

MEDICAL SENTINEL.

her household duties and acting as nurse to her two children she became considerably debilitated. This, with the shock of her younger child's sudden death, precipitated intermittent melancholia lasting eight months. Symptoms of pronounced insanity with suicidal tendency developed. After a month's treatment under the care of a nurse she was committed to the Provincial hospital for the insane, April 1st, 1895, where she remained until January 3rd, 1898. During this period she was at times violent, would attempt to scratch and bite her attendants, exhibited a most obstinate disposition, was considered by the late matron as one of the worst cases, and by the authorities as hopeless. No encouragement was given as to her recovery. The patient was placed under chloroform and a pelvic examination made. The right ligament was thickened, left ovary prolapsed, uterus fixed, and perineum partially ruptured. Upon this data I recommended operative measures.

Operation. Right ovary was found cystic with tubal adhesions, left ovary adherent in cul-de-sac, fimbriated extremity closed. The appendages were removed, uterus also curetted. The operation was brief and practically bloodless; post-operative history normal; stitches removed on the twelfth day. The mental condition remained unchanged for some days. She persisted in sitting up in bed, tearing the bedclothes, and endeavoring to bite and scratch the nurses. It was necessary to tie her hands on either side of the bed, and place a heavy bandage over the lower part of the body. Upon the fourteenth day after the operation she became calm and recognized her mother. On the

following day she conversed a little and appeared to appreciate the kindness of her nurses. Upon the seventeenth day the patient seemed more rational, did a little sewing, and took an interest in her surroundings. The following day I allowed her to see her little daughter, now a bright girl of eleven years, whom she had not seen since entering the asylum. The meeting was one not soon to be forgotten; it was one of those periods in a physician's life when his remuneration is beyond computation, an experience that lives. The patient acted and spoke as only a reasonable mother could. Day after day, as the physical strength increased, the mind became capable of more extended effort. Thirty-five days after the operation the nurse accompanied the patient to her home and remained with her a few days, and today the patient is managing her own household and attending to her social duties with all the reason and energy of her former self.

Case 2. Mrs. C., aged 57; married; several children; no history of inflammatory action; family history excellent; experienced some financial troubles; for several years has suffered from pain in back and pelvis, and underwent treatment without relief. Melancholia developed, when she was committed to the asylum where she remained a year. Examination made under anesthesia showed lacerated perineum and laxity of the vaginal walls, but nothing else. Upon this examination I did not recommend operation. After conference with friends who desired nothing to be left undone, I concluded to explore the abdomen, and found large varicocele of both broad ligaments with calcareous deposits and cystic degen-