

sion lasted about five days, when consciousness gradually returned, and at the present writing the child is apparently as well as at any time in her short life. There is no paralysis, no change of vision, no fever; since the fifth day of the accident, no vomiting.

The treatment of the wound was antiseptic until healing had taken place. The bullet is still in the brain, and gives no symptoms.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

REGULAR Meeting December 15, 1896, the President, DR. JAMES R. CHADWICK, in the chair.

DR. ALFRED WORCESTER reported

FIVE CASES OF ECLAMPSIA, WITH COMMENTS UPON THE TREATMENT.¹

DR. CHARLES W. TOWNSEND read a paper on
PUERPERAL ECLAMPSIA,²

which was a study of 160 cases occurring at the Boston Lying-in Hospital and in the private practice of members of the Obstetrical Society of Boston.

DR. A. D. SINCLAIR said he could not agree with Dr. Worcester that manual dilatation and version was poor treatment in eclampsia. It is of great importance to fully dilate the cervix before attempting to extract. Cases of eclampsia differ very much in severity; some will get well, and some will die in spite of treatment, but he knew of no one remedy so successful as manual dilatation and version.

DR. J. P. REYNOLDS had never seen any harm from the prolonged and continuous use of ether, neither had he seen any recurrence of the convulsions after its persistent use.

DR. F. B. HARRINGTON remarked that the diminished urine in these cases was probably a symptom of the general toxemia, and not a cause.

DR. J. G. BLAKE said that his own course of action was to give ether and empty the uterus at once, and that he relied on the record of five successful cases to bear him out in this belief. In two others that had come under his observation where other methods were first used the patients were lost.

DR. GEORGE HAVEN said the whole subject was shrouded in mystery, and there is much yet to be learned about the pathology and proper treatment of the affection. On theoretical grounds he would prefer chloroform to ether in these cases, although he had not used it. In some cases hot-air baths will not produce sweating and pilocarpine will.

DR. DOLLIVER stated that Tarnier had reduced the mortality from eclampsia in recent years in his clinic to nine per cent. by means of a milk diet.

DR. ENGELMANN believed if we bleed we must do so freely, and if we use morphine we must give large doses. He had always used chloroform, never having used ether or pilocarpine. He had placed some reliance on calomel. He believed in delivery as soon as possible, in venesection and in large initial doses of morphine. He believes that the ideal treatment would

be venesection with intra-venous injections of salt solution, thus ridding the system of toxins. He referred to a recent report of 31 cases in Geneva, four of which had icterus of which three died, showing that the liver as well as the kidneys is affected by the toxemia.

DR. J. B. SWIFT said he would like to ask what constituted the rationale of immediate delivery. If the child has not reached a viable age, why sacrifice it? It would seem as if we should devote ourselves to the elimination of the poison.

DR. A. D. SINCLAIR said that early statistics give a mortality of 50 per cent. in eclampsia. It is about one-half that now, the improvement being due, he thought, to anesthesia, rapid delivery and the use of prophylactic treatment.

DR. C. M. GREEN said he had seen a large number of cases at the Boston Lying-in Hospital and in consultation practice, but had never had a case in his own practice, although he has, he thinks, prevented a number by prophylactic measures. The most important thing in the examination of the urine is the amount of urea, not of albumin. He has recently had a case where there were headaches, epigastric pain, edema and albuminuria, but under prophylactic treatment no eclampsia resulted. The pathology of the affection is still obscure. In one autopsy made by Dr. Councilman there was found to be general pneumococcus infection of the liver, lungs and all the organs.

He believes in the delivery of the eclamptic patient, experience showing that that gives the best results. He referred to a case where marked edema occurred in the latter part of pregnancy. In spite of most careful prophylactic treatment the patient had convulsions. She was at once delivered, and had no more; and a year later her urine was normal. He does not look on pilocarpine as such a dangerous drug as some think, and he uses it where hot baths do not work. Hot-water baths are excellent, being far better than the hot-air baths for inducing perspiration, but they are more difficult to manage. The patient should be kept in the bath till the forehead is covered with perspiration.

DR. W. E. BOARDMAN said that manual dilatation and delivery was used in the earlier part of the century by Ashwell and Michael Regan. It was given up, but we have again returned to it.

DR. A. WORCESTER said that in eclampsia the common practice is to absolutely disregard the life of the child. He would urgently recommend the practice of prophylactic treatment in all cases indicating approaching eclampsia, and of all symptoms the diminution or suspension of urine is most important. He believes that ether does no good; he has lost four cases where full etherization was employed.

DR. C. W. TOWNSEND, in closing, referred to the great variation as to mortality in cases of eclampsia. Some of those that are apparently most hopeless recover, while others that are seen early and appear to be most promising, die. He read the following reports of post-mortem examinations recently made by Dr. J. H. Wright on cases of eclampsia dying at the hospital.

Synopsis of Autopsy upon H. K.—Body that of a young well-developed woman, showing evidence of recent pregnancy. The chief lesions were as follows:

Liver. Pale, yellowish, opaque, showed some punctate hemorrhages in capsule. The microscopic examination

¹ See page 204 of the Journal.

² See page 205 of the Journal.

showed minute foci of necrosis of the liver cells and invasions of leucocytes, also some fatty degeneration.

In the Endocardium a patch of punctate hemorrhage and some fatty degeneration in heart muscle.

Kidneys. These showed a narrow cortex and considerable evidence of degeneration. The microscope showed the chief lesions to be acute in character. The vessels of glomeruli showed a special hyaline degeneration with a thickening and obstruction of calibre. The secreting tubules showed marked acute degenerative changes.

In the Lungs microscopic examination showed blood plate thrombosis of numerous small vessels and a few multinucleated cells in the capillaries of the alveolar walls. These cells are probably of placental origin.

Spleen. Not remarkable to the naked eye; microscopic examination, however, showed foci of degeneration and necrosis in the malpighian bodies, similar to those seen in diphtheria in this location.

Bacteriological examination failed to show any definite bacteriological infection.

Synopsis of Autopsy on A. B. — The body was that of a young woman well developed and nourished, showing the usual evidences of the puerperal state. The most striking lesions to the naked eye were as follows:

Liver. Soft and generally putty-like in color and appearance. Its capsule showed numerous punctate hemorrhages and reddened discolorations. The organ was not especially diminished in size. In section, scattered throughout the tissues were seen groups of pale, slightly reddish, ill-defined areas, probably foci of necrosis with more or less hemorrhage.

On the Endocardium, and in the Pleura there were marked punctate hemorrhages.

In the posterior portion of the Lungs there were small circumscribed areas, dark red in color, probably hemorrhagic in character.

The Kidney showed very marked degenerative changes of acute character, but no evidence of long-standing disease.

The Uterus was not especially remarkable.

The Spleen was not enlarged, but showed numerous dark-red points and spots in its pulp.

Brain normal.

Bacteriological examination failed to show any definite infection.

NEW YORK NEUROLOGICAL SOCIETY.

STATED Meeting, February 2, 1897, the President, BERNARD SACHS, M.D., in the chair.

CASE SIMULATING SYRINGOMYELIA.

DR. GRAEME M. HAMMOND presented a lady who, ten years ago, after an illness similar to an attack of *la grippe*, began to have loss of sensation to pain and temperature in the left arm. During these ten years the symptoms had extended to the left leg, trunk and side of the face. Dr. Hun had carefully examined her, and had made a diagnosis of syringomyelia. When first seen by the speaker the symptoms had been certainly very like those of that disease — absolute insensibility to temperature and pain, with perfect preservation of the sense of touch. But the absence of paralysis and contractures, the normal electrical contractility, and the fact that the other side was not affected argued against this diagnosis. In addition to this, there were several symptoms of neurasthenia — insomnia, noises in the ears and confusion of ideas. It had occurred to him that the case might be of neurasthenic origin, and acting upon this theory she had been given bromides, together with as much mental impression as possible. The result had not been dis-

appointing. Now, the pain and temperature sense had returned in the face and trunk. The sensation of pain and temperature were not fully restored in the left hand or in the trunk, but were decidedly improved. She had never been told what the symptoms of the disease were, so that there could have been no suggestion.

DR. M. ALLEN STARR suggested that there might possibly be a small area in the cord of disease that had started the symptoms and given the "suggestion," thus making the case a complex one.

CEREBELLAR ATAXIA.

DR. GEORGE W. JACOBY presented a little girl of nine years, a typical case of cerebellar ataxia. In this case there was no heredity. The father married his own niece, but with this exception the family history was negative. This child did not walk until three years of age, and was generally backward, both mentally and physically. Examination showed marked ataxia in both upper and lower extremities. When unobserved, the child exhibited constant choreiform movements of the head and upper extremity. When walking, the body was thrown forward and the head somewhat backward; the legs were spread far apart and there was a constant tendency to falling. In reaching for an object, there was an uncertainty of movement. The eyes showed a slight fixation nystagmus at times. There were no changes in the optic nerve. The reflexes were very much exaggerated. There was no deformity in the lower extremities. He felt that the case should be looked upon as a congenital defect of the cerebellum.

DR. JOSEPH COLLINS endorsed the last statement of Dr. Jacoby. He had looked into the literature of the subject, and had been impressed with the necessity of differentiating between hereditary and familiar changes. In a case that he had had there had been no hereditary history whatever, nevertheless, a younger child, who had died about the end of the second year, and was described as having had from its birth "St. Vitus' dance" and other symptoms, had probably suffered from the same disease.

DEMONIACAL POSSESSION.

PROF. WILLIAM JAMES, of Harvard University, delivered an address on this subject. He said that our knowledge of altered personality had made rapid strides in recent years. We had the transient altered personality of epileptic insanity, and certain dream states that had been described under the name of "ambulatory automatism" — the subject going from home and returning after an interval of, perhaps, weeks, with the memory of what had happened during his wanderings utterly effaced. In one case that he had treated, hypnotic suggestion had brought back the memory of the wanderings. There was still another altered personality, that called "spirit control." This was connected with demoniacal possession. The obsolescence of public belief in the possession by demons was a very strange thing in Christian lands, when one considered that the sacred books of our religion were full of this belief. Every land and every age had exhibited the facts on which this belief was founded. The particular form of supernatural origin varied with the traditions and popular beliefs of each country. When the Pagan gods became demons, after the triumph of Christianity in Europe, all possession was

looked upon as diabolic. It was now replaced by the thoroughly optimistic belief that changed personality is the spirit of a human being coming to bring messages of comfort from the sunny land. The unconsciousness, the speaker said, was usually ushered in by a more or less pronounced convulsion—the person's character became entirely changed in its attitude, voice and manifestations. After an hour or two, the manifestation passed off, leaving a complete amnesia behind of everything that had occurred. During the intervals of the attacks the person was entirely well. The condition was, therefore, entirely distinct from any form of insane delusion. Mr. Percival Lowell had reported that in Tokio, Japan, there were a number of persons who cultivated the power of passing into trances. In China, there was a widespread belief that possession by gods and spirits could take place. Mr. Nevins, a missionary in China, had reported a number of cases of demoniacal possession. In Japan there was a curious superstition that the person afflicted was not affected by a demon but by a fox. In India, instances of this kind were extremely common.

The speaker said that the witchcraft delusion had been explained in various ways, but to him witches were not neuropathic persons, but the accusers were. He had carefully examined the witchcraft trials, and had found that it started in some demon disease in the neighborhood. These "demon diseases" were very common in those days, being any functional neuropathic disease. If there were no obvious physical disorder, and the symptoms did not yield readily to the usual medical treatment, the case was considered to be one of demon disease. Professor James quoted from a book written in 1803, by a French magistrate, in which a detailed description was given of a girl possessed of five demons, and the manner in which they came out of her mouth, and ran around the fire two or three times before disappearing. He said that these descriptions reminded one of the classical hysterical attack—the lump in the throat, the convulsive seizures, etc. The cases appeared to be examples of imitative hysteria, patterned after the cases existing at that time. Differences in the different countries, of course, came from the differences in the psychological climate. Many interesting reports had been published of late years of epidemics of chorea, supposed to have resulted from imitation. These epidemics had been known to last for months or even years. An interesting case of demoniacal possession in France in 1863, had been reported by Dr. Augustine Constance, in Savoy. A similar epidemic had been reported in Italy. The epidemic in France began with hysteria among certain children, and was propagated by example until at last a very large number of persons was attacked with all the symptoms of demoniacal possession. When Dr. Constance arrived upon the scene, a year after the breaking out of the epidemic, 110 persons were affected. He examined a number of these individuals, and found them to be suffering from hysterical attacks, brought on by suggestion. The patients were wisely sent away to other villages, and in that way he broke up the epidemic. Hystero-demonopathy is the name given to these symptoms.

No one could fail to recognize in these attacks the analogy to the performances of the numerous spiritualistic mediums of the present time. It would be strange indeed, if a phenomenon which had played such a large part in history should have died out without leaving

anything in its place. Medical men should learn from all this a certain lesson, that is, that as our views had become optimistic instead of pessimistic, the whole thing had become harmless. We live in a day when there is much alarmist writing in psychopathy about degeneration, and the alarming significance of all sorts of symptoms and signs, so that there is danger of drawing the line of health too narrowly.

DR. C. A. HERTER said that the idea of connecting the powers of modern spiritualistic medium with the peculiar forms of demoniacal possession which occurred in former years was a most interesting one. This fact had been brought out most interestingly and impressively in the address. He had been much interested in the gradual change from the damaging to the comparatively beneficent aspect of these phenomena.

MR. MARTIN said that it seemed to him rather remarkable that the suggestions which occurred to the possessed person, related almost entirely to ethical matters or religious subjects. A large portion of the recorded cases that he had met with referred to the possession by devils, who were leading the person astray or into immorality. He would like to ask if Professor James had observed the same thing.

PROFESSOR JAMES replied that it was a law of the secondary consciousness that it took the religious form. He had no explanation to offer, however, of this law. It was a singular fact that involuntary writing was apt to take the spiritualistic form. This would occur in the case of persons who had no intellectual hospitality for that view, and who had not been exposed to spiritualistic influences. Spirits, religious truths and philosophical discourses were the staple of these communications.

DR. MARY PUTNAM JACOBI said that, as in so many cases of melancholia the grief was about having sinned against the Holy Ghost, even in persons who had had no religious or Calvinistic instruction, she would like to ask if Professor James considered it an example of the phenomena just spoken of. She would also like to ask his opinion of an essay that had been published, entitled, "Were the Salem Witches entirely Guiltless?" According to this essay, although these witches were not possessed by devils, they were abandoning themselves to impulses coming from the lower structures of their natures—the result of ancestral influences.

PROFESSOR JAMES replied that he did not think the delusions of melancholia had anything to do with the subject under discussion. The sin against the Holy Ghost was only an endeavor to explain the grief which was felt. Regarding the essay by Prof. Barrett Wendell, to which allusion has been made, he would say that at the time of the witchcraft belief there were certainly persons attempting to do what they could by diabolical aid, but in all probability they formed a very small part of it. In Salem, the girls from whom the accusations emanated had been having hypnotic seances from a West Indian slave, who was herself practically insane. They passed then into such a condition that they were accused of witchcraft, and were tried under such circumstances as to impress them powerfully by suggestion. From what we know of imitative hysteria, the whole matter was entirely explicable on that basis, without any supposition of guilt upon the part of these children. It was a suggestive epidemic of a semi-hysterical nervous disorder.

DR. C. L. DANA said that the speaker had made

quite clear the relation of trance to demoniacal possession of old, but he would like to know how widespread was this condition now. He knew that about fifteen years ago spiritualism had been immensely prevalent in the Eastern States. If the condition had continued to exist and spread, there was certainly much more in the United States to-day than in civilized countries several hundred years ago.

PROFESSOR JAMES replied that it would be difficult to answer this question statistically, as we had no trustworthy statistics. We knew, however, that at the present time there were many "faith-healers."

Recent Literature.

Text-Book of General Pathology and Pathological Anatomy. By RICHARD THOMA, Professor of General Pathology and Pathological Anatomy in the University of Dorpat. Translated by ALEXANDER BRUCE, M.A., M.D. Vol. I, with 436 illustrations. London: Adam & Charles Black. 1896.

We are glad to note this translation of the "Lehrbuch" of this well-known teacher of pathology.

The book is especially valuable for its presentation of the subject of "Disturbances of the Circulation of the Blood," a subject about which the author is well qualified to write by reason of his important contributions to this department of pathology.

The portions of the book dealing with bacteria, parasites and the general subject of etiology do not call for special commendation, while the chapter on fever is unsatisfactory. The consideration of tumors is good; their histology is well illustrated by wood-cuts.

The work is of interest as containing a presentation of the author's somewhat peculiar ideas on the subject of inflammation, and his reasons for advocating the abandonment of the use of the term in pathology.

The part of the publisher has been well performed, and the volume is a most attractive one.

A Text-Book of Special Pathological Anatomy. By ERNEST ZIEGLER. Translated and edited from the eighth German edition, by DONALD MACALISTER, M.A., M.D., and HENRY W. CATTELL, M.A., M.D. Sections I-VIII. New York: The Macmillan Co. 1896.

This translation of the latest German edition of the "Specielle Pathologie" of Ziegler will be welcomed by medical students who cannot read German fluently. The many merits of the German original and its great usefulness as a help in the study of pathological histology are well-known.

All the wood-cuts of the original are fairly well reproduced, and the book is excellently printed and bound.

The Pathology of the Contracted Granular Kidney and the Associated Cardio-arterial Changes. By SIR GEORGE JOHNSON, M.D. (Lond.), F.R.C.P., F.R.S. With 29 illustrations. Philadelphia: P. Blakiston, Son & Co. 1896.

This little book represents the results of the author's studies in the pathology of interstitial nephritis carried on about thirty years ago. It has considerable historical interest, but it is not to be regarded as an adequate presentation of the present state of our knowledge of the subject with which it deals.

A Text-Book of Diseases of the Nose and Throat. By FRANCKE HUNTINGTON BOSWORTH, A.M., M.D. With nearly 200 engravings, and seven full-page chromo-lithographic plates. New York: William Wood & Co. 1896.

This book is made by condensing into one volume the author's well-known work on the Nose and Throat. The condensation has been admirably done, and gives us the best English text-book on the subject for the use of the medical student and general practitioner. As in the unabridged edition, the arrangement of subjects is excellent, and the description clear and interesting. The choice of methods of treatment must always be a difficult one for a text-book. It might, for instance, be questioned whether the author's free use of cocaine would find favor with other teachers of the art. The most obvious criticism of the book as a whole would be that the reduction had not gone far enough. With the larger work on which to fall back more might have been omitted. Seventy pages are devoted to the external surgery of the nose and throat, subjects which would hardly be looked for in an abridged students' manual. Nevertheless the book is not unwieldy, and we are spared the descriptions of individual cases and unimportant discussion.

Autoscopy of the Larynx and the Trachea. (Direct Examination without Mirror.) By ALFRED KIRSTEIN, M.D., Berlin. Authorized Translation (altered, enlarged and revised by the author) by MAX THORNER, A.M., M.D., Cincinnati, O. 68 pages. Philadelphia: The F. A. Davis Co. 1897.

This is a description of the technique by which the larynx and trachea may be examined and treated directly, without the necessity of reflected images. The principle lies simply in getting the tongue downwards and forward, so that a straight path is opened, a continuation upwards of the line of the tracheal volume. The autoscope consists of a straight grooved spatula, the tip of which is inserted in the groove between the tongue and epiglottis. The author does not claim that the laryngoscopic mirror is to be superseded, but that this is a valuable addition to our present methods of examination and operation, especially for the posterior wall of the larynx and the trachea. On account of individual differences in patients, it is not universally applicable, and its proper manipulation can come only with practice and skill on the part of the operator. It is, of course, too soon to predict its future.

Functional Disorders of the Nervous System in Women. By T. J. MCGILLICUDDY, A.M., M.D. 8vo, pp. vi, 334. With 34 illustrations, 12 charts and 2 chromo-lithographic plates. New York: Wm. Wood & Co. 1896.

This is one of the books which are manufactured by the aid of the shears and the mucilage-bottle, and contains pages of quotations from familiar sources. The pages not in quotation marks are characterized chiefly by a remarkable lack of knowledge of nervous disorders. Although leading neurologists now look with scepticism upon the so-called reflex origin of certain nervous disorders, the author ascribes to reflex irritation the bulk of nervous affections occurring in women; but his consideration of the subject is unsystematic, his study of cases is superficial, and the book is full of statements that are rarely accepted at the present day.