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ON
INSANITY AND NERVOUS DISORDERS
PECULIAR TO WOMEN,
IN SOME OF THEIR
MEDICAL AND MEDICO-LEGAL ASPECTS.

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P R E F A C E .

CERTAIN mental and nervous complaints were recently discussed in papers of mine in the *British Medical Journal*, *American Journal of Obstetrics*, Dr. Quain's *Dictionary of Medicine*, and *Transactions of the Academy of Medicine*. The purpose of these articles was to call attention to the increasing prevalence of mental and nervous disorders, especially amongst women, and to describe the character, causes, and treatment of these affections. Secondly, to point out that many persons who are not mad, but who are merely suffering from the reflex nervous consequences of unrecognised and curable utero-ovarian disease, are improperly confined in lunatic asylums. And, thirdly, to suggest as remedy for this abuse—1st. That in future certificates of insanity should be given only by specially appointed Medical Inspectors of Lunatics. 2nd. That private lunatic asylums should be abolished as such. 3rd. That all patients in lunatic asylums should be treated by extern or visiting physicians.

Owing to the interest of the subject, these papers have received more notice than they were otherwise

entitled to; and since their publication I have been favoured with many communications bearing out my views. The substance of these contributions is therefore now reprinted in the hope of inducing others to investigate the questions referred to as fully as their importance demands.

T. MORE-MADDEN.

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CONTENTS.

	PAGE.
I. Frequency of Nervous Disorders in Women - - -	7
II. Epilepsy and Hystero-Epilepsy - - -	9
III. Hysterical Delusions connected with Epilepsy - -	10
IV. The Voice in Hysteria - - -	10
V. Hysterical Pseudocyesis - - -	11
VI. Hysterical Trance - - -	11
VII. Hysterical Paralysis - - -	14
VIII. Hysterical Insanity - - -	14
IX. Nervous Disorders of Pregnancy and the Puerperal State -	18
X. Moral Causes of the Mental Disorders of Women -	19
XI. General Treatment of Hystero-Nervous Disorders -	21

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CONTENTS

ORIGINAL ARTICLES	
1	The Problem of the Medical Profession in America
10	The Medical Profession and the Public
18	The Medical Profession and the State
26	The Medical Profession and the Society
34	The Medical Profession and the Future
42	The Medical Profession and the Past
50	The Medical Profession and the Present
58	The Medical Profession and the World
66	The Medical Profession and the Nation
74	The Medical Profession and the People
82	The Medical Profession and the Progress
90	The Medical Profession and the Power
98	The Medical Profession and the Peace
106	The Medical Profession and the Prosperity
114	The Medical Profession and the Progress
122	The Medical Profession and the Power
130	The Medical Profession and the Peace
138	The Medical Profession and the Prosperity
146	The Medical Profession and the Progress
154	The Medical Profession and the Power
162	The Medical Profession and the Peace
170	The Medical Profession and the Prosperity
178	The Medical Profession and the Progress
186	The Medical Profession and the Power
194	The Medical Profession and the Peace
202	The Medical Profession and the Prosperity
210	The Medical Profession and the Progress
218	The Medical Profession and the Power
226	The Medical Profession and the Peace
234	The Medical Profession and the Prosperity
242	The Medical Profession and the Progress
250	The Medical Profession and the Power
258	The Medical Profession and the Peace
266	The Medical Profession and the Prosperity
274	The Medical Profession and the Progress
282	The Medical Profession and the Power
290	The Medical Profession and the Peace
298	The Medical Profession and the Prosperity
306	The Medical Profession and the Progress
314	The Medical Profession and the Power
322	The Medical Profession and the Peace
330	The Medical Profession and the Prosperity
338	The Medical Profession and the Progress
346	The Medical Profession and the Power
354	The Medical Profession and the Peace
362	The Medical Profession and the Prosperity
370	The Medical Profession and the Progress
378	The Medical Profession and the Power
386	The Medical Profession and the Peace
394	The Medical Profession and the Prosperity
402	The Medical Profession and the Progress
410	The Medical Profession and the Power
418	The Medical Profession and the Peace
426	The Medical Profession and the Prosperity
434	The Medical Profession and the Progress
442	The Medical Profession and the Power
450	The Medical Profession and the Peace
458	The Medical Profession and the Prosperity
466	The Medical Profession and the Progress
474	The Medical Profession and the Power
482	The Medical Profession and the Peace
490	The Medical Profession and the Prosperity
498	The Medical Profession and the Progress
506	The Medical Profession and the Power
514	The Medical Profession and the Peace
522	The Medical Profession and the Prosperity
530	The Medical Profession and the Progress
538	The Medical Profession and the Power
546	The Medical Profession and the Peace
554	The Medical Profession and the Prosperity
562	The Medical Profession and the Progress
570	The Medical Profession and the Power
578	The Medical Profession and the Peace
586	The Medical Profession and the Prosperity
594	The Medical Profession and the Progress
602	The Medical Profession and the Power
610	The Medical Profession and the Peace
618	The Medical Profession and the Prosperity
626	The Medical Profession and the Progress
634	The Medical Profession and the Power
642	The Medical Profession and the Peace
650	The Medical Profession and the Prosperity
658	The Medical Profession and the Progress
666	The Medical Profession and the Power
674	The Medical Profession and the Peace
682	The Medical Profession and the Prosperity
690	The Medical Profession and the Progress
698	The Medical Profession and the Power
706	The Medical Profession and the Peace
714	The Medical Profession and the Prosperity
722	The Medical Profession and the Progress
730	The Medical Profession and the Power
738	The Medical Profession and the Peace
746	The Medical Profession and the Prosperity
754	The Medical Profession and the Progress
762	The Medical Profession and the Power
770	The Medical Profession and the Peace
778	The Medical Profession and the Prosperity
786	The Medical Profession and the Progress
794	The Medical Profession and the Power
802	The Medical Profession and the Peace
810	The Medical Profession and the Prosperity
818	The Medical Profession and the Progress
826	The Medical Profession and the Power
834	The Medical Profession and the Peace
842	The Medical Profession and the Prosperity
850	The Medical Profession and the Progress
858	The Medical Profession and the Power
866	The Medical Profession and the Peace
874	The Medical Profession and the Prosperity
882	The Medical Profession and the Progress
890	The Medical Profession and the Power
898	The Medical Profession and the Peace
906	The Medical Profession and the Prosperity
914	The Medical Profession and the Progress
922	The Medical Profession and the Power
930	The Medical Profession and the Peace
938	The Medical Profession and the Prosperity
946	The Medical Profession and the Progress
954	The Medical Profession and the Power
962	The Medical Profession and the Peace
970	The Medical Profession and the Prosperity
978	The Medical Profession and the Progress
986	The Medical Profession and the Power
994	The Medical Profession and the Peace
1002	The Medical Profession and the Prosperity

ON
INSANITY AND THE NERVOUS DISORDERS
PECULIAR TO WOMEN.

THE increasing tendency to mental disorders now observable in women, and the prevalence amongst them of certain nervous diseases, are facts which, from their grave social as well as professional interest, demand fuller consideration than they have as yet attracted in this country, although in America practical importance has been given to them by Dr. Emmet, of New York, and Dr. Storer, of Boston, as well as by Dr. Danillo, of St. Petersburg, and other authorities. To none should the etiology and treatment of such complaints be of more interest than to medical practitioners who are daily witnesses of the reflex effects of utero-ovarian irritation in the victims of hysteria, or who have to deal with the many-sided forms of cerebral disturbance connected with pregnancy and parturition.

It is unquestionable that uterine pathology is very generally neglected in the study of cerebro-nervous diseases. Why this should be the case appears inexplicable, considering the importance and frequency of nervous complications in connexion with most of the complaints peculiar to women. Thus, for instance, within the last few years, 3,000 patients have come under my observation in the gynæcological wards and dispensary of the Mater Misericordiæ Hospital; and in nearly thirty per cent. of these cases symptoms of nervous disorder, varying in intensity from the most trivial hysterical complaint to the gravest forms of cerebro-nervous disease, were noted.

The greater frequency of cerebro-nervous disorders met with in modern practice amongst women corresponds exactly with the increasing proportion of those gynæcological complaints which have come into such prominence of late years. This results from the complex organisation and functional importance of the female reproductive system, the predominant influence of which is manifest in every vital action in health and disease from the dawn of puberty until the termination of the period when utero-gestation is possible. The commencement of this epoch is marked by a sudden and complete revolution in the female mental as well as physical constitution. At each succeeding ovulation there also is a coincident recurrence of constitutional and nervous disturbance, so that few women whilst menstruating can be said to enjoy the *mens sana in corpore sano* in their integrity.

When menstruation has become established, and is regular in every respect, the accompanying nervous disturbance may be so slight as to escape observation. But the earlier catamenial periods, and every subsequent deviation from normal menstruation, as well as the menopause, are almost invariably attended with some manifestation of hysteria.

Under these circumstances the experienced practitioner will be prepared to meet with the reflex effects of utero-ovarian irritation, acting on the cerebro-spinal nerve centres, through the widespread ramifications of the sympathetic and vasomotor systems, in the guise of nearly every physical complaint and mental disorder.

The earlier nervous symptoms consequent on utero-ovarian disorder are generally unrecognised, but as the local disease progresses these come into such prominence as in many cases to obscure all the evidences of their physical exciting cause. The most important of these manifestations of hysteria are increased nervous susceptibility, or general hyperæsthesia, and diminution of inhibitory nerve force, together with perverted moral or mental excitability, and in some cases actual delusions.

Hysterical hyperæsthesia is more frequently coexistent with

amenorrhœa, or dysmenorrhœa, resulting from uterine disease or displacement, than with any pathological increase in this function.

The functional connexion between the cerebro-nervous and reproductive systems is illustrated in nearly all chronic uterine and ovarian diseases. The most common of these—namely, chronic endometritis and cervicitis, are usually attended with hysteria. In such cases the general constitution soon sympathises with the local disorder. The patient loses flesh, suffers from cardalgia, gastric derangement, palpitation, intense headache, becomes cachectic-looking, her appetite is abnormal, bowels are torpid, and, as the local disease progresses, the mental health begins to suffer as much as the bodily condition. She now becomes nervous, despondent, anxious, excitable, or irritable to the verge of insanity. In other words, hysteria inevitably follows chronic uterine disease.

Even the ordinary hysterical paroxysm commonly associated with menstrual derangement, is of more serious pathological significance, and requires more care than is usually admitted. An attack of acute hysteria, or hysteric fit, is too generally passed over as nothing of importance, and merely requiring a dash of cold water or a sniff of smelling salts for its cure, whereas it should be regarded as the reflex indication of utero-ovarian irritation, the neglect of which may possibly eventuate in the gravest forms of cerebro-nervous disorder—viz., epilepsy and insanity.

II. EPILEPSY AND HYSTERO-EPILEPSY.

Epilepsy in women is unquestionably most frequent in those of a hysterical temperament. This is evidenced as decidedly in true idiopathic epilepsy as in hystero-epilepsy. I can hardly call to mind a single case of any form of epilepsy in a woman in which there was not some derangement of her ovarian health.

In hystero-epilepsy the convulsive seizures are apparently undistinguishable from ordinary epileptiform convulsions, from which, however, they may be diagnosed by Charcot's temperature test, as well as by the previous history and physical condition of the patient.

Within the last ten years many cases of hystero-epilepsy have come under my notice, and in these the influence of uterine displacement or flexions was not as apparent as from Dr. Grailey Hewitt's observations might have been expected. In only four cases was there any marked displacement, whilst in twenty instances there was some accompanying menstrual disorder.

III. HYSTERICAL DELUSIONS CONNECTED WITH EPILEPSY.

Amongst the symptoms of hysterical hyperæsthesia which often usher in epileptiform disease, Morel, who is copied by other more recent writers, mentions "delusions on the subject of health, unjust complaints, and recriminations without foundation," as facts which should awaken our solicitude.

These hysterical symptoms, however, are, I believe, still more marked at the moment that consciousness returns after an epileptic seizure, when the patient slowly and indistinctly begins to remember something that may have happened immediately before, or even during, the paroxysm. Occasionally there is then a curious inter-blending of the patient's recollection of her real and fancied condition. In this condition the phenomena of the pre-epileptic aura may come into startling prominence, and be insisted on as of actual occurrence.

Illusions consequent on epilepsy may possibly, in some cases, become of serious medico-legal interest. Thus a recent instance of alleged assault on a lady, which has puzzled the ingenuity of detectives, and taxed the imagination of journalists, might, perhaps, have been better elucidated by a physician conversant with the post-epileptic delusions of hysterical women.

IV. THE VOICE IN HYSTERIA.

As a general indication of hysteric disease the changed character of the patient's voice in such cases may be mentioned. This alteration consists in a loss of that peculiar softness and melody which distinguishes the female from the male voice. In uterine disease

producing hysteria the patient's intonation either becomes more rough and masculine than normal, or else becomes more shrill and piercing or metallic than usual, as well as more rapid in the sequence of its modulations. The hysteric voice is not easily described, but once recognised it is, I believe, an unmistakable evidence of nervous functional disturbance consequent on utero-ovarian disease.

V. HYSTERICAL PSEUDOCYESIS.

A tolerably frequent result of reflex nervous disturbance associated with functional derangement of the reproductive system, is pseudocyesis. This condition usually occurs about the time of the final cessation of menstruation, or climacteric period. More than once, however, I have been consulted in cases of spurious pregnancy occurring in women under twenty years of age. In many instances I have found the symptoms of hysterical pseudocyesis hardly distinguishable from those of true pregnancy. Thus, we often meet with cases of complete amenorrhœa, followed by morning sickness, turgescence of the breasts, enlargement of the abdomen, &c., occurring in middle aged hysterical married women who desire to be thought pregnant. Sterile women under such circumstances not uncommonly become hysterically insane on this subject, and take extraordinary and often successful pains to persuade those about them as well as themselves that they are "as ladies who love their lords should be," when really only suffering from the symptoms of the change of life, dyspepsia, dropsy, or mere obesity.

VI. HYSTERICAL TRANCE.

Hysterical disorders may also manifest themselves by diminished nervous activity, and general or local anæsthesia, as well by the opposite condition. Perhaps the most remarkable illustration of this fact is afforded by hysterical trance or cataphora, in which the ordinary phenomena of vitality are apparently suspended by a morbid condition, undistinguishable in some instances from death.

“One of the most curious forms of hysteria,” says Dr. Elliotson, “is long-continued insensibility in what is called a trance. Sometimes there is insensibility for a few days and sometimes for many weeks.” In a paper of mine in the Proceedings of the Dublin Medical Society those interested in this subject may find well-authenticated instances in which patients in a state of trance or cataphora, so profound as to counterfeit death, have been actually consigned to the tomb, or were only rescued from it by some happy accident. Within my own experience I have met with several instances of lethargy, of which the following cases may be regarded as typical:—

On the 1st February last I was hurriedly called out at night to see a young lady who, as I was informed, was in a trance, and was then dying. On arriving at the patient's residence I found her completely unconscious, sunk down to the foot of the bed, cold as marble; the respiratory movements were not discernible, she was almost pulseless, and the cardiac sounds, which were faintly audible, were rapid as well as extremely weak. The lethargic condition commenced some sixty hours previously, and had gradually become more and more profound, resisting all efforts of those about to restore her to consciousness. This was at length accomplished by repeated sinapisms over the heart and to the nape of the neck and legs, and by the administration of enemata of strong infusion of coffee, brandy, and tincture of valerian. The torpor to some extent, however, continued for the next couple of days. She then became capable of taking fluid nourishment and medicine by the mouth, and gradually recovered, being completely convalescent by the end of February. In this case the patient was of a highly nervous, hysterical temperament, and had been suffering for some months previously from complete amenorrhœa; and the attack was consequent on a severe mental shock which she had recently suffered.

Another case of this kind to which I formerly referred was that of a young lady aged nineteen, and apparently in perfect health,

who, on the afternoon of the 31st of December, went into her room to make some change of dress. Shortly afterwards she was found lying in a profound sleep, from which she could not be aroused. This continued until I first saw her twenty-four hours later. She was then still sleeping; the decubitus dorsal; respiration scarcely perceptible; pulse 70 and very feeble; face pallid, lips colourless, and extremities icy cold—in short, so death-like was her aspect that a casual observer might have doubted the possibility of the vital spark lingering in that apparently inanimate frame, on which no external stimulus seemed to produce any impression, with the exception that the pupils responded to light. Sinapisms were applied over the heart and to the legs, where they were left until vesication was occasioned, but without causing any evidence of pain. Faradisation was also resorted to without any effect. The bowels were cleared out by a fœtid injection, and subsequently nutritive enemata, with ammoniated tincture of valerian, were ordered every third hour. On the following day her condition was unchanged; and on the 3rd of January the only alteration observable was a still greater prostration of strength, so that her pulse was then imperceptible at the wrist, and it was found necessary to keep her alive by the repeated subcutaneous injection of sulphuric ether. At my request Dr. Banks now saw her in consultation, and agreed with me in regarding the case as one of hysterical lethargy.

It would be useless here to follow the details of this case further than add that for the next six days she continued to sleep on, with the exception of some intervals of semi-consciousness, like a person between sleeping and waking, until the 9th, when she suddenly awoke, called for her clothes, which had been removed from their usual place, and wanted to come down to breakfast, as if nothing unusual had occurred. For the next week she remained, however, somewhat debilitated and lethargic, still sleeping for a great part of the day, but this gradually passed off, and she recovered perfectly.

VII. HYSTERICAL PARALYSIS.

In many instances the nervous symptoms of unsuspected utero-ovarian functional disturbance may be manifested in the simulation of every form of paralysis, from the most trivial local loss of power to complete paraplegia. Of the latter I recently met with a well-marked example in the case of a young lady, aged nineteen, who had never menstruated, and who, when I first saw her, had been for nearly eighteen months confined to bed with apparent complete loss of power of the extremities. During this period she had been actively treated by several practitioners, by whom she had been alternately submitted to Faradisation, the various nerve tonics, blistering, cold and hot baths, and douches, as well as ultimately being enclosed in a plaster jacket, to remedy the supposed spinal cause of her condition. None of these remedies, however, proved of the smallest use until, after an interval of nearly two years from the commencement of the attack, the menses made their appearance, and from that date she rapidly regained her former health and strength.

VIII. HYSTERICAL INSANITY.

The increase of lunacy in these countries is a fact of the gravest social as well as medical interest, and I think it may be shown to concern more particularly those who are the usual medical advisers of women in all their special complaints.

Within the last thirty-five years the number of registered lunatics in England and Wales has risen from 1 in 800 of the population to 1 in 352; and a similarly alarming increase in the number of the insane has taken place in Scotland and Ireland. Formerly insanity was more frequent in the male sex, who from their habits and occupations were most exposed to the exciting causes of mental disease; now, on the contrary, the increase of lunacy is even more marked in women than in men. Thus, on referring to the Reports of the Lunacy Commissioners for the last year, I find that there are now 85,167 registered lunatics in England and

Scotland, and of these 46,586 are *females*; and in the Irish private asylums there were 385 female lunatics, and only 236 males.

The facility with which any person may legally be confined as a lunatic is utterly indefensible. There are upwards of 24,000 registered British medical practitioners, and any two of these, neither of whom had necessarily been qualified for a week or ever treated a single patient, may by their certificate virtually consign any man or woman in the realm to imprisonment in a lunatic asylum—the other formalities required for this purpose being so secondary and easily complied with as to be of no moment. It is beyond question that medical practitioners, as a rule, use this power in this respect well and wisely. That it is open to great abuse, however, is also obvious, and I myself have had personal cognizance of this abuse. Our lunacy laws require revision in many respects, and in none more than in this. No person should under any circumstances be confined in a lunatic asylum, public or private, save on the warrant or certificate of two official and responsible Medical Inspectors of Lunatics; and in the case of supposed female lunatics, at least one of these inspectors should be an expert who had some *practical experience* of the special disorders which may in women simulate insanity.

Secondly, private asylums should be entirely abolished as such, and made first or second class public institutions, under the direct control of the Commissioners in Lunacy.

The hysterical origin of insanity is occasionally strikingly exemplified in gynæcological practice. The mental affections generally associated with disordered menstruation, or chronic peri-uterine and sexual irritation, are usually characterised by exaggerated nervous susceptibility, intense egoism, manifested in the absorption of the patient's mind on the symptoms of her fancied disease, mental excitability, and extreme irritability of mind and temper, or perversion of the moral faculties rather than any tangible delusions of the intellectual powers. The latter are by no means infrequent, however, in cases of suppressed menstruation.

The common occurrence of amenorrhœa in the early stages of insanity is generally recognised, and in such cases there often seems to be an unquestionable connexion between the catamenial suppression and the mental disorder. Thus in a case related many years ago by Pinel, the patient from before the age of puberty was in a state of mental incoherence, which long continued and was attended with amenorrhœa. One day, on rising from bed, she ran and embraced her mother, exclaiming, "I am well!" The catamenia had just flowed, and her reason was immediately restored.

Cerebral disease is by no means generally traceable by pathological investigation in cases of insanity, and in many instances this condition is apparently connected with disordered menstruation, as just shown, or with puerperal septicæmia, directly affecting the vascular state and functional activity of the brain. In gynæcological practice mental disturbances more generally come before us as the result of reflex irritation from utero-ovarian disease.

As an illustration of this I shall cite a case which shows that gynæcologists may sometimes cure insanity:—

Some years ago I was asked to see a lady in a private lunatic asylum near Dublin. She was unmarried, about forty-six years of age, and had always been of a peculiarly nervous, excitable temperament, which, as life advanced, became more pronounced, and was accompanied with delusions, religious despondency, and suicidal tendencies. Her friends were now advised to place her under restraint, and did so with the expectation that removal from all external sources of mental irritation, and the care she would enjoy in one of the best managed of our private asylums, would insure her recovery. At the end of two years, however, her mental condition was no better than when she entered the asylum, and her physical health was much worse. It was then suggested by one of her family that as she had formerly been under treatment for some uterine disease, a gynæcologist should again see her. On examination I found considerable tumefaction and evident tender-

ness about the left ovary. The uterine cavity was normal in size, the cervix elongated and cartilaginous, and the os surrounded with a ring of deep erosion. The patient was emaciated and cachectic-looking. Her breath was fœtid, tongue coated, and pulse quick and weak. Under these circumstances the necessity for gynæcological care appeared obvious. But as my opinion on this point was not in accordance with that of the visiting physician of the asylum, a further consultation was proposed. My lamented friend and former teacher, the late Dr. M'Clintock, now saw her with me, and as he fully endorsed my view of the case, she was removed from the asylum. After some months the uterine and ovarian irritation yielded to treatment, and at the same time the mental and nervous disturbance also gradually subsided, and the patient was again enabled to resume her former place in society.

Such a case as this is by no means singular in its causes and symptoms. Unfortunately, however, it is exceptional in treatment and result. In the great majority of our lunatic asylums little, if any, attention is given to utero-ovarian disease as a cause of insanity. Hence I think that there can be no doubt whatever that amongst those fifty thousand patients who are scattered through the various female lunatic asylums of the United Kingdom, there are needlessly and improperly confined many women suffering from reflex cerebro-nervous disturbance consequent on peri-uterine irritation or disease. Moreover, in a large number of such cases these patients might be restored to mental, as well as bodily, health by appropriate treatment.

The general non-recognition of utero-ovarian disorders amongst the insane in lunatic asylums is easily understood. Most alienists ✓ pay little, if any, attention to the study of gynæcology. Besides, there is commonly amongst those suffering from mental disease a peculiar insensibility to physical suffering, or analgesia, caused by impaired nutrition of the nervous centres and diminished vital action of the nerves of sensation, and therefore the usual evidences

of disease do not disclose themselves in their ordinary course. Under such circumstances, no complaint of uterine disorders being made by the patient, these diseases may unsuspectedly run their course as long as existence endures.

It is often most difficult, especially in cases of insanity or supposed insanity, to say whether any uterine examination or treatment, which is only justified by absolute necessity, be required or not. It can hardly be contended that proprietors of private lunatic asylums, or resident medical superintendents of public ones, have, as a rule, any special knowledge or experience of the obscure utero-ovarian affections frequently connected with cerebro-nervous disorders. Hence, some legal provision should be made for the appointment to all female asylums of special medical visitors who have that actual experience in gynæcological practice which may enable them to recognise and treat these cases. Moreover, as the object of the suggested appointments is to lessen the number of persons unnecessarily confined as lunatics, those thus nominated should be entirely independent in their curative treatment of such patients.

IX. NERVOUS DISORDERS OF PREGNANCY AND THE PUERPERAL STATE.

It is in obstetric practice, however, that we meet with the most obvious illustrations of the influence of uterine causes on the mental and nervous functions.

During pregnancy there is a general tendency to nervous and cerebral functional disturbances. To this may be ascribed those otherwise unaccountable alterations in tastes and dispositions, that irritable condition of mind and temper, those unreasonable likings and aversions, irresistible longings and foolish fancies, which in some women invariably accompany pregnancy.

Familiar instances of sympathetic or reflex nervo-mental disorder, arising from pelvic irritation, will at once occur to every obstetrician. Of this nature, for instance, is that transient delirium so commonly

observed at the termination of the second stage of labour, during the exit of the foetal head through the vulva.

The peri-uterine origin of certain forms of mental disorder is strikingly evinced in puerperal mania, or insanity consequent on parturition. This is usually preceded by the premature suppression or diminution of the lochia, which becomes foetid as well as scanty in such cases. Hence the associated mental disturbance resembles those forms of delirium that occur in the course of many other disorders in which toxæmia, or blood-poisoning, whether from arrested excretion or from auto-infection, with septic products of disease, results in cerebral disorder.

Puerperal eclampsia, on the other hand, is as obviously dependent on reflex uterine irritation as puerperal mania is on the abnormal vascular condition of the brain from puerperal causes.

X. MORAL CAUSES OF THE MENTAL DISORDERS OF WOMEN.

In addition to those local irritations, diseases, and functional derangements of the sexual system which I have just described, there are other causes of the increasing frequency of cerebro-nervous and hysterical disorders observable in women at the present time. These causes, although moral rather than physical, are so directly productive of the special diseases that are the subject of this paper, and are so interwoven with their treatment and results, that some reference must be made to them.

The non-physical, or moral, factors alluded to include, amongst others, the following:—First, the misdirected or neglected mental and moral training too prevalent in the education of female youth; secondly, the undue stimulation of the reproductive functions; and, thirdly, the general and increasing tendency to alcoholism in women as well as in men. The latter those most intimately acquainted with the inner life of modern society must recognise as an evil widespread through every class, and one the moral and physical effects of which are daily brought before us in the disorders under consideration. Utero-ovarian disorders may also be

in some instances the cause of intemperance. I have repeatedly traced the craving for stimulants in confirmed inebriates to the administration of alcohol for relief of dysmenorrhœa. In such cases "this unkind nepentha" is too often employed in increasing doses until finally the victim of dysmenorrhœal alcoholism, perhaps unconsciously, becomes an incurable drunkard.

These facts, although too frequently ignored, cannot be beyond the cognisance and concern of medical practitioners who have to treat their pathological consequences. Amongst the moral predisposing causes of the morbid conditions of mind that are comprehended in the term hysteria must be included, on the one hand, the illdirected tendencies of female education in those cases in which it is sought to force woman's intellect-into channels and pursuits which nature has obviously intended for the opposite sex. On the other hand is the neglect of suitable moral, mental, and physical training in youth, and of employment in after life, now too general amongst women? And, finally, in this connexion is the pernicious influence of the vitiated light literature of the present day, by which the impressionable mind of girlhood is perverted, the passions stimulated, and the foundations laid for the future development of various morbid conditions of mind and body.

For sufficient reasons, I shall not here refer to all the mental or moral disorders thus caused. In less serious cases the result may merely be an exaggeration of that peculiar sentimentality so generally inherent in female youth, and which is generally so evanescent as to require little if any medical attention. In some instances, however, this excess of natural sentiment is of graver consequence, the mind becoming so occupied by its predominant illusion as to impair more or less completely and permanently the exercise of the rational faculties, and not alone produce mental derangement but also react injuriously on the general health, and more especially on the utero-ovarian functions of the love-sick girl. Instances of this kind are familiar to nearly every practitioner. There are few amongst us who have not been consulted by some

anxious mother, alarmed by symptoms of mental dejection and nervous functional disturbances, for which no physical cause can be discovered, arising from cardiac causes beyond stethoscopic diagnosis.

This condition is, in its inception, entirely distinct from erotomania, but if allowed to develop unchecked, may in some instances ultimately result in the latter. If neglected mental training is of so much account in the causation of hysterical disorders, on the other hand to the excessive and misdirected application of the female mind may in many instances be traced the origin of the morbid nervous conditions already discussed.

Formerly women were comparatively exempt from several of the predisposing causes of insanity, which in men are recognised as important factors in its etiology. Such is no longer the case. Now-a-days women are not only liable to those special causes of nervous disorders which arise from utero-ovarian irritation, but moreover, in too many cases they voluntarily expose themselves to all the accidental causes of insanity to which men only were formerly subject. This is one result of that hopeless contest with nature, in which they are engaged who seek to unsex themselves by assuming all those masculine privileges and modes of life which are too dearly purchased at the expense of that increased tendency to cerebro-nervous disorder by which, in such cases, outraged nature avenges her violated laws.

XI. GENERAL TREATMENT OF HYSTERO-NERVOUS DISORDERS.

It would be impossible, in the limits of this paper, adequately to discuss even the general principles which should guide us in dealing with the protean forms of nervous disorder to which females are peculiarly liable. I may, however, be permitted to refer very briefly to some points which I have found important in the treatment of the ordinary phases of hysterical disease.

In such cases our primary study is the removal, by either local or constitutional treatment, of any ovarian or uterine disease, or

uterine displacement, of which the nervous disorder is symptomatic. At the same time, however, I would venture to repeat that, in the majority of the complaints under consideration, local treatment is completely unnecessary, unless for the purpose of rectifying some well-marked flexion or displacement of the uterus. By constitutional measures we may frequently cure uterine disorders productive of hysteria. And hence, under these circumstances, local treatment should only be resorted to when constitutional, moral, and hygienic remedies have failed. Foremost amongst the remedies by which we may hope to diminish the morbid nervous susceptibility or perverted molecular activity of the nerve centres in hysterical cases are the various nerve sedatives, more especially the various bromides and nerve tonics, such as the valerianates of zinc and quinine. Mere hypnotics, such as hyoscyamus and chloral, are of comparatively little value; and narcotics, particularly opium and its alkaloids, are generally worse than useless for this purpose.

In cases of hysteria connected with amenorrhœa, ferruginous tonics may be prescribed in accordance with the special requirements of the case. If the patient's circumstances admit it, a trial should be made of some foreign chalybeate water taken at the source, and preference should be given to a distant spa.

The curative effects of change of climate and the utility of mineral and thermal waters, although obvious in all chronic complaints, are in none so marked as in nervous and hysterical mental disorders connected with chronic utero-ovarian disease. In such cases, by the very journey to a distant health-resort the patient has the benefit of change, not only of climate, but also of occupation and habits of living. The new scenes and variety of places suggest new thoughts, by which the attention of the hysterical and often semi-insane victim of chronic uterine disease is diverted from her morbid and exaggerated sensations; and, ceasing to dwell on her self-created complaints, they gradually may cease to trouble her.

It may be observed that no cases so much demand the exercise

of the highest qualities of the physician as the treatment of the nervous and mental complications of organic disease, or functional derangements, of the female reproductive organisation. In such cases the gynæcologist must rise above a narrow specialism. He must primarily remove the local disease, or restore the normal state of the disordered function, of which the nervous or mental disturbance is a result; but in doing this he must, as far as possible, avoid increasing the existing hyperæsthesia by any topical treatment which is not absolutely indispensable.

In the treatment of the perverted mental conditions which have been referred to in the preceding observations, the physician must strive to act upon the moral as well as the physical constitution of his patients. He must insist on healthy occupation of mind as well as of body, and fit the latter for this by appropriate remedies called for by the special exigencies of each case. If the nervous derangement be consequent on disordered menstruation, this must be, if possible, restored to its normal functional activity. If it results from undue stimulation of the reproductive system, he must point out clearly the physical and moral evils consequent on such abuses.

Finally, in many of the cases of mental disorder that come before us in gynæcological practice, and in which we have to act the part of moral counsellors as well as of medical attendants, we may sum up our advice by desiring our patient, in the words of the Salernitan physician:—

“Si tibi deficiunt medici, medici tibi fiant,
Hæc tria, mens læta, requies, moderata dieta.”



