Another remarkable circumstance connected with the case was the apparent absence of abnormal renal mobility observed on opening the abdomen. I think, however, that it is highly probable that had the kidney been cut down upon in the lumbar region, the existence of abnormal mobility could have been more easily determined.

Then, again, the cessation of the formidable gastric disturbances which followed immediately after the laparotomy is a noteworthy feature in the case, and not very easy to explain satisfactorily unless that peritoneal adhesions may have formed which limited the movements of the organ. Lastly, that his recovery has been a permanent one, as he has ever since his return home been engaged in his usual arduous avocation of boatman and fisherman at Greystones.

The features of chief interest in the second case were the severity of the gastric symptoms, which were accentuated during menstruation and which completely incapacitated her from following her usual avocation, and the obscurity which surrounds the etiology of the condition in her case. There was no history of injury or strain, she never had been pregnant, nor has she had any long-continued emaciating disease. The patient was in fact a strong, healthy looking, well-nourished individual. There was no atrophy or absorption in this case of perirenal fat, as it was present in abundance. There must have been some other etiological factor in this case than absorption of it. It is hard to say whether the enteric fever she had four years previously had anything to say to the production of the renal mobility; but I am not aware that the latter condition has been noted as one of the possible sequelæ of that disease.

Another point worthy of mention is the great mobility of the kidney which I found, and which materially added to the difficulties of the operation. When I cut down upon and exposed the kidney all my efforts at fixing the organ and drawing it up to the surface of the wound were unavailing. Whenever I touched it it shot away out of sight and touch, and where it went I could not tell. Ultimately, however, I succeeded in hooking it up with tenacula, and then fixed it to the last rib in the way I have already mentioned.

As regards the *technique* of the operation, there were one or two circumstances connected with the case I have just detailed which added materially to the difficulty of the procedure. One of these was the trouble I had in fixing the kidney before detaching any of its capsule and inserting sutures through its substance. This, I feel sure, could be obviated by having a larger and firmer cushion placed under the left lateral and interior region of the abdomen than the one I had. I think, too, that Edebohl's prone position is probably in many respects superior to the latero-prone position of Marion Sims. I think, also, that although nothing untoward occurred in reference to the suture during the convalescence of my patient, it would be better to insert a larger number of them. Dr. Edebohl is in the habit of inserting four or five. Formerly he used kangaroo tendon, but latterly silkworm gut. In the case I have detailed I employed carefully-prepared aseptically silk, and in any future cases I will certainly adhere to this material, as it does not cut through the tissues so readily as the silkworm gut. The kidney tissue being, as Dr. Edebohl correctly observes, "exasperatingly friable."

Various theories have been advanced to account for the gastric disturbances or crises that at times are present and in so aggravated a form "that," as Le Dentu has said, "life becomes nothing but an endless torture." These are: 1. Dragging of the kidney upon the renal vessels and tissues. 2. Pressure of the kidney on the middle part of the duodenum (Morris). 3. Traction of the kidney on the vertical portion of it (Kendal Franks). 4. Stretching and irritation of the solar plexus and its branches (Edebohl). This latter view of Edebohl's is based on the fact that the gastric disturbances cannot altogether depend on duodenal obstruction, as they are present when the left kidney is displaced—a condition, however, which is of great comparative rarity.

In the nephrectomy case the difficulties I experienced in removing the kidney, owing to the extensive adhesions that bound the organ firmly to all the surrounding tissues, were extreme. Along with this there was the unhappy incident of rupture of a thinned portion of the capsule, which was followed by what it is no exaggeration to say was a perfect

torrent of purulent matter into the cavity of the peritoneum. This made me at the time despair of ever being able to bring the case to a successful issue—a gloomy anticipation which happily was not realised; for the accident did not, in truth, appear in any way to affect injuriously the subsequent progress of the case. It is hard to account for this, unless we accept the view which was suggested to me by Professor Ashton, of Philadelphia, to whom I communicated the main facts of the case when I met him last autumn at the meeting of the British Medical Association at Bristol, namely, that the purulent matter was probably in a sterilised condition. In connection with this point, I may mention that last April I witnessed a nephrectomy performed by Professor Durante, of Rome, the case being one singularly analogous to the one I have just detailed. Rupture of the capsule also occurred in Professor Durante's case, and a portion of the contents unavoidably got into the peritoneum. I do not know what was the ultimate result of his case, but I heard that six days after the operation the patient was doing well. It is satisfactory, therefore, to know that this accident, which from *a priori* considerations one would suppose would probably be followed by calamitous results, is not necessarily attended by such. I regret much that a careful examination of the purulent fluid effused into the peritoneum was not made by a skilful bacteriologist, as the result—in verifying or disproving the view as to the alleged sterilisation of the former—would have been of equal interest and importance, as well to the scientist as to the practical surgeon.

THE LUMLEIAN LECTURES

ON THE

DIAGNOSIS, PROGNOSIS AND PROPHYLAXIS OF INSANITY.

Delivered before the Royal College of Physicians of London on March 28th, April 2nd and 4th, 1895,

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LECTURE III.—THE PROPHYLAXIS OF INSANITY.

MR. PRESIDENT AND GENTLEMEN,—I come now to the third portion of my subject—the prevention of insanity. On January 1st, 1894, there were registered as of unsound mind, according to the report of the Commissioners in Lunacy, 92,067 people in England and Wales alone. How many more there were unregistered no one can tell. That it is a large number is certain; that it will increase and is increasing I think there can be no doubt, for the public in general resents and resists the new and cumbrous lunacy law to the utmost of its power, and will continue to do so. The consequence is that patients are treated at home and are not registered, and the early treatment, which is admitted by all to be essential to recovery, is but rarely adopted. A controversy exists, and has existed for many years, as to whether insanity is increasing or not. We read in the Commissioners' report that the number of registered lunatics and idiots in 1894 exceeded that of 1893 by 2,245, but this, we are told, can be easily explained, and is no proof that insanity is increasing. My own belief is that we can deduce but little from such figures. If insanity does not increase, it is to be inferred that the recovery-rate and the death-rate must decrease to account for this large accumulation of cases. I have nowhere seen any statement that insanity is decreasing, or that nervous disease is diminishing in frequency or intensity, and *a priori* reasoning would lead us to think that the reverse is the case; that the environment in which we live is becoming more and more complex, and that there must be a corresponding complexity of brain centres and functions with more and more instability and liability to disorder and deterioration.

I know that this view has been called pessimistic and that there are some whose opinions I greatly value who deny that there is any increase of complexity and who point to brilliant men who live and are well in spite of hard brainwork. This does not, in my opinion, disprove my position but only shows

that the strong and the naturally selected escape the dangers which overwhelm the weak, who by natural inheritance and less fortunate environment succumb to nervous disorder. I shall come back to this part of my subject presently when I speak of the rearing and training of those who are threatened with nerve or mind trouble. I wish first to say something about the great cause of insanity—hereditary taint.

There is no need for me to argue before an audience like this upon the existence of such a cause of insanity or to raise any question as to the transmission of the disease by inheritance. Few medical men, even of those whose practice does not lie amongst the insane, can pass many years without its being brought under their notice. Young persons of both sexes break down, we know not why. The parents may assign this or that as a reason, but they are keeping back the true cause. The patients are too young to have acquired insanity. They have not been exposed to the changes and chances of life. They have not known the cares and anxieties of poverty and the condition of those who have to support a family on very small means; they have not failed in business or been disappointed in their ambition. They have not taken to drinking. Their insanity is idiopathic, constitutional, derived from their forefathers; for insanity is inherited, not only from insane parents, but may come from those who are afflicted with other nerve disorders, as epilepsy or dipsomania, and along with insanity we find in a family the disorders which I have named and all the series of neuroses with which you are familiar. But statistics of inherited insanity we do not possess. Statistics of cancer, statistics of phthisis—two other hereditary diseases—we are able to arrive at and to argue upon. The reason of this is that cancer and phthisis kill their victims, and the record appears in the Registrar-General's list of deaths. But insanity does not kill except in a few cases. People become insane, and may live for years in this condition, dying eventually of some other disease, which is tabulated as the cause of death. Two patients have lately died under my care; one, a lady, had been in the same asylum for fifty years. She died of an apoplectic seizure. The other, a gentleman, had been forty-one years in the asylum, and died of prostatic and bladder trouble. Not deriving any assistance from the Registrar-General, we are driven to the information we get from the relatives of patients and our own knowledge and observation. The former, the facts imparted by friends, are absolutely untrustworthy. That insanity exists in a family is denied with the most unblushing boldness. I recollect the case of a gentleman who was about to be married. The relatives of his intended heard in some way or other that his family was not altogether free from this disease, and they put some plain questions, not to him, but to his relations. They were told in the most positive terms that nothing of the kind existed, though at the very time the gentleman was the committee of an insane aunt and other suspicious cases had occurred. The marriage took place. Within six weeks the patient was in a foreign asylum. He recovered, again to break down, and after a series of recurring attacks he died in an asylum in three or four years, a hopeless epileptic. Fortunately there was no issue of the union.

Mr. Francis Galton, who has, as you know, studied the question of heredity, tells us in his book on *Natural Inheritance* that when he issued his inquiries as to the "Records of Family Faculties," insanity was not asked about, as he did not think it wise to put too many disagreeable questions. No doubt he thought that the answers he was likely to receive on this point were not likely to add much to our knowledge. Without information, and accurate information, we can do little by dint of our own observation. There are but few of us who have the opportunity of observing many families through three or more generations. Here and there we come across certain insane persons in a family, and may be aware that in the preceding or following generation there have been others. But for the purposes of our investigation we want to know not merely these black spots and blights in the family tree, but the history of all the others, the half-insane, the neurotic, the phthisical, the healthy. Is the family tending to decay and extinction or is it reviving, throwing off its unhealthy branches, and with recuperated vigour ascending again to its proper racial place? We want

to know the conditions of the one or the other of these terminations. Doubtless the environment has a good deal to do with the result, but inheritance has as much or more, and this is a matter more under the control of the interested parties, if they will only suffer themselves to be controlled by our advice.

We may roughly divide insanity into that which is inherited and that which is acquired. But no one cause of acquired insanity at all equals heredity as a producer of mental disease. If we could stamp out all the insanity which owes its origin to inherited instability, we should have gone a long way towards the extirpation of insanity as a whole. For a great deal of the mental breakdown which is apparently acquired is due to hereditary weakness; a large amount may be acquired through alcoholic indulgence; but if we closely examine the cases where alcohol is the exciting cause, in how many we find hereditary predisposition. Sometimes the alcoholic craving is inherited, or it may come from ancestors who were not themselves inebriates but showed some other form of mental or neurotic disease.

Again, look at the insanity which is due to overwork or worry, to shock, disappointment, or religious excitement. Some such exciting cause may be found in many cases; but behind it we may perceive a predisposing cause—hereditary taint. How many a patient who is said to have suffered from worry has evolved his worry out of his own nervous, fidgetty constitution. The things which are worries to him would be nothing to a more stable mind. And the same with work. What is healthy occupation to one becomes a burden too heavy to be borne by another, who collapses under its weight. The same with losses and shocks and with religious strain. If we wish to save our race from gradual mental decay, and not only to preserve life from such ills as zymotic diseases, but to raise up a strong and vigorous breed of healthy men and women, it is absolutely necessary that more attention shall be paid than has been hitherto to the selection of the individuals who are about to marry and reproduce.

If men and women were racehorses, or shorthorns, or greyhounds, their breeding would be regulated, and all diseased or faulty stock would be carefully eliminated, and all inbreeding would be, as a matter of course, avoided. But being what we are, thinking only of ourselves and our own self-gratification, and nothing of the future race, we arrange our own unions, and nobody has the right, or the power, or the courage to prevent us, when we have attained to years of discretion, namely, the statutory age of 21. Many have thought, and more have hoped, that some day legislation may concern itself with this subject, and prevent the union of persons, one of whom has been insane, or is specially threatened with the disorder. Vain hope! Legislation will not even annul the bond which ties a man or a woman to a partner perhaps quite young, who is hopelessly insane, and may remain so for the space of a long life. We can only trust that by education, by continual ventilation of the subject and exposure of the evils arising from its neglect, public opinion may in process of time be directed towards it, and people will be forced to look upon the act of giving birth to an insane child as a cruel sin.

If we examine a family in which insanity exists, where, for example, one or other of the parents has shown symptoms of mental disorder, we shall probably find that not all the children become insane; indeed, the majority may escape altogether. This may be due partly to a better constitution inherited by some than by others from healthy forefathers, and partly by the environment of some being more conducive to mental health than that of others. But it is impossible to forecast with certainty what will be the fate of this or that child. Some may break down early at puberty or adolescence, while others may show no indication till they attain old age; nay, they may escape altogether, and yet in the next generation the inherited taint may show itself.

For the prevention of insanity we would, if we could, forbid the marrying of unsuitable persons, persons who by reason of inheritance, or being themselves neurotic or unhealthy or inebriate, are likely to have diseased children. If there is insanity in the family, we shall have to consider in how many members and in how many generations it has shown itself. If it has occurred in one of the parents, what

was the age of the parent at the time of its appearance? Did it appear when the parent was young, at a time when it must obviously have been inherited, or did it manifest itself later in life, with a cause and a history which showed it to have been acquired? What was the age of the parent when the child was born, and was it born before or after the disorder commenced in its parent? If the taint appears to be slight, and the individual is strong and healthy and free from all neurotic symptoms, we then have to look at the other side of the union, at the partner that he or she is about to take. If this one's family history is absolutely free from inherited disease, and the individual is sound in body, no great opposition can be offered if he or she is willing to undertake the risk, but that there is a risk ought to be clearly explained. On the other hand, if there is a taint of insanity on this side also, if the parties are cousins, or either is eccentric, nervous, weak-minded, ultra-religious or ultra-emotional, the union should be forbidden, not only on account of the offspring, but for the sake of the parties themselves. The effect of the knowledge of this family disorder may have a disastrous influence on their lives, and may cause the greatest misinterpretation of actions and trial of tempers.

Whatever difficulty we may experience in advising as to the marriage of those in whose families insanity exists, there will be much less when we are consulted about men or women who have already had an attack of the disorder. When the individual is a girl, we are at once confronted with the popular and prevalent idea that marriage is a cure and sovereign remedy for such disturbance, and advisers, even medical, say to the parents "get her married." They think this will cure any remnants of the past attack, and be a certain preventive of any in the future. Our advice on the subject is often taken and but rarely followed. The attack will be concealed from the knowledge of the other party if this is possible, or will be minimised and spoken of as nervous or hysterical, or it will be denied altogether. I hold a strong opinion that people who have been insane ought not to marry at all, that they ought not to inflict on their partner for life the anxiety, and even danger, of another attack. No one who has had one attack of insanity can be pronounced free from the risk of another. Insanity is a disease which confers no immunity on its victims like some we have to treat. On the contrary each attack, if there be more than one, adds to and does not take away the liability to succeeding ones, in this respect following the example of its congeners such as epilepsy or neuralgia: and besides the risk and danger to the partner in the marriage there is the question of offspring. In this there is far greater danger for the woman than the man, for the former has to face the periods of pregnancy, of parturition, and, it may be, lactation; and what numbers do we see who break down after childbirth who, had they remained single, might have led a happy and a useful life.

Patients and their friends, when recovery takes place from an attack of insanity, fondly imagine and flatter themselves that they will never have another. They rake up some little circumstance which they think was the cause, and argue that it will not occur again. And if they ask us our opinion on the subject, it is not easy for a physician to say to one just convalescent, and rejoicing in the return of reason and hopeful of the future—it is not easy to say to such a one, "You will surely break down again; you will be as bad as you have been lately, and you should shape your life with this idea ever before you." It would be thought very hard, injudicious, and unkind were we to say this; so we let our patient go and make him or her happy. Nevertheless, we ought to advise that no marriage should take place, and set before the friends the risks thereof.

People with this tainted inheritance do, however, marry without advice, very often in spite of it; and when married they break down, recover perhaps, and break down again. The wife may have puerperal mania at one or more of her confinements; the husband may show some symptoms of disease at an early period. Now, holding the opinion that I do as to the necessity of preventing inherited insanity, I must say that in my judgment people that have had attacks of this disorder ought to have no more children. What can be more lamentable than to see a woman break down in childbed, recover, break down again with the next child, and so on for six, seven, or eight children, the recovery between each being less

and less until she is almost a chronic maniac. I have known this occur more than once, and doubtless some of you have had a similar experience. For the sake of the mother and the father, to say nothing of the children, there ought to be an end of their begetting when insanity follows the birth. I have a case in my mind where this succession of attacks occurred a number of times—six or seven at least. Both parents—father and mother—died in an asylum. There was insanity in both the father's and mother's family. The children are growing up. The eldest developed dipsomania at an early age. What the others will develop remains to be seen. I do not confine these observations to cases where the mother has become insane after marriage. The same applies to fathers who have had attacks of insanity. There is not, of course, the same personal risk to the father that there is to the mother, the risk of dying in an acute attack of puerperal insanity or of becoming through such an attack, permanently insane, but there is the same risk for the children, the same chance of bringing into the world a progeny which shall hand on this heritage of insanity or all the other varieties of neurotic disease.

After hereditary transmission there is probably no cause of insanity which exercises so potent an influence as alcoholic drinking. A large proportion of the patients in our pauper asylums owe their malady to this. The proportion differs according to the locality, Cornwall, Devon, and Dorset furnishing the smallest number. As we go north and examine the numbers in the large towns, where wages are higher, habitations, and life unhealthy, the admissions from this cause are more numerous, especially when trade is good and wages high. So long as drinking remains as it is, it will be impossible to say that insanity is diminishing. The spread of temperance principles, the advance of education, the improved sanitation of dwellings and workshops, and the influence of wholesome recreation upon the mind as well as the body must, we hope, gradually check the drinking that prevails. There is far less drinking among the upper than the lower classes, yet the proportion of drinking women is high amongst the former, and of the alcoholic cases brought under our notice in private practice a large number are those of ladies.

From time to time we may be consulted about the bringing up of threatened children—children of parents in whose family insanity exists, or who have themselves been insane. If the insanity is on the mother's side the child should have a wet nurse, for good nourishment is essential. Its sleep should be carefully watched, and as much as possible procured. It should sleep by day as well as night till it attains the age of 5 or 6. Nervous children should be protected from all that can terrify, such as servants' tales of ghosts, robbers, bogies, or policemen. Parents often know little of what goes on in the nursery, and children may be even taught habits of self-abuse by nurses to keep them quiet. Parents' treatment may be equally injudicious. They may spoil at one time by indulgence, and frighten at another by intemperate noise and quarrels. They may dose them with religion till the children loathe it, or else become the veriest little hypocrites.

The egoistic nature of those who inherit the insane diathesis ought to be kept in view by whoever has to train them. A delicate child may require much watching and care. It is easy to foster this selfishness, and much caution should be observed. Such a child should be taught to consider its playmates and companions first, to share its toys and luxuries, to be kind and considerate to servants and animals. Cruelty to the latter is a frequent concomitant of weak mind. School, even at an early age, is a benefit to many such children, girls as well as boys, for by it they are taken away from the injudicious spoiling of home. They have to obey orders, to observe proper hours, and learn discipline and regularity, all which may possibly be novelties to them.

There are two sorts of children about whom we may be consulted—the dull and backward, and the preternaturally sharp and precocious. The first may not be an idiot, but backward and slowly developed. He requires special tuition, and it is useless to place him in a class of boys of the same age, and expect him to do the same lessons and compete on the same terms. Still worse is it to punish an unfortunate boy of this kind, and set him down as lazy or idle, or to cane him as obstinate. Incalculable harm may be done to a boy or girl

by such mistakes. The education must be fitted to the capacity, and the teacher should discover whether such a child has a special aptitude for some branch of knowledge or art.

Then there is the precocious boy, bright, intelligent, quick to learn, the pride of his teachers. If he goes to a private preparatory school he will be hailed as one to win scholarships and bring glory on the school, and he will be crammed and will have to contend at the age of 12 or 13 against a host of others. Now if 100 boys compete for ten scholarships, it is obvious that 90 must return disappointed and defeated, and have at this early age to undergo the mortification of failure. The evils of continual examinations have attracted the attention of others not in our profession. Mr. Auberon Herbert has drawn up a protest against the system, the spirit of prize-winning and place-getting in education, and the dominant position assigned to examinations. It protested against the evils resulting from the intellectual racing of boys and girls against each other, and warned parents that the physical ill-effects were often not disclosed at the moment. I cannot quote this at length, but it was printed in the *Nineteenth Century* in 1888, and was signed by some hundreds, among them 377 teachers, including university tutors and head masters of schools, and 130 ladies concerned with the education of girls, and cognisant of the evils produced in them by the sacrifice of education to examination; also it was signed by 62 members of our profession, including some well-known Fellows of this College. If the evil is great for boys, it is ten times greater for girls. Many boys are compelled to go in for examinations, but few girls are. Few have to earn a livelihood in a walk of life to be gained by competitive examination. Nothing nowadays is to be learned unless it will pay, unless it will tell in an examination, and can be estimated at a pecuniary value. And this is not confined to the upper and middle classes. "Every child," says one gentleman, "the weak or the strong, regular or irregular, who enters an English elementary school, is a grant-earning machine. To get the highest grant all must be brought up to the same level in the allotted time. Therefore children of naturally slow development must be more or less overtaxed, to the permanent injury of their brain power; and the bright, intelligent, healthy children have to 'mark time' while their less gifted fellows are crammed."

I have seen disastrous effects in boys and girls from the pressure of examinations. They fail to pass or fail to gain the prize for which they have competed. The end of all the wearisome cramming is failure. Conceive what this means to the young and developing brain and mind. Many break down in the preparation. One lad I certified who had been kept for hours daily practising the violin, not because he was to be a professional player, but because his father was musical and wished him to be a proficient. Another, a girl, broke down who had to practise an excessive number of hours on the piano for an examination at the Academy of Music.

It is quite in accord with this rage for examinations that the pass examinations have been divided and subdivided till their number is multiplied indefinitely, and the student has ever before him an examination in some subject or other, on which for the time he must concentrate his whole mind, to be completely thrown aside when passed, while another starts up to take its place. In our profession, for example, a student's career has for its aim not the acquiring of knowledge, but the passing of examinations.

I commenced by speaking of the rearing and education of the weakly and the prevention of insanity in those predisposed. It is no argument against the evils of overpressure to point to the strong—to those who by constitution or favouring circumstances rise without stress or difficulty above their fellows. The weak are not to be treated like the strong. A few years ago I saw a young man who achieved five first classes at Oxford. Weak by constitution with inherited taint, he died of general paralysis at the age of 37.

Children who are predisposed should not be subjected to narrow or fanatical views of religion. Self, self-introspection, the perpetual consideration of self, are among the characteristics of incipient insanity, and to encourage all this is manifestly the worst thing that can be done. Children suffer terribly in this respect from narrow-minded and bigoted parents, who, convinced that they are right, seek to force

upon their offspring their peculiar ideas, and often bring about a hatred of everything religious, if they do no worse. Boys kept in the utmost strictness and ignorance of what vice means, when let loose at school or college revel in the new-found pleasure. Another effect is to make such children utter little hypocrites. I have seen long pious letters and pious poems written to her parents by a girl who, as I happened to know, was as wicked and depraved as any I have met.

Another thing to be guarded against is the habit of self-abuse. Parents who wish to conceal the insanity of their family are ready to assign this as the cause of the insanity of one of their children if it can be shown that it has ever been practised, and the consequences are frightfully exaggerated by all the quack advertisers, who prey upon the nervous. The neurotic, however, are the most likely to suffer from the habit, and it beyond question causes insanity in a certain number. The question arises, Should children be warned against it? On this medical men differ. My own belief is that they should, and this view is supported by the head master of one of our first public schools, who has advised that such warning should be given.

It would be a good thing if all boys and girls with hereditary predisposition were brought up to abstain totally from alcohol. There is always a risk of these neurotic individuals acquiring the habit of drinking, a habit very hard to give up, and with which our present legislation gives us but little power to deal. It will be no hardship to abstain if they have never taken wine, spirits, or beer, and they should be made to understand clearly why such abstinence is enjoined.

When boyhood is passed the young man has to choose a profession, and the young woman also may have to seek a livelihood in some walk of life. The former is beset almost everywhere by the terrors and evils of competitive examination. Formerly appointments could be obtained in the various branches of the Civil Service, now they can only be got by examination. A commission in the army could be purchased, and if the lad was unfit for foreign service it could be sold. For those who liked an outdoor life there was farming, by which a competence might be obtained. It is difficult now to choose a profession for a young man with a nervous inheritance even if he has plenty of brains. There is the Civil Service of India, probably the highest prize of all. It does not follow that he is fitted for such a life. He will have to face the dangers of a tropical climate, perhaps in an unhealthy locality. He will have great responsibility at a very early age, for he may have to administer a district containing thousands of people, many of whom are highly intellectual. Many succumb and have to abandon the service. The army, too, entails long residence in India. Formerly our troops were sent to many places and colonies where now there are none. The other professions all entail examinations, hard work, and perhaps long waiting and little success. The church is not well suited to a neurotic man. It is an emotional life. He may have difficulties of belief, doubts and scruples of conduct. It is not difficult to point out the occupations which are unsuited to such a man; it is more difficult to say what is the most suitable. That will be best which entails least worry and responsibility, which does not involve money losses or great and sudden disappointments. Moreover, it is very important that every man should have beyond his every-day work some amusement, pursuit, occupation, or hobby—call it what you will—which shall be a relief to him after his daily task. This latter may be monotonous and not enough to occupy his mind, or anxious and worrying. It is good for him to leave it behind and devote his energy to something else. How often do we find a man in business break down and hear that apart from his business he has no thought, no occupation, no amusement. He goes to business early and returns late, and the morning and evening newspaper are all that he reads from Monday morning to Saturday night.

Of occupations suited to neurotic women I can say but little, but that which so many wish to take up in the present day, namely, nursing, is most unsuitable. Nursing is for the strong—bodily and mentally. It involves great anxiety and responsibility, great fatigue and loss of sleep, and is the last calling which the predisposed should follow.

The next thing is that these young persons want to marry.

They may possibly consult us, having generally become engaged first. In many cases, where the predisposition is strong and the individual manifestly unhealthy and neurotic, we should certainly not advise marriage, especially if means are small. We should recommend a close investigation of the family history of the intended, and the avoidance of a connection between cousins. As I have said, marriage is more serious for a woman than for a man. Some with feeble health and frail physique we should advise never to marry; and all who have insanity in their families marry at their peril. They ought not to marry poor men, and have the burden of narrow means, the care of a family, and insufficient nourishment for all.

Can a man or a woman do anything to prevent insanity? This is a question sometimes put, more frequently, however, with reference to the prevention of a recurrence in those who have already suffered from an attack. In many the insanity occurs at so early an age, and is so manifestly due to heredity, that it is to be feared that no advice that we can give will enable the individual to escape. Nevertheless, the direction to be followed is not hard to point out. It is important that a man or woman should correct, as far as in them lies, the tendency to egoism, self-consciousness, and selfishness which so often ends in insanity. They should adjust themselves to their surroundings, should not live for themselves, but feel sympathy for others, and help and defend them. This may be difficult for a man to do who has never done it hitherto. It is less difficult to train a child in such direction. All children should be so guided, and especially those predisposed to neurotic disorder. One has seen such at school, eccentric boys who are peculiar in their dress and ways, but possibly clever in some things. They are rarely gregarious. They lead for the most part solitary lives, just as do the insane. It is one of the advantages of the enforced games of a public school that a check is thereby put to the solitary wanderings of such boys, and for a time, at any rate, they have to congregate with their fellows.

INTESTINAL OBSTRUCTION DUE TO MALIGNANT GROWTH TREATED BY ANASTOMOSIS BY MEANS OF MURPHY'S BUTTON.

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History.—W. S., aged 27, was admitted into the Bristol General Hospital on October 15th, 1894, with the following history. For five months he had been subject, every few weeks, to attacks of pain in the right iliac fossa, lasting a few hours and accompanied by the presence of a round, firm swelling the size of a hen's egg, which appeared midway between the anterior superior spine and the umbilicus, and always disappeared as the pain ceased. A fortnight before admission general abdominal pain and vomiting set in. The bowels acted for the first week, but there had been complete obstruction (no flatus having been passed) during the last.

Condition on Admission.—He was very emaciated. The abdomen was considerably and uniformly distended, and every few minutes distended coils became visible, and a very hard swelling formed in the right iliac region which felt like a solid mass, but it subsided with the cessation of peristalsis, and was evidently an extreme condition of localised intestinal distension. No lumps could be felt through the abdominal wall, but a small nodule was detected lying outside the rectum.

First Operation.—No satisfactory action of the bowels could be obtained by enemata, and on October 17th I explored the abdomen by a median incision and found that the portion of intestine which became so greatly distended during peristalsis in the right iliac fossa was the distended cæcum and that the sigmoid flexure was empty. I then made an incision over the cæcum and discovered a constricting mass of new growth at the junction of the cæcum and ascending colon which tied the bowel to the deep wall of the iliac fossa and could not be removed. The cæcum was stitched to the abdominal wall and opened. He rapidly improved and gained

flesh and was discharged on December 18th. For some time after the colotomy the discharge of liquid fæces caused much excoriation of the abdominal wall, but the skin became thickened, and this trouble ceased, though, owing to the liquid character of the fæces, there was a constant discharge which all kinds of mechanical contrivances failed to retain. However, when he left the hospital at the end of December he was well nourished and very comfortable and intended to return to work.

Second Onset of the Obstruction.—On January 20th he was readmitted with the history of a week's constant vomiting, very little fæcal matter had come from the artificial anus, and distension of the abdomen had again set in, with severe pain. He had lost much flesh, the abdomen was considerably distended, and with peristalsis distended coils became visible. Only mucus came from the artificial anus. In the cicatrix of the median incision three small nodules could be felt, and the nodule felt *per rectum* on his first admission was a little larger. On introducing the finger into the artificial anus it was found unobstructed by the growth in the cæcum though this had enlarged. The rectum was empty and greatly contracted.

The Second Operation; Intestinal Anastomosis.—It seemed probable that some new mass of growth was blocking the intestine on the proximal side of the artificial anus. As he had suffered so much inconvenience from the artificial anus, he decided to run the increased risk of an intestinal anastomosis. This I decided to make between the sigmoid flexure and the distended portion of small intestine lying near it, which could be reached by the same incision. There was no evidence to show how much of the colon might be obstructed by a mass of growth; but the lower end of the rectum could be felt to be free; hence I decided to anastomose as near to it as possible. Had I had any evidence that there was no growth in the colon beyond the cæcal mass, I should have preferred to have operated on the right side and joined the small intestine, as near the valve as I could get, to the ascending or transverse colon, so as to be certain of getting a full length of small intestine, supposing the growth was near the valve. I made Harrison Cripps's incision for inguinal colotomy. The sigmoid flexure was very contracted. The finger followed its course into the pelvis without discovering any new growth obstructing it, though several small nodules were felt in the parietal peritoneum. The contraction of the sigmoid flexure was so great that it was only drawn into the wound with considerable difficulty. Portions of the distended small intestine and the sigmoid flexure were isolated by means of Arbuthnot Lane's clamps, and a 1-inch button was inserted. It worked perfectly, and so securely was the junction effected it seemed almost impossible it should leak, at any rate until the button began to destroy the compressed portion of bowel. Several Lembert's sutures were placed around the junction, as I was not sure whether Murphy used sutures. As the clamps were removed, the large bowel began very slowly to fill; it was too contracted to fill rapidly. The abdominal wound was united, and no drain employed. There was no shock attending the operation, which took a little longer than an hour, but could have been done in half the time had I not used the sutures; and I only put in as many because his condition was so good as to make it unnecessary to bring the operation to a speedy termination.

Progress after the Anastomosis.—There was no vomiting after the operation, and a copious liquid evacuation took place in less than twelve hours, and continued at short intervals for many days. The abdominal distension slowly subsided. The abdomen has, however, never become quite flat as it did after the colotomy, and lately there has been distinct distension again, with a few visible coils at intervals, but he takes his food well, and vomits only rarely. For some time he was fed on milk only, but now he takes meat and other solids, and generally is free from abdominal pain. Loud gurgling has been marked in the region of the anastomosis, and when one or two coils become distended for a few seconds this loud gurgling accompanies their subsidence. He has become very emaciated, but is strong enough to sit up for a short time daily. The growth in the cæcum has begun to invade the skin around the colotomy opening, and the right inguinal glands are much enlarged. The button has not been seen although carefully looked for.