

considerably distended, tender; patient complained of very severe lancinating pain in abdomen. For the ensuing three weeks her condition continued much the same, notwithstanding treatment, excepting that the abdomen became tense and tympanitic. At this time it was observed she began to manifest an inordinate affection for her nurse, her friends and her neighbors. Toward the end of the month the symptoms began to ameliorate, the abdomen lessened in size, pains almost ceased, temperature, which had been very irregular, varying from 99 to 105, now remained at about 100; vomiting almost ceased, pulse remained at about 120. During February she manifested but little desire to leave her bed, her appetite was poor, and she complained of weakness with occasional acute exacerbations of pain with some nausea and vomiting. Her friends observed that she now manifested extreme dislike to her husband and certain of her acquaintances. At this time she began to talk of her having been commissioned to preach the Gospel. On March 3rd she became suddenly and violently ill, the symptoms being similar to the attack in January, but more severe, her pulse ranging about 140, her temperature irregular and rising to 105. This attack, like the previous one, lasted about three weeks, when she made a partial recovery. She now began to lose her own identity, claiming to be the Virgin Mary, and, latterly, Jesus Christ himself. She was constantly pleading to those around her, coaxing, exhorting and threatening. She could not be kept in her room, nor in the house without resorting to force. From day to day she became more violent, until it was quite unsafe to approach her. She ate voraciously, complained of no physical ill, but kept on talking day and night. She was now very much emaciated, her abdomen retracted, and dull on percussion.

On the 15th of April she was committed to the Asylum for the Insane, London. Drs. Bucke and Hobbs, after watching her for a few days, and upon careful examination of the patient, notified me that in their opinion the case was one suitable for operation, and kindly invited me to be present. Accepting the invitation, I was present at the operation. On the 22nd April in the presence of Dr. Bucke and several other medical gentlemen, Dr. Hobbs performed an abdominal section. After making the patient, instruments and all appliances as thoroughly aseptic as possible, Dr. Hobbs opened the abdominal cavity. There was no fluid. The peritoneum was thickened and studded with miliary tubercles, small tubercular nodules were found on the intestines, Fallopian tubes and ovaries. All the pelvic organs were matted together, portions of the intestines were adherent to one another and to the peritoneum. The operator found it quite impossible to separate some of the