## GYNECOLOGICAL TREATMENT IN THE INSANE.

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"The saldest chapter in the history of disease—Insanity—probably the greatest curse of civilized life."—OSLER.

Herewith I submit a brief history of the cases of mental disease that have come under my observation during 1907. Some could be classed as borderland cases, yet all give definite indications of loss of mental control.

No. 136.—Mrs. H., aged 30. Heredity good, married seven years, never pregnant. As a child had been treated for tubercular peritonitis. After marriage she complained of severe pain over left ovary, with constipation and anemia. At times became melancholic, alternating with hysteria. As described by a friend she would sit and cry and mope, and then get cranky with everybody until there was no living with her. She gave a history of a period of severe pelvic pain followed by a bloody discharge from the rectum, after which she improved mentally for a short time. When I saw her, she complained of very little pain. The mental condition was sluggish and characterized by decided delusions, out of which she could not be reasoned, with a most irritable temper. She was incapable of managing her home, and required continual watching.

Pelvie examination. Small hard cervix and fluctuating mass in pelvis. Dilatation of cervix, curettage and removal of ovarian cyst gave a normal convalescence, both mental and physical. At the present time, after an interval of one year, she is enjoying excellent health and happy in her well-ordered home.

No. 137.—Mrs. A., aged 27. Referred by Dr. Henderson. One brother somewhat deficient mentally, two miscarriages, one living child four months old. A few weeks after delivery she developed typical puerperal mania.

Examination showed laceration of cervix with eversion of mucous membrane and subinvolution. Amputation of cervix, curettage, posterior vaginal section, removal of tubes and puncture of ovarian follicles was done under morphine-hyoscine anesthesia with a few drops of ehloroform added.

Six weeks after her father wrote:—"She is not que e so noisy, much less troublesome, knows her baby and at times talks reasonably." Her physician reports her completely recovered several months since.

No. 138.—Mrs. F., aged 57. Good heredity, one miscarriage, no living children. Mental instability with eretomania was present for a brief period at age of 23. One year ago she had influenza,