

generally overlook, or take but little notice of these ovarian lesions, which are such important factors in the causation of insanity. They devote more attention to the insanity brought on by irregularities of menstruation, when many of these irregularities are simply indicators of disorders of ovulation. The germ-producing organ is certainly of a more delicate structure, and more highly complex, and, therefore, must exercise a greater potentiality in the human economy than a mere receiving organ. The interdependence of the organ of reason and the organ of reproduction is clearly shown by the history of 40 cases of ovarian disease with complicating insanity, and by the good mental results which followed the surgical treatment of the different ovarian lesions. The accidents and diseases resulting from maternity do not occupy as prominent a place in initiating disease of the ovary as one would suppose, as 20 out of the 40 cases had never borne children. The influence of heredity is a feature that cannot be overlooked, as 40 per cent. of these cases gave a direct or indirect history of hereditary tendency, and the probability is that the percentage would be larger still if a complete inquiry had been made into the family record for two or three preceding generations.

The diseases of the ovaries affecting these 40 cases fairly covered the gynecic range. They consisted of cysts that were all either simple, multicocular, dermoid or papillomatous, weighing from a few drachms to fifteen pounds; or were fibroid degenerations, ovarian abscesses, hematomas, inflammatory affections, and prolapsed conditions.

In 28 of the 40 cases there were present complicating lesions of other pelvic organs. Thorough examination of the pelvic organs of these patients under anesthesia was invariably carried out, and even then it was not always easy to determine whether the ovary or ovaries were sufficiently diseased to warrant even an exploratory incision, as it is not necessary for an ovary to be enlarged to be badly diseased.

The insanity occurring in many of these ovarian cases usually appeared during the onset of ovulation, or a few days prior to menstruation, or the maniacal propensities or delusions already existent in a chronic became exaggerated. Coupling a history such as this of an insane patient with a peculiar resilient feel obtained in a bi-manual examination of an ovary only slightly enlarged, quite a fairly positive diagnosis can be made of a diseased cystic ovarian condition.

The most frequent type of ovarian insanity is that of mania. Maniacal symptoms were present in over 90 per cent. Sexual delusions were the exception, but when present were pronounced. Excitability, talkativeness, restlessness and de-