

The case I have reported is especially adapted to throw light upon this question from the fact that after ordinary drainage by wick, maintained for but a few days, had failed to cure it, a more efficient and persistent drainage was followed by apparent success. It would seem important to keep up the drainage until the absolute obliteration of the cavity is accomplished. This obliteration is brought about primarily, I think, by the expansion of the brain when the pressure upon it is relieved. It fills again with blood and tends to return to its normal position. Finally, the healing of the walls together is accomplished by the proliferation of the neuroglia and of the connective tissue about the blood-vessels.

The effort to bring about this kind of healing requires long aseptic drainage, and for this purpose the form of tube used in this case has some advantages. The wide, flat rim rests firmly on the skin and, having no projection, is not disturbed by slight movements of the dressing. Its length can be arranged to just enter the cavity and not to project unnecessarily into it. It can be made of glass or metal, so as to allow of thorough cleansing. The slightly projecting lip on the inner end serves to steady it in the cavity and to prevent its slipping out.

CYST OF THE BRAIN.¹

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THE patient, a male negro, aged fifty-nine, was at the Massachusetts General Hospital in 1889 with a cardiac disturbance, which wholly disappeared. He had had syphilis in 1877.

On March 14, 1892, he re-entered the hospital under Dr. R. H. Fitz. The hospital record states that in June, 1891, he began to drop things with his right hand, and that it required great effort and attention to prevent dropping everything. A few days after the onset he found his right thumb and fore-finger numb; this lasted seven days. Soon then the hand became decidedly weak. In September began the twitchings which have troubled him ever since. They began in the index finger, and at first were confined to the hand; now they sometimes extend to the shoulder. For the last week the paralysis has been complete below the wrist. At times the palm is sore and painful and sometimes hot. Except for the hand he is perfectly well.

Examination.—The patient is large, well developed and nourished. Pupils react equally. Tongue protrudes in median line. Right hand slightly edematous. No voluntary motions of fingers or wrist. Pronation and supination performed slowly and with little force. Flexion and extension fairly strong. No impairment in sensation. Moderate muscular atrophy in upper and forearm. Examination otherwise negative.

He had one or two attacks of twitching daily, lasting from half a minute to two minutes. The twitchings began with convulsive flexion and extension of the first and second fingers and of the thumb, together with abduction and adduction of the latter. Similar movements spread to the other fingers and then to the wrist. With two to ten quick, partial flexions and

extensions of the forearm (and sometimes of the shoulder), the whole seizure abruptly ended.

March 22d. Two to four attacks daily, more severe than before, involving the right leg and thigh, with jerking. No mental disturbance.

He was seen by Drs. Putnam, Walton and Carter. For about six weeks he was treated with large doses of iodide of potash, which seemed at first to modify the attacks somewhat. But he was discharged on January 4th with spasms but little less than at entrance, as regards frequency and duration.

He then came under the care of Dr. Jas. J. Putnam, as an out-patient; and on February 8th he was sent to the surgical ward for operation, with the diagnosis of a cerebral tumor involving the centre of the right arm. The spasms of the hand and shoulder had continued about twice daily, and he was beginning to stammer and to speak thickly and indistinctly. There was no change in the condition of the arm.

Operation, February 9, 1893. — A trephine was applied at a point calculated to be over the arm centre, and a two-inch button was removed from the left side of the skull. The dura was pale, bulging, but not pulsating. On opening the dura the fissure of Rolando was seen. The ascending frontal and parietal convolutions presented, bulging, as if from pressure from behind, being pale but otherwise normal in appearance. An aspirating-needle was inserted into the most prominent part of the brain; at a depth of about one-fourth of an inch it entered a cavity, and a few drops of rather viscid, clear, brownish fluid containing an occasional whitish flake ran out. A knife was then entered beside the needle, and an incision about one-fourth of an inch long was made in the brain substance, which allowed the escape of more clear fluid. The little finger passed into the opening, felt a cavity about the size of an English-walnut. The walls of the cavity were covered with gelatinous-looking granulations. The surrounding brain-substance seemed healthy. A small drainage-tube was placed in the cyst cavity and brought out through a hole in the flap.

The operation caused some shock, but he was in good condition the next day. The tube discharged clear fluid, and the dressing was done daily.

He continued to have two attacks of twitching daily, but they were less severe than before the operation. The wound did well, and he sat up on the fourteenth day.

On February 28th he was improving in every way; but the tube slipped out of the cyst in the night, and on the following afternoon he began to have difficulty in speaking, and complained of dizziness. The scalp became tense and bulging over the trephine opening. He had a severe spasm, beginning in the arm and extending to the right side. The tube was replaced, allowing the escape of a small quantity of clear fluid. The patient again improved steadily; but it required several days to recover from the effects of leaving the tube out.

March 5th. The patient was up and about and having an occasional spasm. There was no change in the condition of the arm.

March 12th. An attempt was made to remove the tube, but it was followed by the same bad results as are recorded on February 28th. The tube was therefore replaced, and the daily dressing continued.

March 23d. There is considerable improvement. He has one mild spasm every two days.

¹ Read before the Boston Society for Medical Improvement, January 11, 1897.

April 2d. He walks very well. The speech is more distinct. There is less stammering and less dizziness. Has had no spasm for six days. The discharge from the tube remains the same in quantity and character.

It seemed probable that this condition would continue for some time. On this account we determined to make another attempt to obliterate the cyst. Accordingly, a second operation was done on April 5th. The sinus was enlarged by an incision in the scalp about one and one-half inches long. The cyst cavity was found to be about the size of a walnut, lined with whitish, sloughing tissue and granulations. The depth was not accurately made out, from fear of injuring the brain. The sloughing tissue was dissected from the walls, and the cavity thoroughly cleared out. The whole wound was made V-shaped and packed with iodoform gauze.

There was no disturbance following this operation. The patient was up on the second day, and continued to improve. A slight spasm of hand occurred on the sixth day. The dressing was changed daily; and in fifteen days the sloughs had all come away and the cavity was lined with pale granulations.

April 21st. The patient talks well, but drags the right foot in walking. The cavity is packed lightly and is filling up with granulations.

April 26th. Patient had two severe spasms. Talks well, but forgets words.

April 30th. Patient has had one slight spasm in last four days. He was discharged from the hospital, as he desired to go home, and could have the dressing done at home.

I heard from his friends that he failed gradually after leaving the hospital, and died in about three months.

From the fact that this patient gradually failed and died after the cyst was practically cured, I do not feel at all certain that the disease was simply a cyst, but suppose rather that it may have been a cyst in a glioma, although the brain about the cyst seemed to be perfectly normal. One of the most interesting points in the case was the almost immediate recurrence of the symptoms whenever the fluid was allowed to collect in the cyst.

INCREASE OF INSANITY AND CONSUMPTION AMONG THE NEGRO POPULATION OF THE SOUTH SINCE THE WAR.¹

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DURING the last ten or fifteen years there appeared various contributions on the disproportionate increase of insanity and consumption among the negro population of the South since the close of the Civil War. This literature² emanates from the best minds in the

¹ Read before the Section of Neurology and Medical Jurisprudence of the American Medical Association, at the Philadelphia Meeting, June 3, 1897.

² Report on the Increase of Insanity and its Supposed Causes. By Dr. T. O. Powell, Superintendent of the Lunatic Asylum of the State of Georgia, October 1, 1886.

Tuberculosis in Asylums. By Dr. J. W. Babcock, Superintendent of State Hospital for the Insane, Columbia, S. C. Published in American Journal of Insanity, October, 1894.

The Increase of Insanity and Tuberculosis in the Southern Negro since 1860; Their Alliance and Supposed Causes. By Dr. T. O. Powell, Superintendent of the Georgia Lunatic Asylum, November 21, 1895.

The Effects of Emancipation upon the Mental and Physical Health

medical profession of the South; and, believing that it pertains to a question which is of the most vital concern to social science, and also believing that it will enlist the attention of every student who is interested in the physiology of man's development, and in the prevention and cure of disease, I have seen proper to bring it before this meeting for a full and free discussion. I believe that such a consideration of the facts and figures which are here presented will serve to set into a new light the mechanism of some of the most powerful factors which are engaged in the production and perpetuation of two of the most deadly enemies of mankind.

In speaking of the increase of insanity in the colored population of Georgia, Dr. Powell, Superintendent of the Georgia Lunatic Asylum, makes the following comments: "There has been a radical change in the susceptibility to certain diseases, notably insanity, phthisis and similar maladies in this class of our population, from which they were almost entirely exempt up to 1867. . . . The census of 1860 will show that there were only 44 insane negroes in the State of Georgia, or one insane negro in every 10,584 of the population, and consumption in the full-blooded negro was rarely seen. The census of 1870 shows 129 insane negroes in this State, or one to every 4,225 of the population. The census of 1880 gives 411 colored insane, or one to every 1,764 of the population; while in 1890 there were 910 colored insane, or one to every 943 of the population."

Dr. J. F. Miller, Superintendent of the Eastern Hospital of North Carolina, for colored insane, says: "From close personal observation, embracing a professional life of nearly forty years among the negroes, and from data obtained from professional brethren in different sections of the South, I have no hesitancy in declaring that insanity and tuberculosis were rare diseases among the negroes of the South prior to emancipation."

The Eastern Hospital of North Carolina was opened August 1, 1880, for the exclusive accommodation of the colored insane, and this same writer furthermore states that during the first year there were admitted 91 insane negroes, which number represents the accumulation of this class of patients in that State during the first decade and a half after the Civil War. In 1885 there were under treatment in this institution, 144; in 1890, 244; in 1895, 307, and in December, 1896, 377 insane negroes.

Dr. J. W. Babcock, Superintendent of South Carolina Insane Asylum, says: "We cannot lose sight of the fact that on the basis of the census, as compared with insanity in the whites, mental disease in the negro has arisen from one-fifth as common in 1850 to one-half as common in 1880 and in 1890."

Dr. Miller also states that in the hospital in his charge the average mortality from consumption since its opening to 1896 is 25 per cent. of the total number of deaths. However, the death-rate from this disease was much less in its early management. Thus, up to 1884, it caused 14 per cent. of the total number of deaths; while in 1895 it produced 27 per cent. of all the deaths, and this in spite of a reduction of the general mortality-rate.

Dr. Powell (*op. cit.*) says: "From observation and of the Negro of the South. By Dr. J. F. Miller, Superintendent of Eastern Hospital, Goldsboro, N. C. Published in North Carolina Medical Journal, November 20, 1896.
Private Correspondence.