

the insanity of pregnancy he observed that it was but the exaggeration of the usual disturbances of an ordinary pregnancy, such as hallucinations or perversions of taste, smell, morbid desires, etc. He thought it wrong to induce labor in such cases, since he had seen such cases not improved by miscarriage. [Miscarriage and induced abortion are, however, not the same, and the effect upon the woman is probably radically different, as was suggested by Dr. Barnes in closing the discussion.]

Continuing, Dr. Savage remarked that sexual perversion as a form of insanity was quite often dependent upon or associated with malformation or disease of the generative organs, citing a case with an infantile uterus occurring under his own observation. Dr. Wilks alluded to several cases of morbid preoccupation on the subject of the genitals, which had culminated in insanity, and asked how far the mind, being directed in a particular channel, might be productive of mental symptoms. [Might not the mind be so directed by local disease?] Dr. Bantock spoke with special reference to the experiences of Keith, with which his own experience did not agree. He thought Keith's observations decidedly exceptional, and his own views coincided with those of Lawson Tait. He urged the necessity of nice discrimination, admitting the undoubted relationship of pelvic disease to insanity in certain cases. Dr. McNaughton Jones related the case of a patient with retroflexion and enlargement of both ovaries, who suffered for some time with melancholia and delusions regarding her parents; the uterus was replaced, the ovaries gradually reduced in size, and she made a perfect recovery at once. Another patient, with fibroid uterus, had a fixed delusion that during an examination her uterus had been pulled down and inverted.

*(To be continued.)*