

of excellent heredity and pleasant disposition. Since birth of last child her disposition has slowly changed, until she became irritable, subject to violent outbursts of temper, illtreats the children, and latterly has had periods of delusional insanity lasting several days.

Examination showed lacerated cervix, enlarged and retroverted uterus. Amputation of cervix, curettage, removal of tubes and overlapping of round ligaments. Convalescence normal, mental and physical.

No. 144.—Mrs. H., aged 32. Referred by Dr. King, who gave me the following history: "Had one brother who committed suicide. Since puberty she suffered with severe premenstrual pain. Married seven years ago, no living children, aborted four years ago and again three months ago, no specific history. Her husband sent her to me for examination, stating that she had been a great trial to him, that when he left the house he had to lock her in until his return. During the few days previous to menstruation she will make approaches to all the toughs around town, and even make a raid upon China-town." Dr. King found left pelvic disease and referred the case to me for treatment. I removed left pyosalpinx with dense adhesions and right hydrosalpinx, also dilated and curetted.

Too recent to report.

COMMENTS.

The first matter of interest in the review of these cases is the gradual passing from irritability of temper and the milder stages of mental instability into deeper conditions of irresponsible action which was noticed in the majority of them. With the exception of puerperal cases this gradual development of mental conditions is the more frequent course of development of the insanities due to pelvic lesions. This is the stage which asylum superintendents have not the privilege of observing as the private practitioner has, and it is also the period *par excellence* of the most hopeful treatment, before vicious habits of thought and action have formed, and before secondary cortical degeneration has taken place.

The next point to consider is that all of these patients had well-marked pathological conditions of the pelvis, and with the exception of the one death from bowel strangulation, and one too recent to report, mental improvement followed treatment. This does not by any means prove that the mental conditions were a result of the pelvic disease, but it is at least suggestive that, with a predisposition towards mental instability, hereditary or