13), gives an account of a case published in the *Semaine Médicale*, and observed by Dr. Mengus, of a little girl of twenty-three months, who menstruated regularly. The child was well formed and fully developed for her age. The menstrual flux proceeded from the genital organs; there was neither lesion, neoplasm, nor a foreign body to explain this. The hymeneal membrane was absent; examination could extend to the cervix uteri, which was excessively developed for a child of that age. After three days, the catamenial flow stopped, and reappeared six weeks later on. The child presented signs of puberty, which increased after the second menstruation; the breasts were as developed as in the mobile period; the pelvis presented the signs of commencing puberty, and the skin lost the satin-like surface peculiar to children, and presented the rougher one characteristic of puberty in young girls; loss of blood weakened the child at first, but a few tonics restored her normal condition; she continued to menstruate regularly and have perfect health; she is now three and a half years old, precocious and intelligent, and measures 1.15 mètres in height, the stature of a child of seven. Her brother presents all the symptoms of cretinism.

SUDDEN DEATH FROM HÆMORRHAGE INTO THE ABDOMINAL CAVITY DURING MENSTRUATION.

MR. EDMOND J. PENNY describes in the *British Medical Journal*, March 20, a case of death from the above cause. The patient, aged twenty-seven, had always enjoyed good health, and was the mother of two children. She was perfectly well until about seven one evening, when she complained of pain in the region of the stomach, which she attributed to the fact that she was menstruating at the time, and said she thought she would go to bed. She gradually grew worse, was extremely restless, complained of pain in her chest, and of difficulty of breathing; but refused to allow medical aid to be summoned, as she said she would be better in the morning.

Shortly before 4 A.M., her condition becoming more serious, medical attendance was requested; but the patient had already died during her husband's short absence.

A necropsy was made the following day. The body was well nourished. Rigor mortis was present. The surface was unusually blanched. There was well-marked blood-stains to be seen at the external genitals. The lungs were found to be healthy; the pleura was normal, and the pleural cavity contained its natural quantity of serum. The pericardium was natural, with the usual amount of fluid. The muscular tissue of the heart was healthy. The ventricles were contracted; there was a small clot of fibrin in the left ventricular cavity. The valves were healthy. After the thoracic viscera were removed, the diaphragm was seen to bulge upwards in an unusual manner, particularly on the right side. On opening the abdominal cavity, a large quantity of dark fluid blood immediately escaped, and the whole of the right side of the abdominal cavity was found to be full of fluid and serous coagulated blood; while the right iliac fossa was occupied by a tolerably firm clot, of the size of a foetal head. The viscera were carefully removed and examined, and were found to be healthy, with no trace of lesion. The aorta and its principal branches were also minutely examined, and found to be everywhere healthy, nor could any lesion be discovered in the veins. On removing the large clot from the right iliac fossa, and tracing it onwards, it was found to lead to the right ovary; and a small but firm clot, at least an inch in length, was discovered attached to the outer surface of that organ. Two ruptured Graafian vesicles were also seen, to one of which an ovum was adherent; and, in the neighborhood of these, several small blood-vessels were found to be distended with clot, one of them being distinctly ruptured; and it was to this site that the clot above-mentioned was found to be adherent. The left ovary also showed signs of activity having taken place previously to death; and on its surface were seen small blood-vessels filled with clot, whilst an ovum was also attached to it. The uterus, which was not removed, appeared to be normal.

The occurrence of hæmorrhage into the abdominal cavity, due to the rupture of a Graafian follicle during menstruation, is undoubtedly rare; but it is notwithstanding, admitted by various writers on obstetrics, and notably Dr. Graaf and Hewitt. Hæmorrhage, in this case, evidently took place very slowly, occupying at least nine hours, while the quantity of blood extravasated was enormous. It seemed as if the whole body had been drained into the abdominal cavity.

SUICIDES IN GREAT BRITAIN.

Science gives an abstract of an interesting paper read before the Statistical Society, on February 17, by Dr. W. Ogle, on "Suicides in England and Wales in relation to Age, Sex, Season and Occupation." The proportion of suicides is 72 annually per million persons living. The suicide-rate increases rapidly until after middle life, but, in the more advanced periods, again diminishes. The maximum rate is in the 55-65 years period, when it reaches 251 per million. The male rate is far higher than the female, with the exception of the period between 15 and 20 years of age, when the female rate is slightly in advance. The occupations in which suicide-rates are lowest are those which imply rough manual labor, carried on mostly out of doors. The occupations with the highest suicide-rates are those which are sedentary, like the learned professions, and also such as notoriously lead to intemperance. As regards farmers, suicides nearly doubled in the two years 1879-80, when agricultural distress was most acute; and simultaneously with this rise in their suicide-rate, there was a corresponding rise in their registered bankruptcies. The amount of suicides varies with the seasons, forming a regular annual curve, of which the minimum is in December, and the maximum in June. The commonest method of suicide is hanging; then follow in order drowning, cutting or stabbing, poisoning, shooting. Women, however, select drowning before hanging, and poisoning before cutting or stabbing. Women take any poison indifferently; men choose painless and sure preparations. The choice of method is also affected by age, the young showing a comparative preference for drowning, poisoning and shooting; by occupation, men preferring the instruments of their trades; by season, drowning being avoided in cold months.

EXTRUSION OF FŒTAL MEMBRANES AT THE SEVENTH MONTH WITH SUBSEQUENT RE-TRACTION.

DR. F. E. CHATARD, JR., reported to the Baltimore Gynecological Society (*New York Medical Journal*, April 3, 1886), a case of considerable rarity. He thus describes it:—"Mrs. B., was in her second pregnancy and up to March 7th, the thirty-third week, nothing unusual had occurred. On that date I was hurriedly summoned, and obtained from the husband the following data: That afternoon she had taken a walk of considerable length, and decidedly more than was her custom, and, as a result, she felt more than usually fatigued and complained of a sense of weight and fullness about the genitals. Her husband found a purplish mass protruding from the external genitals; he at once directed her to keep quiet in bed, and sent for me. I saw her about three hours after her walk, and, in making an examination, found, protruding from the vulva, a soft fluctuating tumor of about the size of a small chicken-egg. This could be traced by the finger within the vagina, and extended up to and within the external os uteri, which was dilated to about the size of a silver quarter-dollar. The tumor was nearly cylindrical in shape, moderately tense, with walls of about the thickness of the membranes at term, and its contents were perfectly fluid. There was no apparent uterine contraction or pain at the time of my visit, and the sensations complained of immediately after the walk had almost entirely disappeared. I directed her

to remain quiet in bed and, if labor pains came on, to check them with an anodyne mixture of chloral and morphine, as she was still six weeks from her expected date of confinement. At my visit the next morning I learned that the patient had passed a comfortable night, and had experienced no pains or uncomfortable feelings. The tumor had retracted so that the lower portion was about half-way between the os uteri and the external genitals. I directed continued rest in bed. On the third day I found the tumor projecting only slightly at the mouth of the womb, which was now contracted to about the size of a three-cent piece. On the fourth day the os had returned to its normal size and condition; and no membranes could be felt. The patient completed her term of pregnancy and was confined on April 11th; the labor was normal, the bag of waters forming as usual."

THE "ROYAL OPERATION."

The *Cincinnati Lancet and Clinic* has been making medico-historical researches into the times of *le Grand Monarque*. It tells us that Louis XIV, of France, was the friend and patron of physicians; especially well did he support Dr. François Felix. Louis started in young with numerous doses of clap; then he had small-pox, measles, pneumonia, dyspepsia, finally, to cap the climax, a perineal abscess and beautiful fistula in ano; then a carbuncle in the back of his neck, and chronic gout, then gravel, and finally died of a gangrene. All these evil afflictions kept his favorite doctor, Felix, busy. On November 18, 1686, at Fontainebleau, Dr. Felix operated on the king for fistula, in the presence of Madame de Maintenon and a few other friends. The cure was marvellous, and so was the pay, for Louis XIV presented his physician with a fee of \$750,000 and a farm. During various illnesses, he paid Dr. Felix over five millions of dollars. The king having set the fashion of being operated on for fistula, most of the French nobility and the Parisian *demi monde* followed suit, and a brilliant historical writer of the period states that "the nobility, male and female, flocked to Dr. Felix at Versailles, and no matter whether suffering from fissures or from hæmorrhoids, presented their backsides to the surgeon, begging him to make a neat incision of the sphincter ani. More than thirty court ladies left in tears when they discovered they owned no real fistula." The operation in those days was called the "royal operation," and Dr. Felix reaped a harvest.

SHALL THERE BE LIBERTY OF DISCUSSION IN MEDICAL MEETINGS?

A CASE in which all physicians are interested is now under trial in the courts of Philadelphia. The facts, as explained by the *Philadelphia Medical Times*, are, briefly, these: Dr. Carl Seiler, several months ago, before the Alumni Association of the College of Pharmacy of this city, and within the hall of the College, delivered a lecture upon "Hay-Fever." After he had explained the modern views of the neurotic nature of the disease, he stated the fact that it was often excited by pollen from various plants, as well as by particles of dust in the air; and he pointed out the fact that in the treatment, all powders are therefore injurious, since

they act as irritants to the inflamed mucous membrane. In impressing this point upon his audience, speaking extemporaneously, he condemned all powders for this reason, and told his audience not to use them. Among the examples which he mentioned, was a proprietary article in the form of a snuff, which had been advertised in Philadelphia as a "cure" for hay-fever. The professional experience of the lecturer, and his knowledge of the nature of the disease in question, he believed, enabled him to form, and qualified him to express, a positive opinion as to the dangers of a remedy of the kind indicated, when used in this highly objectionable manner.

For this statement, made before a medical audience (for pharmacy is a branch of medicine), Dr. Seiler has been prosecuted by the owner of the nostrum, who claims exemplary damages for injury to his business. If the case is decided in favor of the plaintiff in this case, medical men, as our contemporary remarks, may consider it as an intimation that the patent-medicine business has grown so powerful that it may now issue its mandates directly to the profession, and that hereafter, if proprietary medicines are mentioned at all in our discussions, it shall only be in terms of commendation, and with due respect.

A SUSPENSION OF DIAGNOSIS IN CASES OF PSEUDO-HERMAPHRODITISM.

ATTENTION of French writers on Forensic medicine has lately been occupied with pseudo-hermaphroditism, as an impediment to the declaration of the sex of a new-born child. It appears that in France the sex of a child must be declared within three days after its birth, and it cannot in the course of its life enjoy the rights of other than the declared sex, without an appeal to a legal tribunal. Garnier and Leblond have each contributed papers on this subject to *Annales d'Hygiène Publique*, Sér. 3, T. xiv., p. 285. (See also *Medical Record*, March 15). The authors point out the injustice of this law in cases of pseudo-hermaphrodites, who at puberty find themselves of a sex opposite to that which had been declared; and Garnier gives, by way of illustration, an account of a case which has recently come under his notice. Both authors strongly urge that, as there is sometimes much difficulty in correctly determining the sex at birth, it should be open to the accoucheur, in such cases, to report the sex as undetermined or doubtful, leaving the final declaration of a sex to a later and more favorable period.

COMMUNICATION OF TUBERCULOSIS THROUGH THE FOOD.

FISCHER (*Archiv. f. exper. Pathologie u. Pharmak.* January, 1886, *Practitioner*, March, 1886), has made a series of experiments on this subject on rabbits, with the result that he comes to the conclusion that such a method of the conveyance of the tuberculous poison is beyond all doubt. His experiments were made with beaten-up fresh lungs of rabbits which had died of tuberculosis, and later on with such lungs after putrefaction had commenced in them. From his first series, the results showed that after the animals had partaken only once of this material (3-8 ccm.), a typical tuberculosis of the intestinal mucous membrane, of

the mesenteric glands, and liver was developed within a period varying from six to eight and one-third weeks. The spleen, omentum, kidneys, pleura and peritoneum were, on the contrary, never found affected, the part chiefly involved being the intestinal mucous membrane, the extent of this depending on the duration of the experiment and the richness of the tuberculous material in bacilli.

Falk had previously shown that the digestive juices, contrary in this respect to their action on the anthrax bacilli, have little or no effect on the tubercle bacilli, neither killing them nor even weakening them, and

Fischer has arrived at a similar conclusion. On the other hand, putrefaction has a most distinct effect on the tuberculous poison; on feeding the animals with putrefactive tuberculous material, either no changes at all were found, or they were slight and limited for the most part to the mesenteric glands and vermiform process, and as the number of the bacilli in such material was in no way diminished, the difference in the action could only be ascribed to a weakening of the pathogenic activity of the organisms, brought about by prolonged contact with putrefactive organic substances.

REPORTED MORTALITY FOR THE WEEK ENDING APRIL 3, 1886.

Cities.	Estimated Population.	Reported Deaths in each.	Deaths under Five Years.	Percentage of Deaths from				
				Infectious Diseases.	Consumption.	Whoop's Cough.	Diphtheria and Croup.	Typhoid Fever.
New York	1,439,039	726	257	13.72	14.26	13.08	3.64	1.82
Philadelphia	971,363	460	160	10.78	—	.22	4.40	1.32
Brooklyn	690,000	277	99	14.74	10.44	2.16	5.76	5.04
Chicago	630,000	—	—	—	—	—	—	—
Boston	390,406	183	53	8.15	17.05	.31	2.48	.62
Baltimore	417,220	198	78	10.71	16.83	.51	.51	—
St. Louis	400,000	—	—	—	—	—	—	—
Cincinnati	325,000	106	38	6.58	23.50	—	1.98	—
New Orleans	238,000	94	38	8.48	10.60	1.06	1.06	—
Buffalo	202,818	—	—	—	—	—	—	—
District of Columbia	205,000	84	31	13.09	15.47	2.38	2.38	—
Pittsburgh	190,000	—	—	—	—	—	—	—
Milwaukee	—	—	—	—	—	—	—	—
Providence	118,070	—	—	—	—	—	—	—
New Haven	78,000	—	—	—	—	—	—	—
Nashville	60,000	22	6	13.65	27.30	—	9.10	—
Charleston	60,145	26	11	23.10	7.70	15.40	3.85	—
Worcester	68,383	30	8	16.66	10.00	3.33	10.00	—
Lowell	64,051	35	13	20.00	8.58	—	20.00	—
Cambridge	59,660	30	9	13.33	16.66	—	6.66	3.33
Fall River	56,863	23	10	13.05	21.75	—	8.70	—
Lynn	45,861	23	8	8.70	17.40	—	—	—
Lawrence	38,825	9	0	—	44.44	—	—	—
Springfield	37,577	22	10	18.20	4.55	—	—	4.55
New Bedford	33,393	19	5	10.52	5.26	—	—	—
Somerville	29,992	—	—	—	—	—	—	—
Salem	28,084	12	2	—	—	—	—	—
Holyoke	27,894	6	1	16.66	—	—	—	16.66
Chelsea	25,709	7	2	14.28	—	14.28	—	—
Taunton	23,674	6	1	—	16.66	—	—	—
Haverhill	21,795	—	—	—	—	—	—	—
Gloucester	21,713	7	3	—	28.56	—	—	—
Brockton	20,783	4	3	25.00	25.00	—	—	25.00
Newton	19,759	10	2	30.00	—	—	—	20.00
Malden	16,407	8	3	—	25.00	—	—	—
Fitchburg	15,375	2	0	—	—	—	—	—
Waltham	14,609	5	2	20.00	20.00	—	—	—
Newburyport	13,716	3	1	53.33	—	—	33.33	—
Northampton	12,896	1	1	—	—	—	—	—
90 Massachusetts Towns	—	45	9	6.66	22.22	—	4.44	2.22

Deaths reported 2,483: under five years of age 864; principal infectious diseases (small-pox, measles, diphtheria, and croup, diarrhoeal diseases, whooping-cough, erysipelas and fevers) 299, consumption 301, lung diseases 374, diphtheria and croup 102, whooping-cough 30, scarlet fever 42, diarrhoeal diseases 29, malarial fever 24, typhoid fever 22, erysipelas 20, cerebro-spinal meningitis 13, measles seven, puerperal fever five, small-pox four, typhus fever one. From diarrhoeal diseases, New York 12, Philadelphia and Boston three each, Brooklyn, Baltimore and District of Columbia two each, Cincinnati, New Orleans, Cambridge, Lynn and Springfield, one each. From malarial fever, New York 12, New Orleans four, Baltimore three, Philadelphia and Brooklyn two each, District of Columbia one. From typhoid fever, Philadelphia six, New York five, New Bedford two, Brooklyn, Boston, Cincinnati, District of Columbia, Nashville, Lynn, Springfield, Newton and Waltham one each. From erysipelas, New York eight, Philadelphia seven, Brooklyn two, Boston, Cincinnati and Springfield one each. From cerebro-spinal meningitis, New York four, Philadelphia and Cincinnati two each, Baltimore, District of Columbia, Nashville, Worcester and Fall River one each. From measles, Baltimore five, New York and Brooklyn one each. From small-pox, New York four. From typhus fever, Philadelphia one.

In 108 cities and towns of Massachusetts, with a population of 1,262,875 (population of the State 1,941,465), the total death-rate for the week was 18.28 against 19.29 and 18.54 for the two preceding weeks.

In the 28 greater towns of England and Wales, with an estimated population of 9,093,817, for the week ending March 20th the death-rate was 29.3. Deaths reported 5,101: infants under one year of age 1,024; acute diseases of the respiratory organs (London) 917, whooping-cough 195, measles 103, diarrhoea 44, scarlet fever 32, fever 32, diphtheria 20, small-pox (Blackburn) one.

The death-rates ranged from 18.7 in Norwich; to 39.6 in Blackburn; Birkenhead 22.4; Birmingham 25.5; Hull 26.7; Leeds 20.9; Leicester 21.3; Liverpool 36.0; London 30.3; Manchester 35.7; Nottingham 27.1; Sheffield 23.8; Sunderland 22.5.

In Edinburgh 24.0; Glasgow 34.0; Dublin 40.5.

For the week ending March 20th in the Swiss towns, there were 55 deaths from lung diseases, consumption 53, small-pox nine, whooping-cough, diarrhoeal diseases, diphtheria and croup each seven, measles and puerperal fever one each.

The death-rates were: at Zurich 20.9; Geneva 19.2; Basle 17.8; Berne 36.4.