

CASE 5.—Mrs. W., aged 40; no children; subject to epilepsy; inmate of an asylum four months; insanity of a very mild type. Examination under anæsthesia showed undeveloped uterus and ovaries; no operation advised. Recovery from mental trouble.

CASE 6.—Mrs. J., aged 28; three children, youngest three years old; no tuberculous history; several miscarriages since; suffered four years with pelvic pains; some better while carrying last child. In January of this year her husband took sick with *la grippe*, followed by pneumonia; during his sickness the patient acted as nurse and took a share in the household duties; towards the end of the second month she complained of pains in the back and exhibited well-marked indications of exhaustion. A pelvic examination showed endometritis, retroversion and great tenderness; was placed under appropriate treatment, including the Weir-Mitchell system, but without improvement. The hysterical condition passed to one of religious melancholia, which appeared to remain permanent for a few weeks. Finding all treatment unavailing, I decided to try surgical measures; curetted; found ovaries enlarged to double their normal size and cysts one inch in diameter attached to each; there were also tubal adhesions; appendages removed. Recovery from operation normal; mental condition some better for a few days, but within a week was decidedly worse; sleep became impossible without large and ever-increasing doses of hypnotics. Six weeks after operation symptoms of cerebral compression appeared, paralysis, strabismus, etc., with coma and death seven weeks after the operation. Although this patient presented sufficient pelvic disease to justify surgical measures under ordinary circumstances, the result shows that operation in this case was not indicated, and possibly detrimental, if, indeed, it did not hasten the fatal result. The mistake of undue haste need not be repeated. In future I shall abstain from operating until the possibility of acute cerebral cause is eliminated. It might be well to suggest that at least one year of expectant treatment be given following the appearance of mental trouble before operative measures be tried.

CASE 7.—Mrs. K., aged 46; several children, youngest 13 years; had "inflammation" after childbirth. Mild insanity of twelve years' duration, at first intermittent; melancholia and suicidal. Pelvic examination without anæsthesia showed perineal tear complete; left tube and ovary one mass of adhesions, possibly an old tube or ovarian abscess; very tender to the touch. Patient said, "The pain begins there and passes up into my body; then I get nervous." Operation advised, but refused by the husband, who said that since