

no irritation, however slight, but will manifest itself through the sympathetic nervous system. I have seen, as already stated, in the treatment of insanities the result of uterine disease, the local or surgical treatment of the trouble not only cure the uterine disease, but effectually cure the concomitant disease occurring in the brain, thus showing the mysterious (?) and unaccountable (?) connection between them. A woman becomes the victim of nymphomania, amenorrhea, dysmenorrhea, or some one or more of the many forms of uterine disturbances; it may take on one of the amatory phenomena, especially of nymphomania, a religious turn, devotional enthusiasm of so violent a character as to necessitate removal to a lunatic asylum—and these are not fictitious cases—and all this because of local irritation. Finally, we may have a uterine trouble, an irritation, transmitted through the hypogastric, spermatic and other ganglia and plexuses, from cell to ganglion, passing onward to the sacral, to the cord, the medulla oblongata and the cerebellar and cerebral ganglia, finally by coronata radiate fibres to the cortex of the brain, that most valuable distribution of nervous matter, the seat of mentality and intellectuality, ending in a complete overthrow of the noblest propensity of woman, driving her to a madhouse, there to drag out her existence within the walls of her life prison. Thus, we have the beginning and end of a very sad picture."

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### DIFFICULT CASE OF LABOR IN SMELLIE'S TIME.

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The following report of an interesting case of labor, taken from Smellie's Text-book of Midwifery, was presented to the fourth year students of the Medical Faculty of the University of Toronto, and clinical Class A was asked to consider it and send in a report on the same to Dr. A. H. Wright:

"Head expelled: os contracted round neck: delivery and death of mother.

"I was sent for to see a woman, aged 40, who had borne several children before in 1749. When I came I found the head expelled. I slipped up my fingers and found the os tinea contracted about the neck of the child (which was dead) and endeavored to pull it away, but in vain. I then sent for Dr. L., and I desired him to see what he could do, as my fingers were numbed. He first got one hand into the uterus, and then slipped up the fingers of the other, and brought away the child. The woman's pulse before delivery was strong, and she had little flooding; but we had not