GYNÆCOLOGICAL DISORDERS AND THEIR RELATION TO INSANITY.*

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Below is given a table of one hundred cases examined in this hospital during the past year, the conditions being those noted at the time of the examination, before any treatment was given.

Unlike the cases reported last year, the majority of these examinations were made whether the patient presented symptoms calling for a uterine examination or not; therefore, the conditions found give a fair idea of the amount of gynæcological work called for among insane women. They also show how necessary is a thorough physical examination of the insane, since the manifestations which would lead one to make a uterine examination are often wanting in these patients. Out of one hundred cases here reported, only three complained of vertex headaches, pains in the back and limbs, and the bearing-down feeling so often experienced by sane women suffering from uterine disorders. The surprising tolerance of pain and discomfort so common among the insane may account, in part, for the paucity of those symptoms which we ordinarily look for before resorting to a gynæcological examination. Then, too, the pain and discomfort felt by insane patients may often be misconstrued, and, while we get no expression of pain itself, we may get the expression of the delusions that they are pregnant, that electricity has been applied to them, that their persons are violated in the night, that they are being eviscerated, etc.

A perusal of the accompanying table will convince one of the truth of Morel's statement that, although the brain is always the seat of insanity, it is not always the seat of its cause. It is by no means claimed, however, that insanity in all the cases here reported is of reflex origin.

A synopsis of the table is here given:

The ages of those examined range from twelve to eighty-four.

Civil condition.—Married, 58; unmarried, 42.

Menses.—Climacteric passed, 39; three in whom it was induced by ovariectomy, and one is still undergoing the change; regular, 38; irregular, 18; profuse, 4; scanty, 2; amenorrhœa, 4; dysmenorrhœa,

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3; puberty not established, 1; aggravation at menses, 13; insanity attendant on menstrual suppression, 3.

Leucorrhœa.—Thirty-four cases, 13 of which have leucorrhœa profuse, and 4 very offensive.

Uterus.—Seventeen show distinct post-climacteric atrophy; 9, enlarged uterine cavities; 12, enlarged cervixes; 43, erosions of varying degrees of severity, from slight irritations and abrasions about the os, to severe granular erosions; 7, lacerated cervixes, one having been repaired before admission; 8, unsymmetrical cervixes; 4, relaxed, atonic uteri; 17, retroversion; 3, anteversion; 7, latero-version; 8, normal uteri; 3, old adhesions around cervix; 3 cases of pin-head os; 2, cervix and vagina anæmic; 1, cervix and vagina cyanotic; 3, vaginitis; 1, procidentia; 1, juvenile uterus.

External genitalia.—Normal, 35; perineum ruptured, 17; collection under clitoris, 13; nymphæ hypertrophied, 11; one nymphæ enlarged, 1; absence of nymphæ, 2; clitoris elongated, 2; nymphæ and clitoris very small, 4; cystocele, 2; rectocele, 1; vulvitis, 3; hyperæsthesia of vagina, 3; rigid hymen, 1; irritation about introitus vaginæ, 2; irritation about urethra, 3; œdema of labia majora, 1.

Anomalies and new growths.—Malformations of vagina with no projecting cervixes, ores being mere slits in vaginal mucous membrane, 3; acquired atresia vaginæ, 1; abnormal growth of hair on genitalia, 2; sub-peritoneal uterine fibroid, 1; interstitial uterine fibroid, 1; uterine polypi, 5; urethral caruncles, 2; verrucæ vulvæ, 1.

Masturbation.—Twenty-seven known; 7 suspected.

Mental disease.—Melancholia, 42 cases, 24 of which are acute, 16 are chronic, and 2 are lactational. Mania, 19 cases, 5 of which are recurrent mania; 7, chronic mania; 4, acute mania; 3, puerperal mania. Dementia, 19 cases, 15 of which are terminal; 1, senile; 2, secondary; and 1 masturbative dementia. Paranoia, 10 cases; imbecility, 4 cases; nymphomania, 3 cases; epilepsy, 3.

Miscellaneous.—Hæmorrhoids, 13; prolapsus recti, 1; sphincter vesicæ weakened, 2; ovariectomy previously performed, 4; clitoridectomy, 1; vaginismus, 1; patients with children born out of wedlock, 4; delusions of being pregnant, 6; delusions of violation in the night, 6; obscene in manner of conversation, 10; confessed having masturbated since childhood, 9; scybala in rectum, 11; pains in back, abdomen, limbs, and on vertex, 3.

When the gynæcologist learns that it is the exception rather than the rule to find an insane woman with normal pelvic organs, he is led to question how much these abnormalities have to do with the

causation of insanity. If he belong to the class which thinks that all cases of insanity have a peripheral origin, he finds himself in as advantageous a position as the individual who is said to be able to cite Scripture to his purpose, for he has an abundance of clinical material from which to quote. He is in danger of being blinded to the other side of the question, namely, the one held by those who believe insanity wholly due to defects of the central nervous system. But if he is searching for truth, and joins neither class of extremists and if he is willing to abandon all preconceived notions, he finds himself where the searcher after truth always finds himself—in a position where he suspends his conclusions; where he is cautious how he clings to any theory, and where he receives the positive deductions of others with not only a grain but a full ounce of salt.

The causes of insanity in women may be, nay, they probably are, as varied, and many of them identical with, the causes of insanity in men; for we have always to remember that both before and after one is a wife and mother (and consequently subjected to the forms of puerperal and lactational insanity), one is a human being, and the elements that enter into the causation of mental aberration in women will develop along the line of the experiences and inheritances that come to her as a human being, *with the addition* of those which come to her as a human being of the female sex. Therefore, domestic troubles, reverses of fortune, worry and overwork, and excesses both in drink and in sexual matters, are among the causes of insanity in both men and women, together with the predisposing causes of a bad heredity, of consanguinity of parents, of epilepsy, etc. Besides these, women have the additional physical and mental strain resulting from the physiological crises which come to them as women—the establishment of puberty; the regularly recurring monthly period throughout their menstrual life (when uninterrupted by diseased conditions or by pregnancy); pregnancy itself, and the attendant perils of parturition; the puerperal state, and lactation; then, having undergone all these, the grand climacteric.

Now it must be remembered in enumerating all these causes of insanity that no one of them is sufficient *per se* to produce insanity. The normal human being is so constituted that he bears the ordinary troubles and trials of life (and even the extraordinary ones), and also the natural physiological crises, without any permanent disturbance in the equilibrium of the organism; when, therefore, any one of the above mentioned experiences is the cause of mental aberration, we must acknowledge that, although a coöperating cause

of the insanity may be found among these influences mentioned, yet the primary cause must be sought farther back, being bound up in the very warp and woof of the individual—in an unstable organization, causing him to be disturbed by things which would produce only a temporary influence on a healthier organism. Therefore, when we hear of someone becoming insane from business reverses, from religious zeal, from the death of a dear friend, or as a result of a major or even a minor operation, we must simply regard this as the exciting cause—"the last straw that broke the camel's back"—while the real cause lies in what Maudsley calls "the tyranny of a bad organization."

Bearing these facts in mind, we can safely question what influence gynæcological disorders exert upon the insanity of women, either as causative factors, or as a means of retarding cures.

Next to self-preservation, the reproductive instinct is the most dominant one of the animal kingdom. It of necessity follows that derangement of those organs which are the seat of the function of reproduction will have an important bearing on the physical and mental welfare of the individual.

One is led to ask why the generative organs should play a more important part in women than in men in the causation of disease. Gynæcologists explain it by saying that the ganglionic system of nerves in women is more developed than in men, the great center being the solar plexus. The intimate relation between the sympathetic and the cerebro-spinal nervous systems, their reciprocal action on each other, explains why we witness so many reflex functional disturbances from local lesions. At the same time we know that the gravest lesions of the reproductive organs do not cause mental disturbance in some women, while the slightest local trouble affects others profoundly, and out of all proportion to the extent of the lesion found. For an explanation of this fact we must consider the instability, in individual cases, of the central nervous system, and its susceptibility to disturbing influences.

The influence of menstruation on insanity, or of insanity on menstruation, is an interesting question, but one concerning which it is hard to come to any conclusion, since the disturbance of this function must sometimes be regarded as a cause and sometimes as an effect of insanity. While there are some cases of acute hyperæmia of the brain and subsequent mania undoubtedly resulting from sudden cessation of the menses, there are many others where insanity is the forerunner of the amenorrhœa.

Cases of recurrent mania are quite apt to manifest their exacerbations at the recurrence, or the attempted recurrence, of the menses. These cases almost always have a history of neurotic inheritance.

Many insane women menstruate with as much regularity and as little disturbance, or even less disturbance, than an equal number of sane women. In fact we are called upon less frequently, I believe, to prescribe for dysmenorrhœa in insane hospitals than we would be in caring for as many sane patients, although this may be due to the greater tolerance of pain among insane patients.

There are, however, many patients who evince marked aggravations at their menstrual periods. The violent are more violent, the obscene more obscene, the epileptics more furious, the melancholiacs more depressed, and the maniacs more exalted; although just the reverse of this is sometimes true, and, with the establishment of the flow, some cases of mania become calm and coherent, while some cases of melancholia experience a hopefulness which is observable in voice, manner, and entire bodily expression. As a rule, amenorrhœa is more observable in melancholiacs, while those suffering from mania are more liable to menstruate with untroubled regularity.

Hardly any condition among the insane is so deplorable in its manifestations as the habit of masturbation. The perversion is, in any case, a lamentable one, but when observed, as it often is, in women who are by nature and training refined and cultured, and, when thus observed, often accompanied by an incredible obscenity of thought, speech, and manner, one is moved to do his utmost to help the patient abandon this practice.

We often find it stated that hypertrophy of the nymphæ, or of the clitoris, are signs of indulgence in this habit. A perusal of the accompanying table will show that while this anomaly is often found in masturbative cases, there are many others in which such hypertrophy is unaccompanied by any sexual perversion; and, moreover, there are also many cases where the perversion is found in patients with normal vulvæ, or in others where the nymphæ and clitoris are very small, or, in still others, where they are practically absent. Repeated excitation of the genitalia by masturbation probably results in hyperæmia of not only the external genitalia, but also of the uterus and its annexa; hyperæmia frequently induced leads to congestion, and congestion to hypertrophy, as a result of the exaggerated nutrition of these organs. But just why this hypertrophy should not result in all masturba-

tive cases it is difficult to determine. Sometimes an hypertrophy of but one nympha is found.

A condition frequently found among the cases reported in the table is that of an accumulation of hardened secretion under the *præputium clitoridis*. This secretion in the thirteen cases mentioned is a hardened, semi-organized mass, so hard in some instances as to merit the term concretion, the mass being held there by a sort of superficial adhesion of the prepuce, and in many cases being removed with difficulty. That this should give rise to nervous irritation, which would in many cases lead to pruritus, and subsequently to masturbation, is not to be wondered at, and enthusiasts in orificial surgery would probably assert that masturbation, when present, is the direct result of this condition alone. From the anatomical structure of this organ and its nerve supply we can easily see that secretions retained as above mentioned will exert a pernicious influence on the female economy; it can hardly be otherwise. The removal of such secretions, and the destruction of the adhesions, naturally lead one to hope for favorable results to the mental condition. But we are here confronted with the fact that while this condition is associated in many instances with the habit of masturbation, it is also found in cases where we have no reason to believe that the habit exists, although it might be urged that the condition may have given rise to other nervous disturbances quite as pernicious, if not to masturbation itself. The anomaly being found in some cases of chronic insanity, especially terminal dementia, we can not hope for an amelioration of the mental disorder, though we remove the condition. At the same time it would be an unjustifiable neglect to fail to remove, when possible, this condition, which may exert so pernicious an influence on the nervous system. Not so the condition of elongation of the clitoris, the operation for the removal of which has been and is still so much in vogue. It seems to me to be a very reprehensible practice, inasmuch as the worst case of masturbation I have ever seen is that of a young woman who has had clitoridectomy performed. This patient had masturbated, more or less, all her life, and finally, after suffering from several attacks of nymphomania, decided to have the clitoris amputated. The result was not only failure to relieve the nymphomania, but even an increase in its severity, causing a shameless and, almost literally, continuous indulgence in the habit.

Everyone who has to do with this unfortunate class of patients finds, to his disappointment, that some cases will persist in the habit

in spite of everything that can be done; padded mits, restraining of hands and feet, the protection sheet, moral suasion—all means are tried to protect the patient from herself, with the result of seeing her, when thwarted, exhibit manifestations which show that she is indulging in a sort of vicarious masturbation, the center of excitation apparently being in the mind itself. Nevertheless, these facts should not deter one from removing every possible source of nerve irritation, nor from trying every known means to aid the patient, in spite of herself, to escape from the baneful practice.

In regard to sexual perversions we must, then, conclude that, while they undoubtedly produce psychoses, we also find that they are often an indication of already existing disease; they are, in other words, the effect and not the cause of the insanity.

The cases having delusions of being pregnant are almost invariably among women who are passing, or who have passed, the climacteric; they are also apt to be found in either unmarried women or widows, or in women who have long been separated from their husbands. The delusion that she is pregnant is apt to be associated with the one that the patient is violated in the night; cases of this kind receive from some authors the opprobrious term of "old maid's insanity." Not a few of the delusions of having been violated in the night have been traced to the occurrence of lascivious dreams; sometimes the patient expresses herself clearly as having had a dream of this nature; from another of less mental integrity, one hears the expression of the belief that the condition is one of violation, and that she was drugged for the purpose.

The intimate clinical connection between sexual perversions and morbid religious zeal is one which all who have to do with the insane must have observed. The form of insanity popularly known as "religious melancholia" is almost invariably characterized by sexual perversions in some form or other. Patients who believe that they are the Virgin Mary, the bride of Christ, the church, "God's wife," and "Raphael's consort," are sure, sooner or later, to disclose symptoms which show that they are in some way or other sexually depraved. Some having this morbid self-feeling may have sufficient mental integrity left to conceal any such delusions that they may have, and yet are noticed to evince an unhealthy religious sentimentality, which manifests itself in the perusal of religious books and topics, in the contemplation of mystical rites, and in a religious fervor that is all too plainly associated with an irritative sexual condition.

The survival of the sexual instinct in women years after the menopause strikes one as peculiar. Some of the worst cases of obscenity of speech and manner occur in women over sixty years old. One case of a woman sixty-four years of age is peculiarly distressing. She has attacks of *furor uterinus*, mostly at night; at the same time she is a constant sufferer from androphobia; she is made uncomfortable at the sight of men, from hearing their voices, or even from knowing that they are in the house; not so much because of any desire which this knowledge begets, as because it induces a horrible fear in her waking hours which is apt to culminate in an erotic dream during sleep. Being a sensitive, refined, and conscientious woman, her life is a burden to her because of this constant, ineffectual struggle to overcome this feeling. Yet there are, at present, no manifestations of local trouble of any kind, the only departure from the normal being the post-climacteric changes one naturally expects to find at that age.

The peculiarity of the sexual instinct surviving so long after the menopause, or of its appearance before the development of puberty, is by no means so much to be wondered at as the presence of the instinct in a woman in whom there was congenital absence of the uterus and ovaries—the absence being proven by an autopsy. The patient was in no way masculine; on the contrary, she was attractively feminine when sane. She suffered from recurrent mania, at which times she masturbated shamelessly, and, in her lucid intervals, proved the possession of the sexual instinct by her confession that she had long indulged in illicit intercourse with her lover. She excused herself on the ground that the instinct was very strong, and that her condition was such that she had no fear of pregnancy; furthermore, she said that since she had been created different from other women, she need not be subjected to the same rules of conduct as others. Another case was reported last year as probably one of congenital absence of the uterus and its annexa. Further examinations by rectal exploration have discovered something which is probably a rudimentary uterus. The patient has never menstruated; the vagina is a mere cul-de-sac. External genitalia and mammæ normal; sexual instinct developed. Patient has had delusions of being accused of unchastity and of pregnancy; talks in a silly manner about her “beau,” and is very susceptible to flattery. She has always been feeble-minded.

We naturally expect the transmission of an instinct will depend on the transmission of the organ. That a woman with congenital

absence of uterus and ovaries should still possess the instincts, the expression of which is ordinarily dependent on these organs, can only be explained as one explains the transmission of other hereditary instincts in the lower animals—the young hare possesses the timidity, and the young fox the cunning, which they have inherited from a long line of progenitors, and though they should be born under circumstances where the resultant caution from the timidity or the exercise of the cunning were no longer necessary, those traits would still appear for several successive generations. The instincts which are common to the race, by transmission from generation to generation (especially so fundamental and universal an one as the reproductive instinct), will not, therefore, fail to appear in the few isolated cases where there is a congenital absence, or a rudimentary development, of the organs upon which the manifestation of the function depends.

A glance at the table showing the number of cases of the different forms of mental disease in those having gynæcological difficulties might lead one to form the erroneous opinion that these lesions are associated more often with certain forms of insanity than with others; for instance, there are thirty-six cases of melancholia, twenty-one of dementia, only nineteen of mania, ten of paranoia, and twenty-four miscellaneous. The fact that cases of melancholia and dementia are more tractable and more easily examined, while those of acute mania are with difficulty examined, accounts for the increase in the number of the first mentioned cases. Cases of paranoia are with difficulty persuaded to submit to gynæcological investigation because of the suspicious character of their delusions. It is also often difficult to get patients with sexual perversions to submit to an examination. There seem to be two classes of these cases, the one class evincing an offensive alacrity, while the other submits, but with a feeling of apprehension and resistance that is quite characteristic of certain masturbators.

Probably every hospital has a certain number of women whose insanity has developed after an ovariectomy. The natural tendency is to form the conclusion that the operation has been the contributing cause of the mental disorder in these cases. But is it a fair conclusion? While this may be true in some cases, especially in those of neurotic temperament, it is also true of the four cases reported in the table, and of several others observed, that the operation had little, if any, bearing on the development of the insanity. In some instances previous attacks of insanity existed months, and

even years, before the operation as a *dernier resort* was attempted. In others the history shows that the operation was performed several years prior to the manifestation of the mental symptoms, while other patients have been members of families having pronounced neurotic predispositions.

The effects of operations on those already insane can not be discussed at any length, since very conservative measures in this respect are in vogue in this hospital. The operations performed during the past year have been limited to those for dilatation of the cervix, the removal of polypi, the freeing of the *præputium clitoridis*, the curetting for endometritis, and in one case the breaking up of adhesions caused by a scalding douche, which had resulted in an *atresia vaginae*. Of course, topical applications, hot vaginal douches, and sitz baths, the corrections of mal-positions as far as possible, and the other ordinary gynæcological procedures, have been followed with varying results. How much the correction of these disorders has had to do with the amelioration of the mental condition, it is impossible to state; many of those treated have been cases of terminal dementia, and other chronic forms of insanity; many of the acute cases had already begun to improve mentally before local treatment could be instituted, and not a few showed improvement in the local conditions with little or no perceptible change in the mental disorder.

However, in the face of the fact that the majority of insane women present varying degrees of local lesions, one conclusion, at least, may be reached. We should examine each case as soon as possible to find whether or not there is any abnormality, and finding it, remove it just as far as possible; by so doing we shall have lessened the degree of nerve irritation, and shall have at least removed some "stumbling-blocks" in the way of the patient's recovery.

The following tables present the details of the one hundred cases that form the basis of this paper:

Case.	Age.	Clv.	Condition.	No. of Chil- dren or Miscarries.	MENSES.	Leucor- rhoea.	UTERUS.	EXTERNAL GENITALIA.	Anomalies or New Growths.	Masturba- tion.	Mental Disorder.	REMARKS.
1	56	S.	0		Climacteric passed.	-----	Atrophy. Cervix and vagina anemic. Pin- head os.	Irritation about introitus vag.	-----	-----	Dementia. (Terminal.)	Old hemorrhoidal projections at anus.
2	45	M.	0		Climacteric passed.	-----	-----	Normal.	-----	-----	Melancholia (Acute.)	Patient declares she is 5 months pregnant "with Jesus Christ's baby." Increases apparent size of abdomen by clothing and posture.
3	72	S.	0		Climacteric passed.	-----	-----	Hymen unrup- tured and rigid. Clitoris elonga- ted, with hardened secre- tion under hood.	-----	Yes.	Dementia. (Terminal.)	Has always been feeble-minded. Has masturbated since youth.
4	47	S.	0		Climacteric passed.	-----	Atrophy. Old adhe- sions around a small cervix.	Hardened secre- tion around cli- toris.	-----	-----	Melancholia (Chronic.)	Prolapse of rectum for about 1½ inches, also an ulcerating mass of hemorrhoidal tissue, which causes great distress at stool.
5	50	M.	2 c. 3 m.		Regular and profuse.	-----	Measures 3½ inches. Cervix soft, flabby, enlarged. Slight ir- ritation about os.	Perineum rup- tured. Cervix and vagina cy- anotic.	-----	-----	Melancholia (Acute.)	Weakness of vesical sphincter in coughing or sneez- ing.
6	27	M.	5		Menses ap- peared four Yes. mos. after parturition.	-----	Hypertrophy. Cervix enlarged, long, and roughened. Erosion at os.	-----	-----	-----	Melancholia (Lactat'nal)	First child was born out of wedlock. Always suf- fers mental aberration during or after parturition.
7	51	M.	6		Climacteric passed.	-----	Atrophy. Right lat- ero-version. Uterus retroversion. Uterus relaxed and hypertro- phied. Cervix lacerat- ed; posterior lip hyper- trophied and eroded.	Red, everted ap- pearance of ure- thra.	-----	-----	Melan. (Chr.)	Scybala in rectum.
8	30	M.	2		Irrregular.	Yes.	-----	Cystocele.	-----	-----	Melan. (Ac.)	Albuminuria.
9	22	S.	0		Regular.	Yes.	-----	Hymen intact but easily dis- tended.	-----	Yes.	Melan. (Ac.)	Sexual delusions. Prudent interpretation of harm- less speeches and acts of the doctors. Thinks she is detained here for immoral purposes.
10	23	M.	1		Regular.	Yes.	Anteversion.	Normal.	-----	Yes.	Nympho- mania.	Furor uterinus at periods. Tries to appear before men entirely nude. Accuses herself of masturba- tion and other horrible perversions and immoral- ities since youth. Says her insanity is due to practices resorted to for preventing conception.
11	77	S.	0		Climacteric passed.	-----	Interstitial fibroid.	Edema of labia majora and of anal tissue.	Ute. fibroid	-----	Dementia. (Senile.)	Cedema of right lower extremity. Neurotic inheritance. Delusions of growths in and prolapse of rectum. Old hemorrhoids. Ovari- otomy performed several years ago. Amorous. Susceptible to attention from physicians; thinks she has been "spiritually married" to one. Talks much about "Jack the Ripper," and says a serv- ant attempted the same thing with her.
12	38	S.	0		Climacteric induced.	Yes.	Normal.	Normal.	-----	-----	Melan. (Ac.)	

Case.	Age.	Civil Condition.	No. of Children or Miscarriages.	MENSES.	Leucorrhœa.	UTERUS.	EXTERNAL GENITALIA.	Anomalies or New Growths.	Masturbation.	Mental Disorder.	REMARKS.
13	46	S.	0	Climaxis.	-----	Commencing atrophy.	Normal.	Utr. polypus at os uteri.	Yes.	Mania (Recurrent.)	Furor uterinus at times. Horribly obscene. Laneness, sacral backache and pains in knees. Scybala in rectum.
14	54	S.	0	Climacteric passed.	-----	Atrophy.	Nymphæ enlarged.	-----	-----	Melan (Ac.)	Masturbated in youth and even since marriage; denies it now. Induced a miscarriage fourteen years ago.
15	47	M.	0	Climacteric passed.	-----	Atrophy.	Nymphæ small. Irritation near urethra.	-----	Yes.	Melan (Chr)	-----
16	34	M.	0	Amenorrhœa.	Profuse	Retroversion. Long pointed cervix. Erosion.	Fourchette present.	Vagina and pelvis very small.	-----	Dementia. (Second ry.)	Vaginismus.
17	43	M.	6	Regular.	-----	Shot-like glands in cervix.	Normal.	-----	-----	Melan (Ac.)	Committed suicide. Other members of family have also done so.
18	34	M.	4	Regular.	-----	Uterus very high in pelvis. Cervix almost obliterated.	Right labium majoris swollen and ecchymosed.	Verrucae Vulvæ.	Yes.	Mania (Chr.)	Scybala in rectum. Maltreats her body horribly.
19	52	M.	?	Irregular and profuse.	-----	Cavity 3½ inches. Cervix hypertrophied. Granular erosion.	Collection under hood of clitoris.	-----	-----	Demen (Ter)	Curette shows a condition of granular endometritis.
20	55	S.	0	Climacteric passed.	-----	Procidentia. Abnormalities at os uteri.	-----	-----	Yes.	Dementia (Masturbg)	Apprehensive and resistive.
21	28	M.	3 c. 2 m.	Irregular.	Yes.	Retroversion. Uterus and vagina anemic. Cervix bleeds easily.	Normal.	-----	-----	Melan (Ac.)	Dragging pain in sacral region. With the amenorrhœa patient became enormously stout and very demented. With the reappearance of the menses, she became more active and gradually more intelligent, and resumed her normal mental condition, which at best is that of feeble-mindedness. Negro, very deaf. Abdomen enlarged to the size of a seven months' pregnancy.
22	17	S.	0	Amenorrhœa.	Profuse and offensive	Right latero-version. Cervix very small and inflamed.	External genitalia very small. Hymen ruptured.	-----	?	Imbecility.	-----
23	46	S.	0	Climacteric passed.	-----	Uterus normal depth. Cervix normal, but bleeds easily.	Normal.	Sub-peritoneal uter. fib.	-----	Melan (Chr)	Masturbates openly, even before physicians. Aggravation just before menstrual periods.
24	33	S.	0	Regular.	Profuse	Granular erosion of cervix.	Nymphæ enlarged. Collection about clitoris.	-----	Yes.	Demen (Sec)	First child born two months after marriage. Present attack of melancholia came on two weeks after she began nursing her baby. Very hysterical.
25	23	M.	2 c. 1 m.	Regular.	-----	Slight erosion.	Normal.	-----	-----	Melan (Lac)	Patient's child was born in hospital. Has hallucinations of hearing and is suicidal; baby is twenty months old. Old hæmorrhoidal tumors at anus. Scybala in rectum.
26	35	M.	4 c. 1 m.	Regular.	Yes.	Laceration of cervix. Severe erosion.	Normal. Clitoris elongated. Secretion under prepuce.	-----	-----	Mania (Perpetual.)	Has masturbated since her youth and comes of a family of masturbators. Feeble-minded.
27	44	S.	0	Climacteric passed.	-----	Atrophy. Pin-head os.	Urethral & vaginal irritation.	-----	Yes.	Imbecility.	-----

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28	34 M.	2 C.	1 m.	Regular.	-----	Cervix and vagina cyanoctic.	Secretion under clitoris.	-----	-----	Paranoia.	Old hemorrhoidal projections at anus. Patient says she had an illegitimate seven-months' baby when she was 22; that she lived with her husband seven years before she was married to him, and that she has had immoral relations with various men. Profane and obscene at times.
29	53 M.	5		Climacteric passed.	-----	Atrophy. Measures 2½ inches. Abnormalities on os, cervix, and vagina. Cervix high up, hard to reach. Extreme tenderness in posterior vaginal fornix.	Perineum ruptured.	-----	-----	Melan (Chr)	Scybala in rectum. Old hemorrhoids.
30	35 M.	2		Climacteric induced.	Profuse	Atrophy. No cervix projecting in vagina.	Perineum ruptured.	-----	-----	Mania (Rec.)	Had ovariectomy performed six years ago. Recurrent mania for nine years.
31	58 S.	0		Climacteric passed.	-----	Atrophy. No cervix projecting in vagina.	Nymphæ enlarged.	Atresia vaginal.	-----	Demen (Ter)	Examining finger, on traversing vagina 2½ inches, encounters what appear to be adhesions stretching across the walls, making a blind pouch. Vaginal calibre very narrow. By rectal touch can feel a small uterus. Patient says she used to menstruate regularly.
32	43 S.	0		Regular.	-----	Measures 2½ inches. No projecting cervix.	Normal.	Vagina a short, narrow, conical pouch.	-----	Paranoia.	Vagina two inches long; no cervix discoverable; sound enters uterus through a slit-like opening at apex of the conical vagina. Rectal touch discovers a small uterus. Delusions of being violated in the night. Obscene and profane. Sexual frenzy during examination. Delusions of "spiritual intercourse" between herself and a Sunday-school pupil. Hallucinations of sight and hearing; says nude pictures of her lover appear on the walls of her room at night.
33	34 S.	0		Regular.	Yes.	Severe cervical erosion.	Extreme sensitiveness at vaginal orifice.	-----	Yes.	Nymphom.	Patient says she has always masturbated and can not help it. After removal of clitoris she was better for a time, but has been worse than ever since, masturbating shamelessly and almost continuously. Increased depression at menstrual periods.
34	26 S.	0		Irregular.	Yes.	Severe cervical erosion.	Clitoridectomy has been performed.	-----	Yes.	Nymphom.	Digital examination discovers what appear to be two os-like openings, one at the left and below the other. No projecting cervix. Only one, however, was pervious to the sound, and only one discovered by use of speculum.
35	31 M.	0		Regular.	Yes.	Normal position.	Normal.	Os uteri a mere opening in vaginal membrane.	-----	Melan (Ac.)	Apprehensive and resistive.
36	54 S.	0		Climacteric passed.	-----	Vagina covered with minute reddish points.	Normal.	-----	-----	Demen (Ter)	Aménorrhœa during mania gave rise to the delusion that her physician who had treated her locally had seduced her. He had also used hypnotic suggestion.
37	48 S.	0		Regular.	-----	Adhesions from left of cervix to vaginal wall.	Left nymphæ enlarged.	-----	Yes.	Demen (Ter)	
38	23 S.	0		Irregular.	Yes.	Slight erosion.	Normal.	-----	-----	Mania (Ac.)	

Age.	Civil Condition.	No. of Children or Miscarriages.	MENSES.	Leucorrhoea.	UTERUS.	EXTERNAL GENITALIA.	Anomalies or New Growths.	Masturbation.	Mental Disorder.	REMARKS.
39 29 M.	2 c. { 1 m.		Amenorrhoea.	Yes.		Infamed and suppurating.	Acquired atresia vag.		Melan. (Ac.)	Previous to admission, patient took a scalding douche "by God's command." Adhesive bands stretch across the vagina, dividing it into partial pouches. The cervix could be felt through a small aperture formed by these adhesions. Patient was brought here soon after childbirth. Was homicidal, suicidal, profane, and obscene. Extreme lewdness of speech and manner. Burning and pressive pain on vertex. Sacral back-ache.
40 29 M.	3		Regular. Irregular and scanty.	Yes.	Normal position. Severe granular erosion. Retroversion. Enlargement and slight erosion of cervix.	Nymphæ hypertrophied.		Yes.	Mania (Pu.)	Menstrues ceased suddenly three years ago, at which time she became delirious for some time. Present attack followed some obscure abdominal disease. Patient had an attack of melancholia in 22d year. Present attack began six years ago. The year previous to its inception, both ovaries were removed. Becomes very wild and unmanageable at menstrual periods.
41 35 M.	1		Dysmenorrhoea.		Uterus small. Hyperæsthesia of vagina.	Normal.			Melan. (Ac.)	Old hemorrhoids. Masturbates and comes of a family addicted to that practice.
42 43 S.	0		Climacteric passed.		Atrophy. Cervix unsymmetrical.	Collection about the clitoris.			Melan. (Ac.)	
43 34 S.	0		Climacteric induced.		Retroversion. Hyperæsthesia of vagina.	Normal.			Melan. (Ac.)	
44 32 S.	0		Regular.	Profuse.	Atrophy. Cervical tissue hardened and nodular. Erosion. Cavity 3 inches. Cervix soft and congested. Vaginitis. Left lateral laceration has been repaired.	Normal.		Yes.	Demen. (Ter)	
45 54 M.	3		Climacteric passed.		Atrophy. Cervix unsymmetrical.	Normal. Capacious vagina.		Yes.	Paranoia.	
46 59 M.	2 c. { 2 m.		Climacteric passed.		Atrophy. Cervix unsymmetrical. Hyperæsthesia of vagina. Cervical tissue hardened and nodular. Erosion. Cavity 3 inches. Cervix soft and congested. Vaginitis. Left lateral laceration has been repaired.	Genitalia excoriated.	Urethral caruncle.		Melan. (Ac.)	Exhausting metrorrhagia for ten years till laceration was repaired. Hemorrhoids. Scybala in rectum.
47 31 M.	1		Regular.	Yes.	Retroversion. Menstrues 2½ inches. Ovaries bleed easily.	Hyperæmia.	Abnormal growth of hair about genitalia.	?	Melan. (Ac.)	Scybala in rectum.
48 23 M.	1		Irregular.		Uterus flabby. Laceration of cervix. Cervix bleeds easily.	Nymphæ enlarged. Clitoris very small.			Mania (Pu.)	Insanity followed childbirth, although she had one attack before marriage. Mother insane. Hemorrhoids.
49 46 M.	2		Climacteric passed.	Profuse.	Atrophy. Cervix hardened and congested.	Perineum ruptured.	Abnormal growth of hair on thighs and ext. genitalia.	?	Paranoia.	Hamorrhoids. Obscene and profane. Accuses herself of having lived a promiscuously immoral life on account of impotence of husband.
50 42 M.	1		Regular.	Yes.	Granular erosion.	Nymphæ hypertrophied.		?	Demen. (Ter)	Primary disease was mania (puerperal). Patient has the delusion that she is pregnant, having been violated in the night. (She is a widow.) Tries to protrude abdomen and says there is milk in the breasts. Her mother was insane with same delusions.
51 46 M.	2		Regular.	Yes.	Retroversion. Congestion of cervix.	Perineum ruptured.			Melan. (Ac.)	Has masturbated since she was thirteen.
52 28 S.	0		Regular.	Yes.	Erosion of cervix.	Normal.		Yes.	Paranoia.	

Case.	Age.	Civil Condition.	No. of Children or Miscarriages.	MENTES.	Leucorrhoea.	UTERUS.	EXTERNAL GENITALIA.	Anomalies or New Growths.	Masturbation.	Mental Disorder.	REMARKS.
53	46 M.		1	Climacteric passed.	.....	Uterus normal size and position. Vaginitis.	Normal.	.....	.....	Paranoia.	Delusion that her husband gave her medicine to produce amenorrhea.
54	45 M.		6	Irregular. Yes.	.....	Left latero-version and eroded. Uterus measures 8 1/2 inches. Cervix hypertrophied. Granular erosion.	Perineum ruptured.	.....	.....	Melan. (Ac.)	Delusions of being pregnant.
55	52 M.		4	Regular.	.....	Retroversion. Slight erosion. Cervix enormously hypertrophied.	Normal.	.....	.....	Demen(Ter)	.....
56	28 S.		0	Regular.	.....	Retroversion. Slight erosion. Cervix enormously hypertrophied.	Normal.	.....	.....	Demen(Ter)	.....
57	41 M.		3 c.	Irregular Profuse and profuse.	.....	Anteversion. Cervix enormously hypertrophied.	Normal.	.....	.....	Epileptic insanity.	Epileptic attacks appeared after birth of first child. Her mother also had epilepsy following child-birth. Profuse and offensive leucorrhoea for years. On examination, found imbedded in the vagina a hard rubber pessary, which was roughened and foul with vaginal secretions. Patient was ignorant of its presence. Must have worn it eight years. Thinks she is pregnant; that one of the physicians is her husband. Says she has had thirteen children (a delusion).
58	72 S.		0	Climacteric passed.	.....	Profuse and of. Prolapsus formerly. Cervix lacerated. Anterior lip hypertrophied. Granular erosion.	Cystocele and rectocele.	.....	.....	Epileptic insanity.	.....
59	37 M.		3	Regular. Yes.	.....	Cervix lacerated. Anterior lip hypertrophied. Granular erosion.	Normal.	.....	.....	Paranoia.	.....
60	12 S.		0	Puberty not established.	.....	Juvenile uterus.	Hymen obliterated. Introitus vaginal large and gaping.	.....	Yes.	Epileptic insanity.	Epilepsy since childhood. Masturbates; is untruthful and a kleptomaniac. Obscene and profane. Mother is an epileptic. Always insane at menses; lucid intervals between the periods. Scybala in rectum. Father and two brothers insane.
61	35 M.		3	Regular.	.....	Cervix hypertrophied. Stellate laceration.	Normal.	.....	.....	Mania (Re.)	.....
62	33 S.		0	Dysmenorrhoea.	.....	Retroversion. Slight erosion. Rupe vaginal prominent.	Nymphæ absent.	.....	.....	Imbecility.	.....
63	48 M.		1	Climacteric passed.	.....	Anteversion. Cervix soft and large.	Collection under hood of clitoris. Very large collection around clitoris.	.....	.....	Paranoia.	.....
64	50 M.		0	Climacteric passed.	.....	Cervix soft and flabby.	Very large collection around clitoris.	.....	.....	Paranoia.	Patient has delusions of husband's infidelity; believes the hospital is a brothel.
65	64 M.		3	Climacteric passed.	.....	Atrophy. Abrasions on vagina. Retroversion. Hymen preserved. Rupe prominent.	Nymphæ enlarged.	.....	.....	Demen(Ter)	.....
66	28 S.		0	Regular.	.....	.....	Normal.	.....	.....	Melan.(Chr)	.....

Case.	Age.	Condition.	No. of Children or Miscarriages.	MENSES.	Leucorr.	UTERUS.	EXTERNAL GENITALIA.	Anomalies or New Growths.	Masturbation.	Mental Disorder.	REMARKS.
67	44	M.	3	Regular.	.....	Uterus measures $2\frac{1}{2}$ inches. Lacerated cervix.	Perineum ruptured.	.....	.....	Melan. (Chr)	
68	52	M.	0	Climacteric passed.	.....	Atrophy. Abrasions on vaginal walls.	Normal.	.....	.....	Mania (Chr)	
69	21	S.	0	Regular.	.....	Retroversion. Cervix presents a dimpled appearance.	Nymphæe enlarged and almost black in color.	.....	.....	Melan. (Chr)	
70	55	M.	6	Climacteric passed.	.....	Cervix large for a post-climacteric one. Abrasions on cervix.	Perineum ruptured.	.....	.....	Melan. (Chr)	
71	44	M.	1	Regular.	.....	Normal position. Slight erosion.	Normal.	.....	Yes.	Demer. (Ter)	
72	40	M.	3	Regular and profuse.	Profuse and offensive.	Uterus high up in pelvis. Cervix enlarged and eroded. Right latero-version.	Normal.	.....	Yes.	Melan. (Ac.)	Hemorrhoids. Has masturbated since childhood. Hallucinations of hearing people accuse her of being pregnant, and of having improper relations with "a black man." Goes about declaring her chastity.
73	40	S.	0	Climacteric passed.	.....	Atrophy. Abrasions on vaginal walls. Tiny polypus at os uteri.	Clitoris and nymphæe very small. Hymen ruptured.	.....	.....	Melan. (Ac.)	
74	50	M.	4	Climacteric passed.	.....	Left latero-version. Cervix congested. Abrasions on cervix. vagina, and near urethra.	Nymphæe enlarged. Perineum ruptured.	.....	.....	Melan. (Chr)	Hemorrhoids.
75	30	S.	0	Regular.	.....	Normal position. Anterior lip larger. Cavity measures $2\frac{1}{2}$ inches. Slight erosion.	Normal.	.....	.....	Mania (Chr)	Very ugly at menstrual periods.
76	84	M.	2	Climacteric passed.	.....	Extreme atrophy. Slight erosion.	Perineum ruptured.	.....	.....	Melan. (Chr)	Patient's mother and daughter were insane. Mania appeared after suppression of menses, and exacerbation always occur at those times. Menstrual blood scanty and almost black.
77	15	S.	0	Irregular and very scanty.	.....	Cavity $2\frac{1}{2}$ inches. Tiny cervix. Slight irritation about os.	Collection under hood of clitoris.	.....	.....	Mania (Ac.)	Thinks she is $4\frac{1}{2}$ months pregnant. Says she has felt "life." Thinks that men visit her in the night.
78	44	M.	3	Irregular.	.....	Old adhesions about cervix.	Perineum ruptured.	.....	.....	Paranoia.	Attack followed menstrual suppression. Very profane and obscene. Says she is "God's wife" and has had twelve children. So restive that examination was unsatisfactory.
79	37	S.	0	Regular.	.....	.....	Normal.	.....	.....	Mania (Rec.)	

Case.	Age.	Civil Condition.	No. of Children or Miscarriages.	MENSES.	Leucorrhoea.	UTERUS.	EXTERNAL GENITALIA.	Anomalies or New Growths.	Masturbation.	Mental Disorder.	REMARKS.
80	30 M.	5		Irregular.		Retroversion. Uterus 2½ in. Bleeds easily.	Perineum ruptured.		Yes.	Demen(Ter)	Hæmorrhoids. Obscene and indecent in manner to both men and women. Mother was insane. Menses were always irregular and attended with more or less mental disturbance. Blood was always black. Father and two brothers insane.
81	63 M.	3 c. 3 m.		Climacteric passed.		Atrophy.	Symphæ absent.			Mania (Ac.)	
82	30 M.	4		Regular.		Retroversion. Cavity 2½ inches.	Normal.			Melan. (Ac.)	Suicidal.
83	33 S.	1		Regular.		Normal.	Nymphæ hypertrophied.		Yes.	Demen(Ter)	Gave birth to an illegitimate child in this hospital three years ago. Mutilates and maltreats her own body.
84	44 M.	4		Irregular.		Normal position. Cervix congested and unsymmetrical.	Collection under hood of clitoris. Perineum ruptured.			Melan. (Ac.)	Suicidal.
85	28 S.	0		Irregular.		Normal position.	Normal.		Yes.	Mania (Chr)	Violent and resistive. Examination unsatisfactory. Father insane.
86	36 S.	0		Regular.	Yes.	Uterus very small.	Collection under hood of clitoris. Hymen intact.			Melan. (Ac.)	Did not use speculum.
87	46 M.	3		Amenorrhoea.		Normal position. Cervix congested. Measures 2½ inches.	Perineum ruptured.	Uterine polypus.		Mania (Ac.)	Very resistive. Suicidal. Mother and maternal uncle insane.
88	44 M.	2		Irregular.		Retroversion. Measures 2½ inches.	Normal.		Yes.	Mania (Ac.)	Very resistive.
89	38 M.	0		Irregular.	Yes.	Left latero-version.	Normal.			Mania (Chr)	More excited at menses. Body covered with a growth of long, thick, black hair. Very obscene. Delusions of being violated in the night.
90	30 S.	0		Regular.		Retroversion.	Perineum ruptured.	Uterine polypus.		Melan. (Ac.)	Obscene and violent. Attack followed nine weeks after parturition. Mother and maternal uncle insane.
91	54 M.	5		Climacteric passed.		Normal size and position.	Nymphæ enlarged. Perineum ruptured.		Yes.	Mania (Chr)	
92	28 M.	2		Regular.		Normal.		Urethral caruncle.		Melan. (Chr)	Scybala in rectum. Obscene and profane.
93	60 M.			Climacteric passed.		Atrophy.	Collection under hood of clitoris.			Melan. (Chr)	Scybala in rectum.
94	46 S.	0		Climacteric passed.		Latero-version.	Vulvitis.		Yes.	Mania (Chr)	Ovariectomy several years ago. Large hernia in hypogastric region.
95	42 M.	1		Irregular.	Profuse	Cervicitis and vaginitis.	Hymen easily distended.			Mania (Chr)	Aggravation at menses very marked. Says she is "God's wife" and "Raphael's consort."
96	23 S.	0		Regular.	Profuse	Slight erosion.	Perineum ruptured.		Yes.	Mania (Rec.)	More hysterical at menses.
97	37 M.	1		Regular.		Retroversion. Cavity 2½ inches.	Very small.			Melan. (Chr)	
98	47 S.	0		Climacteric passed.		Atrophy.	Hymen intact.			Imbecility.	
99	62 S.	0		Climacteric passed.	Profuse and offensive.	Small, pointed cervix.	Normal.			Demen(Ter)	
100	51 M.	5		Climacteric passed.		Uterus high in pelvis.					