On Uterine Disease and Insanity.—By JOSEPH WIGLESWORTH, M.D. Lond., Assistant Medical Officer, Rainhill Asylum.

The question of the relation between Uterine Disease and Insanity is one which, though at different times it has attracted much attention, is yet very far from being thoroughly elucidated. On the one hand the subject is mixed up with so-called "Hysterical Insanity," and on the other with "Amenorrhœal Insanity," concerning the former of which it may be said that but little evidence has been advanced to prove its dependence upon distinct physical disease in the internal organs of reproduction; and, as regards the latter, it needs but little observation in an asylum to show that in the *majority* of cases in which Amenorrhœa is associated with insanity, the suppression of the menses is merely a symptom, and in no sense the cause of the disease.

Again, under the head of "Ovario-Mania," Dr. Skae described a form of insanity connected with the sexual organs, in which delusions as to intercourse were common. He says* "I have long believed that all such cases were connected with diseases of the ovaries or neighbouring parts, acting on them by direct irritation, and by reflex action on the nervous centres. I have uniformly found such disease in every case where I have had an opportunity of making a post-mortem examination." Dr. Clouston, following Dr. Skae, refers† to the same disorder under the head of "Old Maid's Insanity," and the same subject is alluded to by Drs. Bucknill and Hack Tuke, who say,‡ "A form of disease has been described by Dr. Skae under the head of Utero-Mania or Ovario-Mania, to designate cases of insanity in old maids associated with delusions as to sexual intercourse." The general ætiological relation, however, between diseases of the internal organs of reproduction in women and insanity, is a subject to some extent outside of those enumerated above.

It may be impossible to say, indeed, of any individual case of Uterine or Ovarian disease, that it was the cause of the insanity, but by the systematic examination of the uterus and its appendages in a large number of insane individuals error may be eliminated, and the relative frequency of disease of these parts in lunatics may be approximately ascertained. The subject does not

* "The Morisonian Lectures on Insanity for 1873," by Dr. Skae and Dr. Clouston. "Journal of Mental Science," Vol. xx, p. 10.

† "Clinical Lectures on Mental Diseases," p 478.

‡ "A Manual of Psychological Medicine," 4th edition, p. 348.

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

appear to have been much investigated on these lines in this country; at least, I have not come across many records of observations. On the continent, however, it would seem to be otherwise. By a reference to the "German Retrospect" in the "Journal of Mental Science" for October, 1883, it will be seen that, as there stated* "there is great variance of opinion about the frequency of diseases of the genital organs in insane women," one author placing it as low as 6 per cent., and another as high as 80 per cent.

A lady physician in the United States, Dr. Cleaves, found that "of eighty-five patients admitted under her care at Harrisburg in a period of twelve months, twenty-nine suffered from utero-ovarian disease of some kind, and in a large proportion of those who so suffered, improvement in mental health followed rapidly on the treatment of the local disorder."†

In the Commissioners' Blue Book for the year 1882 "Uterine and Ovarian Disorders" figure as causes of insanity in 1·9 per cent. of the female admissions. I should myself be disposed to think that their influence was here much understated.‡

Theoretically we might suppose that uterine or ovarian disease might produce insanity in two ways—either by the direct irritation such disease might set up, in which case the symptoms would not improbably have a maniacal character—or by the wearing out of the system by prolonged pain and exhausting discharges, when melancholia would be the more likely form of mental alienation. That such diseases are common enough in the population at large without giving rise to insanity, is no argument against their having this effect in persons with unstable nervous organisations, and thus predisposed to attacks of mental disorder. Indeed, in every case of insanity, no matter what the cause assigned be, the personal predisposition of the individual is obviously a factor of the first importance. But theories are of very little use unless they stand the test of experience, and it is the main object of this paper to bring forward certain data which may assist us in forming correct conclusions on the question. The subject, then, here resolves itself into a record of observations made by myself, in part pathological and in part clinical; in the former case the result of a series of post-mortem examinations being described,

* p. 425.

† "British Medical Journal," Vol. i, p. 123. 1883.

‡ Dr. Tuke says, "The proportion of admissions from uterine disorders appears to be about 5, or taking female admissions only, 10 per cent. Among asylums for the opulent classes exclusively, the ascertained proportion would be higher, the real proportion higher still, among both poor and rich.—*Op. cit.*, p. 98.

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

and in the latter, that of a number of bedside examinations. The cases observed are given in detail in two tables, the first of which deals with the pathological aspect of the question, whilst the second approaches it from the clinical stand-point. The cases quoted in the one table are altogether distinct from those in the other. (For tables see pp. 520 *et seq.*)

I will now proceed to analyse the cases under these two heads.

I. *Pathological.*

Table I. gives the condition of the uterus and its appendages, as they were noted to be in 109 post-mortem examinations, made by myself, of patients who died in the asylum. The cases were altogether unselected, and were recorded just as they came under notice. Of these 109 cases, in 42—38·53 per cent.—the uterus and its appendages were perfectly normal, or at the most showed very trivial changes; whilst in the remaining 67—61·46 per cent.—the parts in question showed a greater or less degree of departure from the normal. From this latter category, however, important deductions have to be made in estimating a connection between the uterine disease and the patient's mental alienation. (1) In 15 of the abnormal cases—Nos. 8, 14, 15, 16, 17, 39, 46, 59, 68, 69, 82, 85, 97, 105, 108—the changes were very slight, and consisted in trivialities, such as very small fibromata, ecchymosis of mucous membrane of fundus, etc., which could have had no bearing on the mental symptoms. (2) In three cases—Nos. 2, 5, 8—the changes noted were secondary to parturition, and were, therefore, not abnormal as regards the then condition of the individual. (3) In one case—No. 4—the uterine affection was a purely secondary involvement, and of very recent origin. (4) In three cases—Nos. 12, 45, 63—the abnormalities were due to a general constitutional taint—tubercular—and were associated with tubercle in the lungs and other organs.

Deducting, then, these 22 cases from the 67 abnormal ones, we get 45—a percentage of 41·28—in which cases there was either congenital defect, or a degree of acquired abnormality requiring further investigation. First as regards congenital abnormalities. In one case—No. 21—the uterus was absent. In eight cases—Nos. 32, 50, 57, 59, 63, 77, 89, 92—the condition known as conical cervix, with pin-hole os, was present; in four of these cases, however, this condition was associated with other abnormalities, which brought them under the category of acquired abnormal cases; in the remainder the defect may, perhaps, be considered of little moment. It is indeed common enough in the community at large, but it would seem to be worth while to take note of it in connection with other possible

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

developmental defects, and when it is remembered how frequently this abnormality is associated with dysmenorrhœa and the constitutional disturbance so frequently dependent thereon, and that it is a direct cause of sterility, it is quite conceivable that in some cases it may be a factor in the production of insanity. If, however, we were to exclude these cases of developmental defects (when not associated with other lesion) we should narrow our total of abnormal cases to 40—36·69 per cent. This total includes very different cases and very different degrees of abnormality; whilst in many of them a connection with the mental symptoms would be at the most very problematical; in others it would be quite legitimate to infer such a dependence. It will be convenient to consider these 40 cases of acquired abnormality under the following heads:—

(1.) *Simple Displacement.*

Eleven cases—10·09 per cent. of the total number of cases—came under this category. They were divided as follows:—

(*a.*) *Retroversion.*—Four cases—Nos. 47, 64, 77, 78.

(*b.*) *Retroflexion.*—Five cases—Nos. 25, 37, 62, 80, 102.

(*c.*) *Retroflexion combined with Retroversion.*—One case—No. 44.

(*d.*) *Prolapse.*—One case—No. 70.

This last case was complicated with hypertrophy of the cervix. The patient was the subject of senile mania, and it is possible that the uterine affection may have been a factor in the production of the insanity. As regards the other cases, however, I should not be disposed to attach too much importance to them. Displacements are, as is well known, among the most common of uterine affections, and probably often receive at the hands of gynæcologists greater attention than they deserve. It cannot be denied, however, that they may occasionally be factors in the production of insanity.

(2.) *Enlargements of the Uterus.*

It may be difficult in any given case to say whether we have to deal with a simple enlargement, a genuine hypertrophy, or a subinvolution. I think, however, we shall not be far wrong in the case of a woman who has borne children, and in whom the uterus weighs 3oz. or more (tumours being, of course, excluded), in putting the case in the last category. No. 87 appeared to be a case of simple enlargement, but as it was associated with a pin-hole os, it would, perhaps, be more appropriate to include it under the head of congenital defects. I have marked five cases as examples of subinvolution—Nos. 9, 24, 27, 30, 84—(4·58 per cent. of the total number of cases). This condition, as is well known, is very common in the com-

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

munity at large, but because a condition is often met with without mental disorder, that is no reason why, in the case of a person predisposed to it, this may not be an important factor. I should myself be disposed to think that in certain cases it may prove an efficient cause of insanity; and this, not so much by the annoyance which the condition often entails, as by reason of the exhausting hæmorrhages, which are the too common concomitants of the affection. That frequent and considerable losses of blood may, by lowering the general tone of the system, predispose to insanity, can hardly be doubted. In case No. 30, these copious losses of blood had, indeed, taken place; and the impression conveyed to my mind, by the history of that case, was that the subinvolution was a not unimportant factor in the production of that patient's mental disorder.

(3.) *Uterine Fibromata.*

Excluding very small tumours, six cases belong to this category, viz., Nos. 31, 34, 41, 58, 75, 93—5·50 per cent. of the total number of cases. In Nos. 31 and 58 alone, however, did the tumours reach any very considerable size; but in these two cases there was evidence derived from the history of the patients, and the mental symptoms, that the tumours were important contributory causes in the production of the melancholia from which both patients suffered.

(4.) *Old Pelvic Inflammation.*

This was evidenced by the presence of old fibrous adhesions in Douglas' pouch, the fundus of the uterus being thus more or less adherent to the rectum and pelvic walls; the cases were mostly complicated with retroflexion. Six cases—Nos. 13, 19, 23, 60, 72, 90 (5·50 per cent.)—came under this category. It is, of course, impossible to say that the attack of pelvi-peritonitis or cellulitis, from which the patients must have suffered, may not in certain cases have had an influence in the production of the insanity, but I should not myself be disposed to rate that influence high.

(5.) *Hypertrophy and Induration of Lips of Cervix.*

One case, No. 53, came under this category. The condition pointed to a chronic inflammatory state of the cervix, which might during life have caused symptoms out of proportion to the small change noted after death, but the condition was probably of no moment whatever.

(6.) *Cancer of the Uterus.*

Only one case—No. 20—was of this character. The case was one of melancholia of five months' duration, and the impression conveyed by the observation of the case during life was that the uterine disease was an important factor in the

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

production of the patient's mental symptoms; these certainly got worse with the progress of the disease.

(7.) *Diseases of the Ovaries and Fallopian Tubes.*

Nine cases—8·25 per cent.—came under this heading.

In only one case—No. 89—was there uncomplicated cystic disease of the ovaries, and that was in a very early stage.

In one other case—No. 32—there was present a small dermoid tumour of the left ovary.

In three cases there was evidence of old chronic inflammation—cirrhosis in fact—of the ovaries. In No. 52 the affection was confined to the right side; whilst in Nos. 26 and 42 the condition was double.

In four other cases the affection of the ovaries was complicated with dilatation of the Fallopian tubes, and effusion of fluid into these. In some of these four cases the affection was clearly inflammatory, whilst in others it seemed impossible to pronounce definitely whether the collection of fluid was the result of imflammation or a simple dropsy. In No. 40 there was evidence of old perimetritis, together with peri-oophoritis and salpingitis. In No. 57 there was evidence of old inflammation both in ovaries and tubes. In Nos. 99 and 107 one or both ovaries were cystic, with effusion of fluid into the tubes. As regards the mental symptoms in these four cases, No. 40 was a case of subacute mania, with frequent outbursts of impulsive violence; No. 107 might be described as a moral imbecile, who was subject to violent outbreaks of temper; whilst No. 99 was an epileptic, who had pretty frequently very acute maniacal attacks; on the other hand, No. 57 presented an example of a quiet, demented, general paralytic. It cannot be denied that in the three first-mentioned cases the irritation that must almost certainly have been occasioned by the conditions described, may have had something to do with the violent maniacal outbreaks; and I think it a matter for consideration whether, had the disease been recognized during life, prompt removal of the uterine appendages might not have been attended with considerable benefit.

A condition to which I may just draw attention, which was several times met with, was a deep congestion or ecchymosis of the mucous membrane of the fundus uteri *in old people*. I am at a loss to account for the condition, which appeared to be due to an effusion of blood into or around the uterine follicles; Nos. 13, 15, 44, 62, 82, 108 were the cases met with. The lesion had clearly no clinical significance, as regards the mental symptoms at any rate, if only for the reason that it must certainly have been of very recent origin. These cases are, there-

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

fore, *not* included in the list of abnormal ones, of which an account has just been given.

II. *Clinical.*

Table II. gives the condition of the uterus and appendages in 65 insane individuals, as ascertained by examination during life. Clinical memoranda are clearly of more importance than pathological in determining the question of the frequency of uterine disease in insane women, for the latter dealing only with the conditions noted at the termination of what *may* be a long period, any disease existing at the commencement of the insanity may have had time to subside. Again, a uterine affection might spring up *after* the insanity had become confirmed, and no indication being afforded of the period of its commencement, might lead to the drawing of erroneous inferences. For the same reasons, the examination of cases in which the insanity is recent is of more importance than that of those in which it has become confirmed. Taking a "recent" case, to indicate that in which the insanity is of not more than a year's duration, the table before us deals with 27 "recent" cases of insanity and 31 "chronic;" whilst in seven the duration of the insanity has not been recorded. Before proceeding further with the analysis, however, I must say a word or two about the method of examination. In every case an anæsthetic —ether—was given. This is absolutely necessary in the great majority of cases, and advisable in all; and I may say at once that in no recent case of insanity have I seen any bad effect produced on the mental condition of the patient, either by the administration of the anæsthetic, or by the subsequent examination (of which, indeed, the patient is usually quite unconscious). In one or two chronic cases of mania there seemed for two or three days subsequently to be a little increase in the patients' noise and turbulence, but this was all; and, therefore, whilst not being prepared to deny that in certain cases the effect of these proceedings *might* be injurious, I think the experience here gained shows that they may be resorted to with much less hesitation than is, I think, commonly thought. As regards the examination itself, I made it a practice to give a dose of aperient medicine on the afternoon of the day preceding the examination, and on the morning of the examination a simple enema, to make sure of the rectum being thoroughly empty. Then, in addition to the usual methods of investigation by vaginal touch, speculum, and uterine sound, the bipolar method of examination has in all cases been resorted to—that is, two fingers of one hand were

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

introduced into the rectum, whilst the opposite hand pressed upon the abdominal parietes immediately above the pubes; by these means the contents of the pelvic cavity can be explored with a completeness which leaves little or nothing to be desired.

For obvious reasons, most of the cases examined have been married women. The majority of the cases were unselected, being taken just as they came under notice. A few cases, however, were specially singled out for examination, owing to the fact of sexual delusions, or other circumstances, causing a suspicion to fall upon the uterus. These cases, though few, have rendered the percentage of abnormal cases somewhat higher than it would have been had all the cases been taken at random.

To take the normal cases first. If we were only to take those which presented not the smallest trace of abnormality, we should only have nine out of the 65 to place in this category. In 26 other cases, however, the abnormalities present were so slight, that they might be considered practically normal. Such abnormalities consisted of trifling epithelial erosion of the lips of the os uteri, slight displacement, either forwards or backwards, etc., the departure from the normal being in all these cases so trivial, that to include them under the head of disease would be altogether misleading; I have, therefore, thought it best to include them under the head of "normal cases," which would cause 35 out of the total 65 to be placed in this category—a percentage of 53·84. In the remaining 30 cases, 46·15 per cent., some distinct abnormality or congenital deformity was present, though the amount and importance of this, as will be seen as we proceed, has varied considerably.

The abnormal cases may be classified under the following heads:*—

I. *Congenital Defects.*

Four cases were of this class. In one—No. 11—there was an imperfectly developed uterus, with absence of the os externum. Two cases, Nos. 2 and 44, were examples of conical cervix, with a very small os, the latter of these two being complicated with anteflexion of the fundus. No. 10 was an example of conical cervix without contraction at the orifice.

Remarks were made on this abnormality in the Pathological Section. All these four patients were nulliparae.

* Where a case presented two or three different abnormalities, it is classified under the head of that which seemed the most important.

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

II. *Acquired Abnormalities.*

(1.) *Displacements.*—These, as might be expected, are most important from a numerical point of view, no less than 13 of the abnormal cases coming under this category; of these, seven —Nos. 9, 15, 23, 38, 63, 64, 65—were examples of anteflexion, and one—No. 46—of anteflexion combined with anteversion; four—Nos. 16, 54, 56, 57—were cases of retroflexion, and one —No. 61—of prolapsus. This last case was complicated with hypertrophy of the cervix. As previously stated, all cases of *slight* displacement are excluded from these numbers, those only being here enumerated in which the condition was well-developed. We have, therefore, a percentage of 20·00 cases of displacement in an examination of 65 cases. This is doubtless a high percentage, but it would be easy to exaggerate the importance of it. It will be seen that the majority of the displacements were cases of anteflexion, and it is now known that this condition is very common in unmarried, nulliparous, women, without, in the majority of cases, any symptoms being produced.*

(2.) *Ulceration or Erosion of the lips of the os uteri.*

The condition here referred to is that in which the surfaces in question are stripped of epithelium, raw, red, and granular-looking; it is described as "erosion" in the table. After excluding all quite trivial cases, five are left in which the condition was present in a marked degree—Nos. 18, 30, 35, 42, 48. The affection is, as is well-known, enormously common in women of all ages, who are often energetically treated for an "ulcerated womb," which it would sometimes have been better for the patient had it never been discovered. In its minor degrees the condition is sufficiently unimportant, and even when present to the extent met with in the five cases enumerated above, but little significance can be attached to it from our present point of view.

(3.) *Uterine Fibromata.*

Two cases—Nos. 4 and 33—were examples of fibroid tumours of the uterus; in the former sexual delusions were present, which will be referred to hereafter, but whether the tumour in this case had any ætiological relation to the patient's insanity cannot be determined, the mental alienation being of some years' duration.

(4.) *Subinvolution.*

One case—No. 1—was an example of this condition. The patient presented strongly-marked delusions as to sexual in-

* See a Leading Article in the "Lancet," 1883, Vol. ii, p. 286.

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

tercourse. The uterine affection was treated by the introduction of solid nitrate of silver into the fundus, by scarification of the os, etc., by which means the size of the uterus was much diminished, the length being reduced from $3\frac{1}{2}$ to $2\frac{3}{4}$ inches. Correspondingly with this improvement, the mental symtoms seemed for a time in abeyance, but they soon returned in their pristine vigour, and no permanent improvement has resulted in this respect. Indeed, this could perhaps hardly have been expected, since the insanity was of at least $2\frac{1}{2}$ years' duration, and probably much more; and even supposing that the insanity had been started by the uterine disease, the delusions had had plenty of time to get organically registered in the brain, and were thus probably in a position to exist by themselves, independently of the cause which started them.

(5.) *Hypertrophy of cervix with contraction of os.*

One case—No. 3—presented these characters in a slight degree.

(6.) *Old pelvic inflammation.*

In No. 31 it was inferred that old adhesions were present in Douglas' pouch, the uterus being deflected to the left, and showing deficient mobility in this situation.

(7.) *Diseases of the Ovaries.*

Thus far we have dealt with uterine affections only; the small number of cases in which the appendages were at all involved is somewhat striking; such lesions as were noted were confined to the ovaries.

Nos. 39 and 43 were examples of *Prolapse of the Ovaries* in Douglas' pouch where they would at least have been in a position to produce irritation; both cases were complicated with some displacement of the uterus.

In No. 58, the right ovary was a little enlarged. It may be remarked that in three other cases—Nos. 27, 38, 48—a slight enlargement of one ovary was met with; but as in these three cases the examination was made shortly after the menstrual period, the swelling was probably the usual physiological engorgement, etc., and these cases are therefore not considered abnormal.

Sexual Delusions.

It will be well to consider under a separate heading those cases of insanity which presented delusions having reference to the sexual organs. Nos. 1, 4, 16, 38, 46 were of this character; they all presented certain uterine abnormalities, and I may here remark that they include all the cases presenting sexual delusions, which have recently come under my notice.

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

In Nos. 1 and 16 the patients suffer from very prominent delusions as to sexual intercourse; they are both firmly persuaded that men cohabit with them at night. No. 1 has been already commented on, under the head of subinvolution. In No. 16 there was complete retroflexion of the uterus; this was reduced, and the organ maintained in its place by a Hodge's pessary; and it is interesting to note that the patient spontaneously remarked, two or three days after this was done, that she had not been so much troubled at night since she had been examined; she, however, subsequently removed the pessary, and refused to wear it any more, and her delusions now continue as before; her insanity is of many years' duration.

No. 4 presents very strong delusions as to torture being inflicted on her; she often complains bitterly that she is practised upon by instruments being put into her womb, and declares that her womb is torn out, etc.; these delusions have existed for two or three years at least, and appear clearly to depend upon the growth of a fibroid tumour in the fundus of the uterus. Though this tumour is not at present producing any marked physical effects, it is legitimate to enquire whether operative interference might not be justified, in order to rid the patient of what seems to be such a source of misery to her.

Nos. 38 and 46 both had whilst menstruating strong delusions that they were in labour, and in both of them the uterus was found to be anteflected, the anteflexion in No. 46 being combined with some amount of anteversion; the delusions were *only manifested during the menstrual period*, and were frequently and spontaneously expressed; they appear to have had a physical basis in the flexion of the uterus, which clearly (especially in No. 46) would have offered some obstacle to the free flow of the menstrual fluid; the increased contractions of the uterine fibre thus set up, being conducted to the uterine cerebral centre, gave birth to an idea—in this case erroneous, on account of the general disturbance and want of co-ordination in the cerebral plexuses. Of the two cases No. 46 certainly, and No. 38 probably, had experienced the sensations connected with labour, and had therefore presumably organised connections established in their brains dependent thereon; both patients were general paralytics.

This subject indeed—the connection of visceral disease with special delusions—is a very interesting one, and one which will doubtless repay further investigation.

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

Table I.—Showing the Condition of the Uterus and its Appendages in 109 Insane Individuals, as Ascertained by Examination after Death.

No.	Initials of Patient.	Age.	Social State.	Form of Mental Disorder.	Duration of ditto.	Condition of Uterus and Appendages.	Cause of Death.	Remarks.
1	A. I. ...	64	Widow...	Dementia ...	?1 month	Uterus healthy=1½ oz. Ovaries very small	Cerebral atrophy	
2	H. R. ...	21	Married	Mania (puerperal)	3 weeks ...	Uterus enlarged=3½ oz. Some glairy bloody fluid at os. Mucous membrane of fundus injected. Ovaries normal; left contains an old corpus luteum, size of pea	Pneumonia ...	Confined 1 month
3	M. K. ...	58	Widow...	Mania	2 months	Uterus=1½ oz.; os small. Ovaries small, normal ...	Peritonitis	
4	M. McN.	38	Single ...	Melancholia ...	1 year ...	Uterus=1½ oz.; normal position; fundus normal, but lower two-thirds of cervix in a sloughy condition. Ovaries normal	Ascending central myelitis	The gangrenous condition of the cervix was continuous with a similar condition of the vagina, which had obviously spread upwards from the sloughing nates
5	J. L. H.	30	Married	Mania (acute) ..	10 days ...	Uterus considerably enlarged=3¾ oz.; os patulous, and contains a little glairy mucus; fundus dilated and mucous membrane coated with a little pulpy reddish fluid. Ovaries normal	Exhaustion from mania	Aborted at third month, 4 days before commencement of attack
6	E. R. ...	30	Married	Acute dementia	1 month...	Uterus=2 oz.; fundus a little large; os somewhat hyperæmic. Ovaries normal; left contained a recent corpus luteum	? Disease of brain	Said to have been under treatment for uterine disease for 4 months prior to admission. When admitted was wearing an intra-uterine stem pessary
7	S. B. ...	41	Married	General paralysis	2½ years ...	Uterus=1⅓ oz., normal. Ovaries small and puckered ...	General paralysis	
8	M. A. L.	46	Married	Melancholia ...	15 months	Uterus=1⅜ oz.; os small. Several fibroid tumours in wall of fundus, varying from size of marble downwards. Ovaries normal, with the exception of a cyst size of pea in right	Phthisis	
9	M. K. ...	45	Married	General paralysis	1½ years ...	Uterus enlarged, weighing 3¾ oz., but otherwise apparently normal. Ovaries normal	Epileptiform convulsions	
10	M. B. ..	46	Married	Melancholia ...	6 months	Uterus=2 oz., normal. Ovaries normal	Phthisis	
11	A. S. ...	49	Married	Melancholia ...	3½ months	Uterus=1½ oz., normal. Ovaries small and puckered. Veins of broad ligament somewhat varicose, and contain a few fibrinous and slightly calcareous concretions	Pneumonic Phthisis	
12	M. A. G.	18	Single ...	Melancholia ...	18 months	Uterus=⅝ oz., small; fundus filled with caseous material, the mucous membrane having, apparently, been transformed into this; cervix healthy. Ovaries healthy	Phthisis	The affection of the uterus was doubtless tubercular

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

13	J. K. ...	65	Married	Senile dementia	4 years ...	Uterus=1½ oz., posterior part of fundus adherent to rectum; slight erosion at os; mucous membrane of fundus ecchymosed and cavity contains a little bloody mucus; a polypoid growth size of pea, projecting from mucous membrane. Ovaries very small; right contains one or two small cysts	Pneumonia	
14	E. F. ...	49	Married	Organic dementia	? 3 months	Uterus=1½ oz., springing from upper part of fundus on left side a calcified fibroid of irregular outline, size of small shelled walnut. Ovaries small, normal	Bright's disease	
15	J. K. ...	68	Widow...	Senile dementia	18 months	Uterus normal position and size. Mucous membrane of fundus quite black, as if converted into blood clot; this is, however, incorporated with mucous membrane, and cannot be scraped off. Ovaries very small and fibrous	Chronic bronchitis	
16	E. D. ...	21	Single ...	General paralysis	6 years ...	Uterus 1 oz., a little erosion about os. Ovaries apparently normal. A cyst, size of unshelled walnut, attached to outer end of right broad ligament	General paralysis	
17	E. H. K.	26	Married	Mania	1 month ...	Uterus=1½ oz.; distinct ulceration of margins of os, extending a little way into cervix; fundus healthy. Ovaries healthy	Exhaustion from mania	
18	H. M. ...	21	Single ...	Imbecility with epilepsy	... ...	Uterus=1⅓ oz.; slight epithelial abrasion at os. Ovaries normal	Epilepsy	
19	S. M. ...	54	Widow...	Melancholia ...	2 years ...	Uterus small, somewhat deflected to left side; old fibrous adhesions in Douglas' pouch; cavity of fundus contains a little viscid blood-stained fluid. Ovaries very small	Chronic myelitis	
20	M. L. ...	36	Widow...	Melancholia ...	5 months	Uterus enlarged and firmly adherent to surrounding parts, especially on left side. Edges of os and cavity of cervix throughout, ulcerated and thickened from new growth; this stopped short at internal os, and did not invade fundus, which was, however, decidedly enlarged; much indurated tissue adherent to posterior part of fundus, with which was incorporated the left ovary; a cyst, size of unshelled walnut, adherent to posterior part of fundus. Indurated tissue and uterus together weighed 8½ oz. Right ovary healthy	Cancer of uterus	
21	M. M. ...	46	Married	Melancholia ...	6 weeks ...	Uterus absent, but represented apparently by an irregular nodule, about size of bean, in post-vesical folds of peritoneum. Right ovary apparently normal; left absent	? Cerebral atrophy	External genitals natural. Vagina terminated in a *cul-de-sac*, about an inch from orifice
22	E. W. ...	52	Single ...	Melancholia ...	5 weeks ...	Uterus=1⅜ oz., healthy. Ovaries small and puckered...	Gangrene of lungs	
23	E. L. ...	33	Widow...	General paralysis	1½ years ...	Uterus retroflected; fundus deflected to left side, and firmly adherent to pelvic walls and rectum by dense fibrous adhesions, with which the left ovary is incorporated; healthy internally. Weight, 1½ oz. Right ovary small	General paralysis (Diarrhœa)	

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

No.	Initials of Patient.	Age.	Social State.	Form of Mental Disorder.	Duration of ditto.	Condition of Uterus and Appendages.	Cause of Death.	Remarks.
24	A. B. ...	57	Single ...	General paralysis	1½ years ...	Uterus=3 oz., enlarged; mucous membrane of cavity of fundus somewhat swollen, and surface smeared with a little red fluid. Ovaries very small and puckered	General paralysis (Phthisis)	Had had a child
25	H. B. ...	48	Married	Melancholia ...	3 weeks ...	Uterus=2½ oz., somewhat enlarged and retroflected, but otherwise quite healthy. Ovaries small and firm. A cyst, size of marble, in right broad ligament	Arachnoid hæmorrhage	
26	M. A. T.	36	Single ...	Melancholia ...	1½ years ...	Uterus=2¾ oz., enlarged; muscle very pale. Ovaries mixed up with matted fibrous tissue, so that their structure could not clearly be differentiated from the surrounding broad ligaments. Fallopian tubes somewhat dilated, but contained no fluid	Phthisis	Had had several children
27	A. L. ...	45	Married	Melancholia ...	2 years ...	Uterus=3 oz., enlarged, but otherwise normal. Ovaries healthy	Phthisis	
28	G. W. ...	34	Married	Acute delirious mania	8 days ...	Uterus=32½ oz., nearly fills pelvis; walls thick and fleshy—about 1 inch; inner surface of fundus coated with thin shreds of black clot and placental structure, more or less adherent. Right ovary contained a solid corpus luteum, about 4 lines in diameter	Exhaustion from mania and parturition	Was far advanced in pregnancy when attack of mania commenced; died 47 hours after parturition
29	E. McE.	43	Married	Melancholia ...	7 months	Uterus=1½ oz.; os patulous; constriction at internal os; fundus contained a little viscid fluid	Bronchitis ...	Had been under treatment for uterine disease for some time prior to admission, and on admission was wearing a Hodges' pessary
30	E. F. ...	37	Married	Melancholia ...	11 months	Uterus=2⅓ oz., decidedly enlarged with tendency to retroflexion; a little abrasion about os. Right ovary contained a cyst, size of shelled walnut, with clear contents. Left ovary healthy	Suicide by hanging	
31	A. K. ...	34	Single ...	Melancholia ...	3 months	Uterus greatly expanded by a large fibroid tumour, which altogether formed a mass, nearly filling the abdomen, and being about the size of the uterus at full term; the tumour, which had expanded the wall of the uterus, could be shelled out of its capsule, and weighed 3lbs.; the uterus and capsule together weighed 2lbs. The uterine wall when cut into showed at one part sinuses patent, and filled with inspissated pus. Peritoneal surface of tumour reddened, with patches of puriform lymph	Puerperal metritis and peritonitis	Died 15 days after parturition. This was her second child
32	A. S. ...	50	Married	Melancholia ...	6 weeks ...	Uterus=3 oz.; conical cervix with very small os. Left ovary converted into a cyst, size of duck's egg, filled with sebaceous matter and hair	Arachnoid hæmorrhage	

https://doi.org/10.1192/S036831 5X00230600 Published online by Cambridge University Press

33	E. G. ...	48	Married	Melancholia attonita	9 weeks ...	Uterus very small,=1 oz. Ovaries: right small and puckered; left contained a cyst, size of pea, with glairy contents	? Disease of brain	
34	I. S. ...	70	Married	Dementia (organic)	4 years ...	Uterus=4½ oz., enlarged and much distorted by several fibromata, from size of walnut downwards. Ovaries normal. Right broad ligament contained two cysts, size of walnut and marble respectively	Bright's disease and pericarditis	
35	M. A. D.	65	Widow...	Dementia (senile)	... ...	Uterus=1 oz. A small calcareous pedunculated fibroid attached to posterior part of fundus. Ovaries size of small beans	Peritonitis	
36	M. E. ...	19	Single ...	Dementia (organic)	... ...	Uterus=1 oz.; a little abrasion at os. Ovaries healthy	Mitral stenosis	
37	H. B. ...	47	Married	General paralysis	3 years ...	Uterus=2½ oz., retroflected; considerable erosion of lips of os. A polypoid tumour, size of small bean, in upper part of fundus, and a fibroma, size of walnut, in left lateral wall of organ	General paralysis	
38	S. B. ...	81	Widow...	Dementia (senile)	... ...	Uterus=1½ oz.; a little erosion at os. Ovaries small and puckered	Senile decay	
39	M. S. F.	39	Married	General paralysis	2 years ...	Uterus covered with small fibroids, from size of pea up to that of small (shelled) walnut=3 oz. Ovaries small and puckered	General paralysis	
40	H. P. ...	26	Single ...	Mania	2 years ...	Uterus retroverted and adherent to rectum by old fibrous adhesions in Douglas' pouch; weight, 2 oz. A small pedunculated fibroid tumour hanging from fundus. Ovaries: both contained one or two small cysts; some thickening and œdema of tissues of broad ligament around. Both Fallopian tubes occluded towards uterine extremities, and thickened here; their outer portions considerably distended, with thin smoky-coloured fluid	Congestion of lungs	
41	L. L. ...	36	Married	Melancholia, with epilepsy	... ...	Uterus=3¾ oz., pushed over to left side; a fibroma in right wall, size of small hen's egg, partially calcified. Cavity of uterus contained a bloody mucoid fluid. Right ovary contained a large and quite recent corpus luteum	Suffocation in a fit	
42	M. E. ...	26	Married	Mania	6 weeks ...	Uterus=2 oz., healthy. Ovaries tough and fibrous, presenting on section numerous cicatrices	Pyæmia	
43	E. H. ...	30	Married	General paralysis	1 year ...	Uterus=1 oz., healthy. Ovaries healthy	General paralysis	
44	C. K. ...	54	Married	Dementia (organic)	4 years ...	Uterus=1¼ oz., retroflected and partially retroverted; some ecchymosis of mucous membrane of fundus. Ovaries small and puckered	Disease of brain	
45	E. T. ...	58	Widow...	Melancholia ...	8 months	Uterus: cavity of fundus contained 2 or 3 drachms of purulent fluid; mucous membrane thickened, but not ulcerated. Ovaries small and puckered. Fallopian tubes distended, especially at abdominal extremity, and coiled upon themselves, the individual coils being adherent by soft adhesions; lining membrane of tubes flocculent, and cavities contain cheesy material	Phthisis and perforation of intestine by a tuberculous ulcer	The affection of the Fallopian tubes was, doubtless, tubercular

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

No.	Initials of Patient.	Age.	Social State.	Form of Mental Disorder.	Duration of ditto.	Condition of Uterus and Appendages.	Cause of Death.	Remarks.
46	J. C. ...	49	Married	General paralysis	... ...	Uterus=2 oz. A small polypus in cavity of fundus, and a small intra-mural fibroid in posterior wall. Ovaries healthy	General paralysis	
47	A. B. ...	38	Single ...	Mania	3 months	Uterus=2 oz., completely retroverted	Phthisis	
48	S. T. ...	35	Married	General paralysis	... ...	Uterus=2 oz., healthy. Ovaries healthy	General paralysis	
49	A. A. ...	49	Single ...	Melancholia ...	10 months	Uterus=$\frac{3}{4}$ oz., normal. Ovaries: left puckered and contracted; right normal	Phthisis	
50	M. D. ...	39	Married	General paralysis	1½ years ...	Uterus=2 oz. Cervix short and conical; os small. Ovaries: right contained a recent corpus luteum	General paralysis	
51	M. E. B.	57	Widow...	Melancholia ...	3½ years ...	Uterus=2 oz. Mucous membrane of fundus injected. A small polypus in cervical canal. Ovaries small	Diarrhœa	
52	A. H. ...	25	Single ...	General paralysis	... ...	Uterus=1 oz. Slight abrasion of os. Right ovary puckered and adherent to surrounding parts by fibrous bands	General paralysis	
53	M. K. ...	47	Single ...	General paralysis	... ...	Uterus=1½ oz. Lips of cervix enlarged and indurated. Ovaries small	General paralysis	
54	C. W. ...	53	Married	General paralysis	... ...	Uterus=1½ oz., normal. Ovaries small and puckered ...	General paralysis	
55	A. C. ...	36	Single ...	General paralysis	... ...	Uterus=1¼ oz.; lining membrane of fundus deeply congested. Ovaries: right contained cyst, size of small marble	General paralysis	
56	M. G. ...	75	Single ...	Dementia (senile)	... ...	Uterus=$\frac{3}{4}$ oz., very small. Ovaries very small and puckered	Senile decay	
57	E. J. ...	35	Single ...	General paralysis	3½ years ...	Uterus=1¼ oz. Cervix conical; os no larger than a small pin's head. Ovaries appeared mixed up with some fibroid thickening of broad ligament, and were not clearly apparent. Both Fallopian tubes obliterated in their course with fibroid thickening; outer two-thirds of left equally distended, forming a sausage-shaped tumour about ⅓ inch in diameter, bent down alongside of uterus and adherent to it; right, outer third dilated into a somewhat flaccid cyst, size of unshelled walnut, containing clear fluid	General paralysis	
58	S. A. C.	50	Married	Melancholia ...	4 years ...	Uterus greatly enlarged, occupying hypogastric region. The enlargement is due to the development of a number of small fibroid tumours, of varying size, in its walls, which are thus increased to 1½ inches in thickness; a fibroid tumour, size of large orange, springs from summit. Cavity of fundus dilated, containing 2 oz. of thick treacly-looking fluid; cervical canal obliterated. Weight, 49 oz. Right ovary contains a fibroid tumour, size of marble	Chronic Bright's disease	

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

59	M. P. ...	42	Married	General paralysis	4 years ...	Uterus=2 oz.; a small fibroid tumour in left wall protruding it to left side. Cervix somewhat conical and os small. Ovaries contain a few cysts, from size of marble downwards	General paralysis	
60	M. J. A.	36	Single ...	General paralysis	... ...	Uterus=1½ oz., retroflected. A few old and firm adhesions in Douglas' pouch. Ovaries abnormally firm	General paralysis	
61	E. R. ...	51	Single ...	Dementia ...	11 years ...	Uterus small; cervical portion almost as large as fundus; os large and patulous. Ovaries small and firm	Disease of knee-joint	
62	M. D. ...	74	Married	Mania	6 years ...	Uterus=1½ oz., retroflected. Mucous membrane of fundus deeply congested and some blood-stained, glairy fluid hanging from os. Ovaries small and puckered	Senile decay	
63	E. S. ...	36	Married	Dementia (secondary to mania)	5 years ...	Uterus: conical cervix, with small os. Mucous membrane of fundus irregularly ulcerated, and surface covered with a creamy fluid. Ovaries infiltrated with caseous material, which has broken down into a creamy fluid; this was also contained in the folds of the broad ligament, from which, indeed, the ovaries were not very clearly distinguishable	Phthisis	The affection of uterus and ovaries was, no doubt, of tubercular nature
64	C. S. ...	33	Married	Dementia (secondary to mania)	6½ years ...	Uterus=1½ oz., retroverted. Slight abrasion at os. Ovaries small, normal	Phthisis	
65	E. P. ...	55	Married	Mania	5½ years ..	Uterus=2 oz., normal. Ovaries small and puckered ...	Phthisis	
66	A. W. ...	37	Single ...	Dementia (secondary to mania)	7½ years ..	Uterus=1½ oz., normal. Ovaries normal	Phthisis	
67	E. B. ...	27	Single ...	Imbecility (with epilepsy)	... ...	Uterus=1 oz.; some abrasion about os. Ovaries healthy	Marasmus	
68	M. E. ...	28	Married	Mania	7½ years ..	Uterus=2¼ oz., enlarged. Mucous membrane of fundus a little hyperæmic, and some bloody mucus on surface. Ovaries: left contained a recent corpus luteum; a small cyst in broad ligament on right side	Congestion of lungs	
69	J. P. ...	44	Single ..	Mania	6 years ...	Uterus=2½ oz., contained several fibroids, from size of chestnut downwards. Right ovary contained a cyst, size of marble	Anthrax in neck	
70	E. V. ...	78	Widow...	Mania	8¾ years ...	Uterus enlarged, especially cervical part, which is much hypertrophied and prolapsed; cavity of fundus dilated, and contains some thick reddish fluid. Left ovary contains some broken down caseous material	Tuberculosis of Intestines	
71	M. N. ...	53	Married	Mania	8 years ...	Uterus=1½ oz.; a polypus, size of pea, projecting from inner wall of cervical canal. Ovaries small and puckered	Phthisis	
72	M. H. ...	53	Single ...	Dementia (organic)	... ...	Uterus very small; fundus bound down to posterior part of pelvic cavity and rectum by numerous old adhesions	Disease of brain and kidneys	
73	M. E. G.	31	Single ...	Imbecility ...	... ...	Uterus=⅓ oz., small, with a lateral obliquity to left; os very small. Ovaries small	Marasmus	
74	H. C. ...	28	Single ...	Dementia (secondary to mania)	8 years ...	Uterus=¾ oz., small; normal. Ovaries small	Phthisis	

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

No.	Initials of Patient.	Age.	Social State.	Form of Mental Disorder.	Duration of ditto.	Condition of Uterus and Appendages.	Cause of Death.	Remarks.
75	M. A. D.	54	Married	Mania	9 years ..	Uterus enlarged. A fibroid tumour, size of fœtal head, attached to fundus; cavity of fundus considerably elongated and dilated. Weight, 29½ oz. A small papilloma attached to edge of external os	Aortic regurgitation	
76	E. T. ...	56	Married	Mania	12 years ...	Uterus=1 oz. A small excrescence, size of pea, in upper part of fundus. Ovaries normal	Phthisis	
77	S. K. ...	40	Single ...	Melancholia ...	10 years ...	Uterus=¾ oz., small; retroverted. Conical cervix; small os. Ovaries small	Knee-joint disease	
78	E. B. ...	79	Widow...	Dementia ...	... ...	Uterus=2½ oz., completely retroverted; cavity of fundus a little dilated; mucous membrane injected	Senile decay	
79	M. C. ...	50	Married	Melancholia ...	10 years ...	Uterus=1½ oz. A fibroid, size of small bean, projecting from posterior wall, and one from top of fundus	Phthisis	
80	B. O'B....	49	Single ...	Dementia (secondary to mania)	11 years ...	Uterus=1¾ oz., retroflected. Ovaries puckered	Phthisis	
81	M. G. ...	45	Married	Melancholia ...	7 years ...	Uterus normal. Ovaries normal	Phthisis	
82	E. T. ...	61	Single ...	Melancholia ...	8 years ...	Uterus=2 oz.; lining membrane of fundus deeply ecchymosed, almost black. Ovaries small	Phthisis	
83	B. D. ...	37	Married	Melancholia ...	10 years ...	Uterus=2 oz., normal. Ovaries normal	Phthisis	
84	B. M. ...	50	Married	Dementia (secondary to mania)	... ...	Uterus=3 oz., enlarged; os patulous; mucous membrane of fundus injected. Right ovary contains a small cyst	Phthisis	
85	E. E. ...	52	Married	Mania	12 years ...	Uterus=1¾ oz.; fundus somewhat enlarged, and contains an intra-mural fibroid, size of small walnut. Ovaries very small	Phthisis	
86	A. P. ...	34	Single ...	Mania	12 years ...	Uterus=1½ oz.; developed slightly unsymmetrically towards right side. Ovaries normal. A cyst, size of small bean, in left side of broad ligament	Apoplectiform cerebral congestion	
87	S. J. ...	38	Single ...	Imbecility (with epilepsy)	... ...	Uterus=2½ oz., enlarged; os no bigger than a small pin's head. Ovaries normal	Epilepsy	
88	E. R. ..	61	Single ...	Melancholia ...	11 years ...	Uterus=1½ oz.; slight induration of cervix. Ovaries small	Strangulated femoral hernia	
89	M. B. ...	33	Single ..	Dementia (secondary to mania)	14 years ..	Uterus=1½ oz. Conical cervix; pin-hole os. Ovaries: left converted into a cyst, size of small orange; a small cyst in right	Myelitis (secondary to caries of vertebræ)	
90	E. K. ...	36	Single ...	Dementia (secondary to mania)	11 years ...	Uterus=1½ oz., retroflected; fundus fixed to rectum by several firm fibrous bands. Ovaries normal	Phthisis	
91	T. D. ...	42	Married	Dementia (secondary to mania)	14 years ...	Uterus=2½ oz., healthy. Ovaries healthy...	Aortic regurgitation	
92	J. T. ...	52	Single ...	Dementia ...	17 years ...	Uterus=1½ oz., small. Cervix somewhat conical; small os. Ovaries small and puckered	Mitral and aortic disease	

93	E. W. ...	56	Married	Mania	18 years ...	Uterus=4½ oz., enlarged; a fibroid, weighing 6¾ oz., attached to fundus by a long peduncle. A polypus, size of bean, attached to internal wall of cervix. Ovaries somewhat fibrous; a small cyst in left	Pericarditis
94	A. S. ...	43	Single ...	Dementia (secondary to mania)	23 years ...	Uterus=1 oz., normal. Ovaries normal	Phthisis
95	M. S. ...	68	Widow ..	Dementia (secondary to mania)	23 years ...	Uterus=⅝ oz., small; a little puriform fluid in cavity of fundus. Ovaries small and puckered	Senile decay
96	M. M. ...	67	Married	Mania	28 years ...	Uterus=1 oz.; a fibroid contraction just above internal os. Ovaries puckered	Marasmus
97	J. T. ...	66	Single ...	Mania	27 years ...	Uterus=1½ oz.; mucous membrane of upper part of fundus injected, and thick puriform secretion smeared over it. Ovaries small	Strangulated femoral hernia
98	M. A. R.	52	Married	Dementia (with epilepsy)	23 years ...	Uterus=1 oz., healthy. Ovaries small and puckered ...	Granular contracted kidneys
99	M. A. D.	67	Widow...	Mania (with epilepsy)	27 years ...	Uterus=1½ oz., normal. Ovaries and Fallopian tubes converted into cysts, that connected with left ovary being size of orange; the left Fallopian tube thickened and dilated into a hollow cylinder, size of man's middle finger. Right ovary and Fallopian tube in similar condition, but less marked	Epilepsy
100	B. S. ...	55	Married	Mania	25 years ...	Uterus=1½ oz.; cervix slightly contracted, and fundus slightly dilated, containing a little reddish fluid	Cancer of pylorus
101	E. W. ...	57	Single ...	Mania	27 years ...	Uterus=1 oz. Mucous membrane of cavity of fundus somewhat irregular, the glands being enlarged and hyperæmic. Ovaries small and puckered	Phthisis
102	L. B. ...	43	Single ...	Imbecility ...	... ...	Uterus=2 oz., somewhat enlarged; retroflected. Ovaries healthy	Myxo-lipomatous tumour of abdomen
103	M. C. ...	68	Married	Mania	28 years ...	Uterus=1 oz., healthy. Ovaries small and puckered ...	Cancer of stomach
104	J. L. ...	57	Single ...	Mania	32 years ...	Uterus very small. Ovaries small and puckered ...	Cirrhosis of lungs
105	H. C. ...	45	Married	General paralysis	4 years ...	Uterus=2¾ oz., enlarged. Two small fibroids in fundus. Right ovary contains a small cyst	General paralysis
106	D. S. ...	56	Married	Melancholia ...	3 weeks ...	Uterus=2 oz., normal. Ovaries small, normal	Exhaustion from melancholia
107	E. H. ...	38	Single ...	Mania	14 years ...	Uterus, a small pedunculated fibroid springing from posterior wall. Both Fallopian tubes dilated, tortuous, and distended with fluid; left the more so, and the extremity of this is united with a multilocular cyst of the left ovary, which forms a tumour, size of small orange. Right ovary normal. Uterus, with appendages, weighs 9 oz.	Mitral stenosis
108	E. P. ...	65	Married	Melancholia ...	6 years ...	Uterus=2¾ oz. Mucous membrane of fundus ecchymosed, and cavity contains a small fibrinous clot. Ovaries small and puckered	Mitral stenosis, etc.
109	A. S. ...	41	Married	Dementia (secondary to mania)	14 years ...	Uterus=2 oz., normal. Ovaries normal	Phthisis

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

TABLE II.—SHOWING THE CONDITION OF THE UTERUS AND ITS APPENDAGES IN 65 INSANE INDIVIDUALS, AS ASCERTAINED BY EXAMINATION DURING LIFE.

** In this, and all cases where no special mention is made of the condition of the ovaries, no abnormality of these parts was detected.*

No.	Initials of Patient.	Age.	Social State.	Form of Mental Disorder.	Duration of ditto.	Condition of Uterus and Appendages.	Remarks.
1	E. S. ...	36	Married	Monomania ...	2½ years ...	Uterus enlarged, measuring 3½ inches, with a slight tendency to retroflexion, somewhat low in pelvis. Slight erosion of lips of os *	Marked delusions as to sexual intercourse. Multipara
2	E. B. ...	44	Married	Mania	6 weeks ...	Uterus small. Cervix conical with very small os (this would not admit sound)	Nullipara
3	C. H. ...	43	Married	Mania	9 years ...	Uterus: fundus normal size, but cervix appears somewhat hypertrophied; os very small	Erotic tendencies very marked at times
4	M. J. L.	50	Married	Melancholia ...	6½ years ...	Uterus measures 3½ inches; fundus enlarged, being swelled out by a fibroid tumour, about the size of an unshelled walnut; anterior lip of os hypertrophied; edges of os for some distance round, red, granular-looking, and shorn of epithelium, bleeding on the slightest touch	Delusions as to being tortured by the introduction of instruments into her womb, etc. Multipara
5	E. W. ...	51	Married	Melancholia ...	8 months...	Uterus in normal position and of normal size and depth—2½ inches. Lips of os normal	Multipara
6	E. McC.	29	Married	Mania (puerperal)	5½ years ...	Uterus moderately retroflected; normal depth; slight erosion of lips of os	Primipara
7	E. P. ...	30	Married	Mania	3 weeks ...	Uterus, normal position—2 7/12 inches in depth; slight erosion of lips of os	Multipara
8	E. E. ...	38	Married	Monomania ...	6 months	Uterus slightly retroflected, and also somewhat bent to left side; normal depth; slight induration of lips of os, with slight abrasion of epithelium	Multipara
9	F. E. ...	25	Married	Acute dementia	5 months	Uterus completely anteflected; of normal size and depth. Ovaries somewhat low in pelvis	Primipara
10	E. C. ...	35	Married	Mania	2 weeks ...	Uterus somewhat prolapsed, but not flexed; normal depth; cervix conical, but os not contracted. Ovaries normal	Nullipara
11	E. R. ...	32	Single ...	Dementia (with epilepsy)	... ...	Uterus very small, apparently not more than 1½ inches in depth; cervix somewhat conical; no os externum can be detected	Nullipara. A prostitute
12	E. L. ...	41	Widow...	Mania	7 weeks ...	Uterus normal. Ovaries normal	Multipara
13	M. McD.	50	Married	Mania	11 years ...	Uterus in normal position and of normal size and depth; very slight erosion of lips of os	Multipara
14	E. C. ...	37	Married	General paralysis	2½ years ..	Uterus, normal position and size; moderate erosion of lips of os... ...	
15	E. D. ...	37	Married	Dementia (secondary to mania)	6½ years ...	Uterus completely anteflected, 2¾ inches in depth; cervix distinctly indurated, and somewhat hypertrophied; considerable ulceration of lips of os. Much ropy puriform secretion hanging from os	
16	S. M. ...	52	Married	Mania	18 years ...	Uterus completely retroflected, but of normal size and depth	Delusions as to sexual intercourse, etc. Multipara
17	M. T. ...	59	Widow...	Dementia (organic)	8½ months	Uterus normal	Multipara
18	E. B. ...	31	Widow...	Melancholia (with epilepsy)	... ...	Uterus somewhat retroflected; lips of os a little thickened, and red and granular-looking for some distance around orifice. A small polypoid tumour, size of split pea, hanging from edge of os	Multipara

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

19	C. D. ...	52	Married	Dementia (with epilepsy)	... ...	Uterus, normal size; slight inclination towards right side, otherwise normal	
20	E. L. ...	36	Married	Mania	5 years ...	Uterus, normal position; 3 inches in depth, otherwise normal	Multipara. Has frequently displayed erotic tendencies
21	E. D. ...	49	Married	Mania	13 years ...	Uterus slightly anteflected, otherwise normal...	
22	E. S. ...	33	Married	Melancholia ...	15½ months	Uterus, normal size; slightly retroflected; slight erosion of lips of os...	Multipara
23	M. J. M.	34	Married	Melancholia ...	21 months	Uterus, normal size; anteflected; slight erosion of lips of os	Multipara
24	M. A. ...	45	Married	General paralysis	1 year ...	Uterus slightly anteflected; a little below normal depth—2¼ inches; trifling erosion of lips of os	Multipara
25	P. P. ...	42	Married	Mania	1 year ...	Uterus slightly retroflected; of normal depth; trifling erosion of lips of os	Multipara
26	E. N. ...	36	Married	Mania	10 days ...	Uterus a little prolapsed, and slightly deflected towards left side; lips of os a little swollen, with moderate abrasion of epithelium	Multipara. Said to have been under treatment for uterine disease, for some months prior to admission
27	M. K. ...	27	Married	Melancholia ...	20 months	Uterus somewhat anteflected; of normal depth; moderate erosion of lips of os. Left ovary distinctly swollen	Multipara. Menstruated a few days ago
28	E. H. ...	22	Married	Mania	18 days ...	Uterus perfectly normal	Primipara
29	C. R. ...	29	Married	Mania (puerperal)	2¼ years ...	Uterus, normal position and depth; two minute follicular tumours on lips of os	Multipara
30	L. S. ...	35	Married	Melancholia ...	3 years ...	Uterus, normal position and depth (2½ in.); considerable erosion of lips of os, the surface for about half an inch all round orifice being red and raw-looking	
31	M. S. ...	39	Widow...	Mania (with epilepsy—7 years)	3 weeks ...	Uterus somewhat deflected to left, with deficient mobility in this situation; otherwise normal	Multipara
32	S. D. ...	56	Married	General paralysis	... ...	Uterus, normal position; slightly below normal depth—2¼ inches; trifling erosion of posterior lip of os	Multipara
33	M. D. ...	34	Married	Mania (delusional)	1 year ...	Uterus: a fibroid tumour, size of large orange, springing from fundus, and nearly filling pelvis; developed more anteriorly than posteriorly; cervix free. Trifling erosion of lips of os	Multipara. Menstruation somewhat profuse
34	M. R. ...	47	Married	Melancholia ...	3 months	Uterus moderately anteflected; otherwise normal	Multipara
35	A. C. ...	36	Married	Melancholia (puerperal)	5 weeks ...	Uterus, normal position and depth. Considerable erosion of lips of os, there being a raw-looking surface for about ¼ inch all round orifice	Multipara
36	M. B. ...	47	Married	Dementia (secondary to mania)	5½ years ...	Uterus slightly anteflected and a little diminished in depth, measuring 2¼ inches; posterior lip of os indurated, and on surface is a small flattish excrescence; a polypoid tumour, size of pea, hanging from edge of os	
37	A. S. ...	44	Single ...	Melancholia ...	3 months	Uterus appears a little small, but measures 2½ inches in depth; normal	Primipara
38	E. T. ...	25	Single ...	General paralysis	... ...	Uterus anteflected, but otherwise normal. Left ovary a little enlarged	A prostitute. Recently menstruated, and then had delusions that she was in labour
39	E. S. ...	32	Married	Mania	10 months	Uterus slightly retroflected and a little low in pelvis; trifling erosion of lips of os. Right ovary prolapsed and distinctly swollen	Multipara
40	M. C. ...	38	Single ...	General paralysis	... ...	Uterus slightly retroflected, $2\frac{7}{12}$ inches in depth; otherwise normal	Primipara
41	C. McC.	42	Married	Mania	7 weeks ...	Uterus, normal position, $2\frac{5}{12}$ inches in depth; trifling erosion of posterior lip of os	Multipara
42	E. M. ...	30	Married	Melancholia ...	2 years ...	Uterus slightly anteflected, 2⅝ inches in depth; considerable erosion of lips of os	Multipara

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press

No.	Initials of Patient.	Age.	Social State.	Form of Mental Disorder.	Duration of ditto.	Condition of Uterus and Appendages.	Remarks.
43	M. J. ...	33	Married	Melancholia ...	3 weeks ...	Uterus anteflected, $2\frac{5}{12}$ inches in depth; considerable erosion of lips of os. Ovaries: both prolapsed in Douglas' pouch	Multipara
44	E. D. ...	29	Married	Mania (delusional)	9 weeks ...	Uterus strongly anteflected; cervix conical; os very small (would not admit sound). Ovaries normal	Nullipara
45	M. E. B.	35	Married	Dementia ...	2 years ...	Uterus normal. Ovaries normal	Multipara
46	A. R. ...	40	Married	General paralysis	$2\frac{1}{4}$ years ...	Uterus strongly anteflected and somewhat anteverted as well, the os being tilted a little backwards, and the fundus lying a little to the left; otherwise normal	Multipara. Delusions as to being in labour, whilst menstruating
47	M. A. W.	30	Married	Melancholia ...	4 years ...	Uterus slightly anteflected; normal size and depth; trifling erosion of lips of os	Multipara
48	S. W. ...	38	Married	Melancholia ...	9 years ...	Uterus, normal position and depth; considerable erosion of lips of os. Left ovary somewhat swollen	Multipara
49	A. H. ...	32	Single ...	Melancholia ...	$2\frac{1}{2}$ months	Uterus somewhat low in pelvis, but otherwise normal	Masturbates excessively. Nullipara
50	A. B. ...	37	Married	Mania (delusional)	4 months	Uterus, normal position; fundus appears a trifle large; sound passes $2\frac{3}{4}$ inches; trifling erosion of lips of os	Multipara
51	M. B. ...	44	Married	Mania	8 years ...	Uterus, normal position, $2\frac{3}{4}$ inches in depth; trifling erosion of lips of os	Multipara
52	A. B. ...	29	Single ...	Mania	$1\frac{1}{2}$ years ...	Uterus normal	Masturbates excessively
53	M. D. ...	33	Married	Mania	2 years ...	Uterus perfectly normal. Ovaries normal	Multipara
54	E. C. ...	34	Married	Mania	9 years ...	Uterus completely retroflected, but quite movable, and reduction readily effected by means of sound; $2\frac{7}{12}$ inches in depth; otherwise normal. Ovaries normal	
55	M. G. ...	54	Married	Dementia ...	2 years ...	Uterus rather small, but of normal depth; considerable erosion of posterior lip of os	Multipara
56	E. D. ...	24	Married	Dementia (secondary to puerperal mania)	5 years ...	Uterus retroflected; moderate erosion of posterior lip of os. Ovaries normal	Multipara
57	E. S. ...	32	Married	Mania (delusional)	3 years ...	Uterus retroflected, but of normal size and depth; considerable erosion of lips of os. Ovaries normal	
58	A. D. ...	24	Single ...	Dementia ...	... ...	Uterus slightly anteflected; $2\frac{1}{4}$ inches in depth; a little erosion of lips of os. Right ovary about size of pigeon's egg	A prostitute
59	A. S. ...	40	Single ...	Mania	$2\frac{1}{2}$ years ...	Uterus, normal position; $2\frac{3}{4}$ inches in depth; os patulous, and a little erosion of lips. Ovaries normal	
60	E. B. ...	43	Widow...	Mania	6 years ...	Uterus very small; not more than half normal size; in normal position; slight erosion of lips of os	
61	E. C. ...	42	Married	Mania	10 years ...	Uterus prolapsed; cervix protruding from vulva; lips hypertrophied; depth $3\frac{1}{2}$ inches. Ovaries normal	
62	E. D. ...	23	Married	Melancholia ...	6 weeks ...	Uterus normal	Primipara
63	H. G. ...	40	Married	Melancholia ...	6 months	Uterus anteflected; normal size; considerable erosion of anterior lip of os	Multipara
64	E. G. D.	25	Married	Melancholia ...	3 weeks ...	Uterus anteflected; normal size and depth	
65	H. C. ...	25	Married	Melancholia ...	3 months	Uterus anteflected; normal depth; moderate erosion of lips of os. Ovaries normal	

Conclusion.—From the study of these cases, the general conclusion which appears capable of being drawn, is, that uterine abnormalities are of more frequent occurrence amongst the insane, than is commonly supposed. Though I am unable to bring forward any cases in which the recognition and treatment of uterine disease has been followed by the cure of the patient's insanity, this is perhaps hardly to be wondered at, since the investigation has embraced a much fewer number of recent cases of insanity than I could have wished, and it is sufficiently obvious that it is only to recent cases, that we can look for results of this nature. Many of the cases, however, given in the tables, and commented on in the text, are, I think, very suggestive. I cannot but think it very probable that instances must occasionally occur in which the non-recognition of uterine disease must result in a case at one time curable, eventually passing beyond this category, to assist in swelling the large total of permanent asylum-residents. The only way in which this danger may be guarded against, is by the more frequent resort to uterine examinations on the patient's admission, and I would venture to suggest that if greater attention were paid to this subject in asylums than is, I think, now generally the case, results of practical value might be expected to accrue.

Some Relations of Delirium Tremens to Insanity. By Geo. H. Savage, M.D.

(*Paper read at the Quarterly Meeting of the Medico-Psychological Association, held at Bethlem Hospital Nov.* 5, 1884.)

At the last moment I have been asked to fill up a gap in the programme of to-day, and if my paper be short and uninteresting, I must crave your indulgence.

The most interesting territories are either those which are quite untracked, or those which may be called historic, from the frequency with which they have proved battle-grounds on which fights for great objects have taken place.

I cannot claim any interest for delirium tremens as an untracked morbid territory, but I think it deserves further notice, and must continue to arrest attention from its importance as a boundary-land, where insanity exists on one side and marked physical disease is met with on the other. There are several most important points upon which I should like to hear the expressed opinion of this meeting:—

https://doi.org/10.1192/S0368315X00230600 Published online by Cambridge University Press