of interest to quote from a letter of Dr. H. S. Draper (dentist) of Boston. He says in part:

"A number of years ago it seemed to me that 'pyorrhea' was only a symptom of a constitutional disorder and that local treatment alone would be of no avail or only palliative, consequently I have not urged local treatment unless the patient would also try systemic remedies, which most of them did not seem inclined to do. I attached so little faith to the purely local treatment that I told patients so and sent them to specialists in local treatment, who did have faith in it.

"The cases usually resulted in a return to me to have artificial substitutes for the teeth which they finally lost, or in being turned over by the local treatment specialist to some one who practiced vaccine therapy. The only cases which I feel I have helped by local treatment were cases where the teeth had been neglected and tartar allowed to accumulate, the inflammatory condition disappearing after thorough scaling and treatment. In the worst cases there oftentimes is no deposit present and in these cases I have no faith in treatment locally only."

The above is the opinion on local treatment alone as expressed by a man for whose observation and conservative judgment I have a great deal of respect.

Mild antiseptics were also advised, most of them for purposes of calling attention to the cleaning of the teeth and tartar deposits.

A favorite prescription was the following:

R
Liquor Iodi Comp. (U. S. P.) .......Oz. ss.
Glycerine .........................Oz. ss.
Aque Distil ad ......................Oz. H.
S. Apply on gums mornings or at bedtime with a cotton pellet wound around a tooth-pick or with a camel's hair brush.

This iodine preparation was advised to be applied at the junction of tooth and gums. The patient was told that it would not stain the enamel but would stain any foreign matter or tartar. Hence as soon as there was much staining the patient knew that he had to go to his dentist to have it removed. This worked well for the purpose of attracting attention to the teeth and gums. Its antiseptic property is, of course, very mild, especially under the circumstances where it is washed off by the saliva as soon as it is applied.

RESULTS.

The results of the treatment have been classified as 'cured,' 'improved,' and 'no improvement.' It might be well to state here what I mean by the term 'cured.' I considered a case cured when the local condition of the gums became healthy as to color and firmness, when no pus could be squeezed out of the sockets, loose teeth tightened up and when no inflammatory condition was found present; also when symptoms such as bad metallic taste in the mouth, soreness and bleeding of gums and tenderness during mastication disappeared; and finally when any systemic symptoms present, such as rheumatism, gastro-intestinal disturbances and neuralgic pains, also disappeared, or were relieved, and the patient considered himself as 'feeling well,' when these changes for the better in the patient's condition lasted for several months without a recurrence, I thought I had a right to consider such a case as 'cured.'

(To be continued.)

THE INSANITY OF THE FEEBLE-MINDED.

By William N. Bullard, M.D., Boston.

It has long been apparent to close observers of the mentally defective classes that a considerable number of feeble-minded persons existed who showed mental symptoms of a character which might be considered as evidence of insanity. It is the case in Massachusetts that the State Institutions for practical purposes separate certain clinical classes of the feeble-minded, considering some as proper inmates for the special institutions for the feeble-minded, while others are designated as 'insane' and sent to the State Hospitals. The diagnosis between these two classes and the determination as to which form of institution a given patient should be sent has been sometimes uncertain. Considerable difficulty sometimes exists in eliciting such symptoms as would seem to justify the commitment of these feeble-minded patients as insane.

It appears that at the present time the principle of expediency obtains to a considerable extent—and this perchance wisely. Such patients as cannot be cared for safely and without excessive vigilance or without considerable restraint are transferred from those institutions whose purpose it is to care for the less violent and troublesome to those where a proper provision for the more violent and troublesome patients has been made. The clinical line of demarcation cannot always be drawn except after prolonged observation between those feeble-minded with mental peculiarities who can be best cared for in the institutions for the feeble-minded and those who should be committed to the State Hospital for the Insane. The mental condition in these two classes is the same and it is merely a question of the degree of development and of the violence of the symptoms into which class the special patient should be put.

A large proportion of the medium and higher grade feeble-minded—the imbeciles and morons—are subject to peculiar mental conditions which affect their thoughts and conduct. Feeble-mindedness is in many, probably really in all cases, not simply a diminution, lack or absence of faculties, intellectual and moral, but involves a certain mental perversion as well. When this
mental perversion reaches a certain point the patient may be judged insane.

Feeble-minded persons may, like ordinary persons, be attacked by various forms of insanity. The insanity in these cases is an additional affection supervening upon a defective brain, a complication but not a direct result of the original brain conditions. Thus a feeble-minded person may have dementia praecox or paranoia but the paranoia and the dementia praecox are essentially separate mental conditions which are superimposed on the feeble-mindedness.

These accidentally supervening forms of insanity show merely an addition of one affection to a pre-existing defective condition and will not be considered here.

There is, however, a form of mental disease which we may be justified at present as classing as an insanity which forms an integral part of the mental condition in many of the feeble-minded. It makes itself evident through certain definite signs and symptoms, physical and mental, and is itself strongly suggestive, if not pathognomonic, of feeble-mindedness. In other words it is doubtful whether this peculiar symptom-complex exists except in the feeble-minded and usually the congenitally feeble-minded.

The symptomatology of the so-called insanity of the feeble-minded is very distinctive. It is easily recognized clinically, provided the patient is under observation for a considerable period in a suitable institution. It usually cannot be recognized at one examination at the home of the patient or at the physician's office unless the patient be in the excited or violent condition at the moment. The clinical syndrome is chiefly an increase or exaggeration of a syndrome commonly occurring in the feeble-minded who are not regarded as insane. One of its chief characteristics is the periodicity of the symptoms. The patient may remain in a natural quiet condition for days, weeks and months and the condition may then without apparent cause change gradually or abruptly to one of excitement and violence.

The principal and the characteristic symptoms of this group of patients are spontaneous outbursts of temper and of violence. There are in this affection apparently definite changes in the mental condition at different periods. At one time the patient is comparatively calm, cool, not remarkably excitable or irritable. This patient seems like an ordinary average quiet feeble-minded person who except for some mental incapacity does not in general differ from the ordinary person of their age, sex and station in life. At irregular periods, however, a change takes place in the mental atmosphere of the patient and such patients have outbursts of temper and become violent, almost maniacal. In this condition they scream, strike, kick, bite, destroy clothes and furniture, break windows and require forcible restraint. They are obscene and profane. After a certain time, usually a day or more, the more violent symptoms cease and they return more or less to their normal condition only to be liable to a similar attack at some future time. These outbursts usually appear superficially to be sudden and abrupt. In certain cases and probably in almost all there are prodromata. For a day or two before the attack, the patient, who usually has been cheerful and fairly contented, able to do some work and often doing it well, becomes uneasy, has a feeling of mental discomfort and unrest, is sullen, disagreeable and finally quarrelsome. The immediate onset of the outburst is usually a quarrel with some other patient, often provoked by the subject, or some contrariety or dispute with an attendant. Sometimes the first definite signal is the refusal to obey directions, to go to bed at the proper time or some other routine order. The immediate cause of the outbreak is usually something insignificant in comparison with the resulting actions. The outbreaks or their sequelae may continue for days or even weeks and in some patients the intervals are not free from symptoms. Even when not violent they may be very excitable and irritable. Many of these patients both steal and lie at times. Many of them also are profane and obscene even in the intervals.

Some are said to have hallucinations of hearing and sight, but these seem exceptional and as a rule these symptoms are not prominent.

During the outbursts, these patients may be dangerous both to themselves and others.

It is a well-marked fact in these cases, and one deserving of special emphasis, that under certain circumstances they remain quiet and for their mental condition essentially normal for long periods and that under other circumstances, if dissatisfied with their condition or if they believe themselves to be in any way ill-treated or imposed upon, the more violent symptoms are always ready to break forth. The mental stability of these patients is extremely weak and it not only gives way at times apparently spontaneously, but it is liable to yield under small causes, real or imaginary.

It is this condition which essentially constitutes the so-called insanity of the feeble-minded. It is to be clearly distinguished from those cases in which one of the ordinary recognized forms of insanity supervenes upon the original condition in a feeble-minded person.

In the former case the so-called insanity is a part of the essential condition: in the latter the insanity appears to be an additional affection or complication.

According to the British Medical Journal, a bill is shortly to be introduced into the Reichstag to provide against the baneful effects of faulty infants' feeding-bottles. The bill contains paragraphs according to which bottles with tubes either of rubber or glass may not be manufactured, or sold, or offered for sale, or imported, or exported.