

CASE VI. On October 23rd, 1886, Mr. F.'s son, aged between 9 and 10, was thrown from a waggon with great force, falling with all his weight upon his extended left hand. I found the arm pronated and flexed, and shortened fully two inches; the forearm was dislocated directly backwards. The olecranon process could be felt beneath the skin—behind the humerus, while the projection of the condyles, forward, increased the anterior posterior diameter of the joint very materially. The inner condyle was movable, while the transverse diameter seemed to be considerably increased. Counter-extension was performed by an assistant. Reduction was produced by extension over the knee, but as the coronoid process was locked in the trochlea of the humerus, it took all the strength I had to accomplish it. The width of the joint, however, was not reduced; the internal condyle being movable and very prominent; there was evidently separation between it and the shaft; the radius, apparently, had not been displaced. As I still felt somewhat doubtful with regard to the full extent of injury, I again put on the long splint, padding the inner condyle, however, so as to counteract the brachialis anticus; this time, however, only for a week. On removing the bandages, the whole arm was in a state of ecchymosis, from the internal hæmorrhage produced by the injury. The olecranon and head of the radius were in position, and the inner condyle firm, but prominent as before. I adjusted an angular splint, which patient wore for several weeks, followed in turn by passive motion. The arm is strong, but somewhat limited in movement; pronation and supination are intact; the hand can be brought to the mouth, but cannot be extended or flexed to full extent—by two or three degrees; the projection of the inner condyle is sharper than usual, while the breadth of joint still continues. On the whole, however, he has a very good limb; his people are well satisfied with the result, and frequently compare his case with his cousin's, who, after a similar injury, had his arm completely ankylosed.

I cannot claim for this paper perfect accuracy as to my views; but such as they are, they arise as a result of experience; and if they serve as a modicum of food for thought, if not for discussion, I shall be more than satisfied.

## THE RELATIONSHIP OF INSANITY TO MASTURBATION.\*

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In endeavoring to estimate, and arrive at conclusions, as to the relationship that exists between the unnatural gratification of the sexual appetite by masturbation, and the psychological effects consequent thereon, we are met at the threshold of the enquiry by a lack of reliable data upon which to base opinions or demonstrate facts. The very secret nature of the vice prevents us from knowing by whom and to what extent it is practised. If we turn to hospital and asylum statistics, unreliable as they are in other matters pertaining to the causes of insanity, they are absolutely worthless in this particular. The admission papers filled out by the family physician do not in a very large majority of cases throw any light upon the subject, and in the few instances where masturbation is set down as the cause of insanity, it is but a factor or a single link in the long chain of combined causes which led up to and finally culminated in an attack of pronounced mental alienation, whilst in many instances it is not a cause but the result of disease in the nerve centres, its proper significance in such cases being that of a symptom the same as insomnia, delusion, restlessness, or other phenomena which go to make up the clinical history. It is now a pretty generally accepted fact that there are very few, if any, single factors, other than of a traumatic or syphilitic nature, which are of themselves efficient causes for the production of insanity; and that, in order to form a true estimate of the forces which are at work in producing this ever increasing malady which is overflowing our asylums and filling our gaols, we must look at the subject from a general rather than a restricted point of view, and take into consideration the whole environment of the individual, making strict inquiry into his race, type, family history, bodily health, and his struggle for existence. But perhaps in not one of the ascribed causes of insanity is this general inquiry of more importance than in that of masturbation.

Some people will no doubt contend that masturbation, *per se*, is quite sufficient to produce insan-

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