

The Unofficial Gynæcological Treatment of the Insane in British Columbia.

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My first attempt in Gynecological treatment of the insane was made on January 5, 1896, with such remarkable results



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that I have lost no opportunity of investigation in this direction. Although the work has not yielded the almost incredible results that were evinced by my first few cases, they have been fairly satisfactory, and sufficiently encouraging to justify the effort and to stimulate a more systematic and thorough investigation into the relations which exist between pathological conditions of the pelvic organs and abnormal psychic phenomena.

My examinations comprise 98 cases, and my operations 33 of these. Forty-two examinations and 24 operations were in British Columbia, and to these I shall confine my remarks.

None of these patients presented indications of assymetry of features. Amentia was not present, neither high arched palate, irregular ears, defects of speech, deafness, chorea strabismus waverings of eyes or twitching of facial muscles. In

cases operated upon no hereditary taint was obtainable.

The preliminary examination was first conducted under anesthesia, but latterly this was as much as possible dispensed with, using it only for violent cases. It has been my practice to open the abdomen only when external examination revealed disease, but a more extended experience leads me to consider intra-abdominal examination an essential part if there be indications pointing in that direction, with an absence of determinable disease elsewhere. With modern methods such an examination should have no mortality, and but a few weeks confinement, and surely a disease that would remove a patient from friends and society perhaps for life justifies such careful investigation.

Results. Out of the forty-two cases examined in British Columbia, but two presented normal pelvic organs, these two were unmarried. Of the twenty-three cases placed under treatment all but two had been married. Of the married ones all but three had borne children, and these three had salpingitic adhesions, giving evidence of former pelvic inflammation.

Of the different conditions found I report only such as pathological that in the opinion of the ablest authorities are capable of producing in those whose mental powers are intact, local pain, discomfort, or general systematic disturbance. Perineal laceration was present in five cases, cervical laceration in six cases. Retroversion with adhesions in seven and simple retroversion in three cases. Adhesions of the clitoris was noted but once, while salpingitic and ovarian adhesions were found