

natural and that some Devil had certainly bewitched her: and in that condition she now remained."

Again unconscious evidence is given to the hysterical nature of the symptoms in a woman named Whetford, who having testified in the trial of Bridget Bishop and been threatened by Bishop was, as was said, pulled out of bed in the night by apparitions and carried to the sea to be drowned: "but she calling upon God, they left her, though not without expressions of their Fury. From that very time," says Mather, "this poor Whetford was utterly spoilt and grew a Tempted, Froward, Crazy sort of a Woman: a vexation to herself and all about her; and many ways unreasonable."

Religion is a domain in which Hysteria has made havoc. Some of the devotees of Islamism and Brahminism are notable instances in point. The whirling dervishes and the fakirs of the East need only to be mentioned. The latter are to be seen at this day in India with their arms fixed in rigid attitudes, their nails grown till they have transfixed the palms of their hands. Others we are told, tie hands and feet together and thus roll end over end for thousands of miles. Nor has Christianity been exempt from similar scenes. The lives of the mediæval saints are full of instances. St. Anthony's conflicts, for example, with demons who in the guise of voluptuous women continually beset him, have been a favorite subject for the artist's brush. Indeed, the monastic life in all religions, with its contempt for physical needs, its prolonged vigils, its introspection and its atmosphere of mysticism, has been especially favorable to the development of hysteria; but we cannot congratulate ourselves that the religion of the present day is exempt from it. The scenes in some so-called revivalistic gatherings of the South and West, which have been well described for medical readers by Dr. D. W. Yandell and others, illustrate a marked form of convulsive hysteria, in which hundreds of the so-called "jerkers," influenced by pseudo-religious frenzy and the contagion of one another's example, went through all sorts of gyrations, dashing to the ground, writhing and bounding from place to place. Can we truly say that some exhibitions a good deal nearer home, given by the Salvation Army and under other auspices, have been altogether free of the same mental states, even if the physical contortions have been somewhat less marked? The hysterical mind, if it be turned toward religion, finds the "patient continuance in well-doing" a tame affair compared with the exhilaration obtained, according to the ecclesiastical affiliation of the individual, either by revivalistic excitements, mystical musings or ritualistic rhapsodies. And this is said without any wish to condemn the temperate employment of any of these aids to religious life.

Practical reforms and charities are hampered by the hysterical or emotional spirit in their supporters. It is admitted by all thoughtful persons that the charity which is most permanently beneficial, is not that which bestows outright upon its recipients but which puts it within the power of the poor and unfortunate to secure what they need for themselves by their own effort. While outright gifts of money and supplies doubtless require at times to be given and should not then be withheld, they should be looked upon as opiates in neuralgia, as palliatives merely, useful in their place and for a short time, but liable to be called for again and again, and able to cause great mischief if used too much. The hysterical mind, with a weak good-nature,

is unwisely altruistic. It gives to the street-beggar without taking the trouble to investigate his deserts. It is constantly getting up new societies, if not for the sending of top-boots to the cannibals, for almost equally quixotic and emotional objects. It delights in agencies and organizations which publish affecting reports, but it is not apt to be the almoner of its own charity, and it forgets that the personal contact of giver with receiver is the best channel for the transmission of good deeds. The filaments which should transmit helpfulness from man to man cannot be twisted together in the person of any society "agent."

Entrenched abuses are not permanently swept away by hysterical reformers. An enthusiast may do a great work, but his enthusiasm must be well ballasted by common sense if it is to override all obstacles and lead to permanent results. The women of Ohio can never overcome the curse of intemperance by raiding saloons and smashing whiskey-barrels. The work of the emancipation of the slave was far surer and safer in the hands of Abraham Lincoln than it ever could have been in those of John Brown, of Ossawatimie.

Did time permit, we might, I think, find in art, in politics, and in other departments of human progress, further evidence, which indeed will suggest itself to your own minds, of the unfortunate influence produced by the hysterical or emotional element in human nature, if unchastened by self-restraint and common sense.

If, then, these suggestions be true, it is incumbent upon us, as members of a conservative profession, which has to contend with just these disordered habits in the individual, in behalf of his mental and physical health, to carry this same attitude into our relations with social life. In the body politic, as well as in the body corporeal, we shall strive for purpose as against caprice, for control as against license, for order as against anarchy.

## Original Articles.

### THE CARE OF THE INSANE IN LOCAL INSTITUTIONS.<sup>1</sup>

BY ALBERT R. MOULTON, M.D., OF BOSTON.

THE term insanity has included a great variety of abnormalities in different ages, and with the increasing light of scientific research will probably be made to embrace many forms of disease not so classified at present. As the terms morality, virtue, crime and luxury convey a dissimilar meaning to the people of different localities and countries, and to the same people at different periods, so the term insanity in its common acceptation depends upon the age and the people.

Without attempting to define the term, the condition referred to in this paper as Insanity is that in which the individual at the time is not considered responsible for his acts, and in which his liberty may be interfered with; or which to the popular mind comprises insanity.

Tradition, superstition, fanaticism and custom cling with almost unrelenting tenacity, influence our lives, and their effects disappear, if ever, after many fluctuations, by being overwhelmed with truth and reason.

<sup>1</sup> Read before the Massachusetts Medical Society, June 10, 1890, and recommended for publication by the Society.

When certain improper conditions in any branch will be replaced by rational methods depends upon the time when the subject is approached in a broad and scientific manner, born of intelligent experience.

The early settlers of this country copied many of the usages of the old country, not neglecting religious intolerance even, and the mistakes which were made on the British Isles and elsewhere across the water were repeated here, almost as a matter of necessity. The methods of dealing with the insane which our forefathers borrowed, and which they applied according to their light, as has every succeeding person, were crude, not to say cruel; for the reforms of Pinel and Connolly, who viewed the conditions with the eyes of professional experience as well as philanthropy, had not permeated the masses, and never during the time of those reformers was there asylum room for all the insane of their communities, most of whom were dealt with by laymen; therefore it was not the example of such physicians that our ancestors followed, but that which for long centuries had been set by incompetent and mistaken men, which, if ever studied a moment, was supposed to be rational and proper, and which is still influencing a large number of citizens in the treatment of many insane men and women. When this subject is studied, it is apparent that two methods of dealing with the insane have long been in vogue: by one they are treated as sick people, by the other as criminals or paupers; in one instance they are placed under the fostering care of the State, in the other their management is often sought by those inheriting the penurious and selfish methods of local politicians, or they fall into the care of well-meaning but incompetent persons. The results have been the same in all time, as I shall endeavor to show.

Take, in his "Insanity in Ancient and Modern Life," shows how it is probable that causes were in operation to occasion mental disease in pre-historic times; and if existing and recognized it must have had some sort of attention bestowed upon it, as was the case later. To that writer, also to Esquirol, Sibbald, Folsom and a few others, are we much indebted for valuable contributions upon the history of the early treatment of the insane; and to the gentlemen mentioned, as well as to Shew and Letchworth, do I make acknowledgment. Forms of insanity are portrayed in the Old Testament, and not infrequently spoken of in the New. David feigned insanity and betook himself to a cave. Jesus caused the unclean spirit to depart from a man who had been possessed, and who had spent days and nights in the mountains and tombs, crying and cutting himself with stones. He had often been bound with fetters and chains, which he always broke. It can reasonably be inferred that insanity was not considered really a *disease*, for Christ gave his disciples power against unclean spirits, *and* to heal all manner of disease. Probably the Greeks and Romans treated some of the insane in rooms adjoining their temples. Homer makes a single reference to the subject of insanity; and the dramatic writers of that time admirably described the disease. Euripides portrayed the insanity of Orestes, caused by having murdered his mother. He suffered from melancholia, followed by mania during which he had hallucinations of sight and hearing. When he fell exhausted, the herdsmen tried to stone him, and he was protected by a friend. The Athenians who lived as early as the fifth century before

Christ treated the insane with intelligence. A father suffering from insomnia and with increasing delusions of grandeur was the source of much anxiety to his son, who, after using moral suasion, which failed, had the patient bathed and purged. Fearing that he would escape, he was kept locked in his room under the care of a servant.

Among the stories told by Athenaeus is one of a young man who had delusions of wealth; he was not a general parotic though, for under the care of a physician he recovered. Hippocrates regarded mental derangement somewhat in the nature of bodily disease, and Sibbald shows that the most cultivated intellects of Athens concurred with him.

The priests, among the ancient Egyptians, treated the insane by what we now term "moral" means; useful occupation and pleasant diversion, while the ceremonies attending the treatment of the insane at Gheel during its early days were as impressive upon the patients as those indulged in by Christian Scientists, Mind Curers and other quacks of the present day.

We are informed by Dr. Cowles, in his chapter upon Hospitals in "The Reference Hand Book of Medical Science," that "the first hospital for the insane on record was founded A. D. 491, at Jerusalem, and such asylums were established by the Saracens at a later period." During the dark and troublesome Middle Ages the insane suffered much; the intelligent and humane treatment which had been taught and practised "by the learned priests of Egypt, and later by the great philosophers and physicians of Greece," was lost sight of, and the insane came to be regarded as criminals and outcasts, and were treated accordingly, or if accused of being bewitched were burned at the stake. How many actually insane suffered such tortures will never be known. Says one historian, "it has been estimated that in Europe during the fifteenth and seventeenth centuries more than one hundred thousand persons were convicted of witchcraft and were burned, drowned or hanged. "In England," says Sibbald, "during the first eighty years of the seventeenth century, the number executed has been estimated at five hundred annually, making a frightful total of forty thousand. According to the proportions which are furnished by the statistics of insanity at the present day, a population such as that of England in the seventeenth century would have furnished about two thousand persons annually who would, according to our present views, have been placed in asylums"; and he makes the deduction that a proportion of nearly one out of every four persons who would now be sent to an asylum were burned as witches. During the epidemics which culminated in Essex County in 1692 (which never made any headway in the Plymouth Colony), but twenty-five persons were executed. None were burned in America because of this delusion.

Whipping-posts were common in England in the reign of Henry VIII, and Tuke refers to the fact that wandering lunatics were whipped. He has "no doubt" that "in addition to branks [gags] and whipping-posts, the pillory and stocks, and probably the ducking stool, were made use of for unruly and crazy people who nowadays would be comfortably located in an asylum."

Asylums were established in England, Spain and elsewhere, which were under the charge of monks, or were in reality prisons, subject to no supervision,

where the treatment was naturally barbarous and inhuman. It was generally imagined that the insane were possessed by demons, and dungeons were provided; unnecessary restraint was used, and the unfortunate inmates were subjected to all manner of abuse; they were looked upon as little superior to beasts, and were often treated worse than criminals at the beginning of the nineteenth century. Pinel, the alienist, after being long resisted by the Commune, finally got permission in 1792 to try his experiment, and he loosened the chains and bonds from numerous ill-fated inmates. William Tuke, in 1796, at the York Retreat, then just opened, renounced the use of chains and manacles in the treatment of the insane.

Connolly, in 1839, followed his example, introduced the system which spread over England and Scotland, at a time when Woodward was performing equally as good work in Massachusetts. Letchworth, in his recent work, "The Insane in Foreign Countries," after specifying certain barbarous methods of restraint in use at Bethlem, remarks, "That cruelty of the kind described should have been possible as recent as the year 1815, twenty-five years after Pinel's great reform in France, and after Tuke's introduction of humane principles at the York Retreat, is almost beyond belief." Such a state is fully accounted for by the fact that, at the time spoken of, Bethlem was nothing more than a prison-hospital, having no resident physician, where governmental supervision had been successfully resisted by the local management, and which was not effected until 1853, when the old *régime* was swept away and a new order of things introduced, which has made it one of the best hospitals in the world, directed by resident physicians and periodically inspected by public officials, (other than its board of managers,) as should be every place where the insane are kept. It will be shown that improvement and reform have been as slow of adoption in this country at a more recent date, as was the case in England at the time spoken of, and that the insane receive a full measure of justice only when treated by those who make their disease a study.

As the Biblical idea regarding insanity obtained for many centuries, so other false notions continued beside those of custody. Dr. Rush, in 1783, deemed it advisable "when visiting an insane person to first look him out of countenance," a procedure which some, unacquainted with insanity, still imagine necessary to attempt.

It was generally supposed there was an exacerbation of excitement at the full of the moon, an idea of great antiquity, and one which has such a hold that it effects even the titles of hospitals and makes standard a legal appellation.

That insanity can be diagnosticated by some appearance of the eyes of the patient (what I know not) is still a common belief.

Thus I have referred to a few of the circumstances, customs and traditions which greatly influenced our ancestors in dealing with this subject, and they should be kept in mind when attempting to give a reason for the methods and theories long ago adopted, very many of which are still entertained by individuals who have not had an opportunity of correcting them, or upon whom superstition, credulity and love for the marvelous have a strong hold.

It is the theory of the layman which the layman adopts, especially so in a land with few papers and poor

communication; hence in the early history of this country the insane were naturally treated as criminals and outcasts. Only the demonstrative forms of the affection were recognized (not generally as disease), and those suffering from it were consigned to almshouses and locked up in jails, where they were long forgotten, while the quiet and demented wandered about the country. Understanding these natural circumstances and their causes, one is not surprised at the conditions, for the *people* knew no better method, but can feel nothing save admiration for those who recognized the mistakes that had been made, and through whose efforts reformation was begun.

In Massachusetts, to Horace Mann more credit is due than to any other person for arousing public sentiment which demanded humane treatment of the insane. Largely through his efforts the first State hospital was established (opened in 1833) of which he became a trustee. It was intended to have the Commonwealth assume the whole care of the indigent insane, and to the hospital were sent insane from almshouses and prisons in such numbers that within a year the institution was overflowing, and to make room for more curable cases, patients who had enjoyed the benefits of the hospital unrestricted were returned to their old filthy quarters where manacles and chains were resumed, a most emphatic illustration of the two methods under comparison.

In 1843, ten years after the opening of the Massachusetts State Hospital, Miss Dix memorialized the legislature in a document of thirty-two printed pages, that the institution be enlarged. The fact that the barbarities to which the insane had long been subjected had been condemned by governors, commissioners and others, and that a hospital had for a decade been under the care of the most distinguished specialist in America, was not sufficient to prevent methods discreditable to any community. Miss Dix found patients in "cages, closets, cellars, stables and pens;" many were chained, naked, beaten with rods and lashed into obedience. She named forty towns, often with much detail, where such cruelties existed.

To one who has recently gone over the ground covered by that noble woman forty-seven years ago, her record is most suggestive, not an inconsiderable part of which can be duplicated. She spoke often of cages and shackles, but had more to say about the improper mingling of the sexes, untidiness, etc. There has been great improvement in our hospitals since the time spoken of, every one of which could properly adopt the motto, "Not how cheaply, but how well can I do my work," and the insane in almshouses are better cared for, yet the difference between the two forms of care is, I believe, as great now as it was fifty years ago. The state of the latter institutions is no new condition, and it will continue in some degree as long as the present methods obtain.

The memorial spoken of caused an investigation to be made by a legislative committee, which recorded its testimony against practices of which every unprejudiced individual is a foe.

At about the same time a committee, of which Dr. S. G. Howe was chairman, studied the condition and methods of the care of the insane, and in its report specified with minuteness cases of neglect, showed how the insane degenerate when placed in almshouses, and, after reviewing the whole field, recommended that the State take charge of them.

Again, in 1863, when one would suppose sufficient time had elapsed to remedy all these evils, another commission carefully studied the subject of insanity and the disposition of the insane. So comprehensive is that report that I should like to embody it in this paper; I will, however, make only a limited quotation: "Your commissioners entered on their duties with the impression that the noble institution established by the State had removed all the principal causes of complaint. They knew that in former times men had been shut up in cages and treated almost like wild beasts, but they were unprepared to find instances of such unnecessary cruelty in the State of Massachusetts at the present time. . . . The overseers of the poor can confine any pauper as a lunatic without the intervention of a judge and without the certificate of a physician, and when confined it is the duty of no one who is not interested in reducing the expenses of the town to visit the lunatic and see that he is properly cared for. The manner in which maniacs are confined in some of our towns requires immediate legislative interference."

Under the direction of the State Board of Lunacy and Charity, the writer has recently visited, or caused to be visited all of the almshouses in this state where there are insane. In many the sexes are not properly separated, they are often untidy, and the patients are subjected to a great amount of unnecessary restraint. Some female patients are under the care of men, and in only a few instances do the insane receive care which approaches that bestowed upon a similar class at the State hospitals, the question usually being one of custody alone.

But in justice to Massachusetts I turn to other states, for evidence is universal that under the supervision of the Commonwealth the insane receive better care and in the end are more economically provided for (because more recoveries result) than is the case when placed under non-professional supervision.

After procuring the enlargement of the Worcester Hospital, Miss Dix got the Providence Hospital reconstructed, and then began the work of founding out-right state asylums, starting with New Jersey and Pennsylvania, and year by year carrying bills through the legislatures of twenty states. Did time permit it would be interesting, because the lesson is a vital one, to follow her steps and study the testimony of those who went after her; but only a few instances will be taken up in some of the representative states. They all point to the same conclusions.

New Hampshire has ten county asylums and almshouses, at which most of the town and county pauper insane are cared for. They are simply places of detention, and the treatment of the insane has been of a low order. They have recently come under the care of the new Lunacy Commission, which has removed a considerable number of patients to the State Asylum.

The Board of Public Charities of Pennsylvania said to its Legislature in 1873, regarding the insane in prisons and almshouses: "The shocking and sickening revelations so graphically set forth by Miss Dix in 1845 were not yet obsolete," and suggestively remarked "some improvement had been made in some of the places." Again, in 1885, the Committee on Lunacy of the Pennsylvania Board of Public Charities reported various cases of abuse and other improper treatment of insane found in various localities, and

they characterized the county poor-houses as "seldom what they should be," "where proper requirements seemed onerous and exacting to the authorities, who are often the faithful representatives of a parsimonious public."

I am informed by an official of the State of Connecticut that throughout that Commonwealth there are many wretched almshouses where demented, harmless people are kept, some of whom "are greatly neglected and without medical care for their special ailment, and under no sort of systematic observation by a physician."

Michigan struggled long with this question, and "a year ago county care became a thing of the past. It continued during its entire existence to be a reproach to the county."

The new Lunacy Commissioners of New York have investigated the local asylums in that State. In their report, after reviewing the history of their asylums from the time that Governor Throop, in 1830, called attention to "the privation and neglect to which the insane were subjected in the county poor-houses," the interesting story is related of how the insane are likely to be circumstanced in such institutions. Without going into particulars as to the non-separation of the sexes, lack of proper medical care, the abuse, exposure and filth, it is enough to say that the recommendations have been adopted, and the insane now in county asylums are to be provided for in State hospitals.

A report comes through the daily papers from an almshouse in Maine, where an insane man escaped from his cage and carried out an often-repeated threat by setting fire to the detached building in which he and a bed-ridden woman lived, watching with pleasure the flames as they consumed his companion.

Fortunately we seldom see such an example of what non-medical management of the insane as a business may be, and to what it is likely to lead, as that exhibited at Longe Pointe, near Quebec. An asylum barely large enough for one thousand, is said to have been packed with seventeen hundred and thirty inmates, the basement and attic in constant use for patients, the latter place in July and August as hot as the infernal region. I am informed that the government of Quebec paid to the owners (of course not physicians) one hundred dollars a year for the care of each pauper patient. Since the contract with the government in 1873, they have made, so the papers report, nearly three quarters of a million at one hundred dollars per patient!! Can we wonder that there was want of fire protection, that there was wholesale restraint (to save bedding and clothing), confinement of patients in bare kennels in which were neither light nor air? Dr. D. Hack Tuke, the well-known alienist and author of London, inspected that place in 1884, and made a report of severe but just criticism. He characterized some portions of the buildings as chambers of horror, and said he should regard the Angel of Death as the most merciful visitant those wretched beings could possibly welcome. It is to be hoped, that if the asylum is rebuilt, the contract system will be abandoned, the direction of affairs entrusted to a competent medical superintendent, and the whole placed under the supervision of a board of charity.

With our hospitals and asylums all overflowing, hundreds of insane in almshouses, many of whom are poorly cared for, and cases accumulating at the rate of

about two hundred a year, the question for solution is one which interests general practitioners and specialists alike. Many of our almshouses, besides being put to their legitimate use (which is an honorable one) have, to use the language of another, "become receptacles to which may be assigned everything in the line of vice, crime and misfortune that has no other resting place": they are patronized by people too lazy to work; the designing attempt, and often succeed, to make them refuges; some are workhouses, in name, most of the smaller ones lodge tramps, while at some truant schools are maintained.

With such a mixed population it is not to be expected (it is surely not the case) that the mentally sick can receive proper attention, where the amount of help is the lowest that can be endured, where the persons employed are usually inexperienced, seldom knowing anything about the care of the sick and not infrequently being unsettled and incompetent.

We do not hear it claimed that almshouse wardens can treat pneumonia, asthma or albuminuria, and I am unwilling to relinquish the belief that insanity of long standing is no less a disease, from which a goodly number will recover if unremittingly treated, and that its treatment should not be left to the ignorance of persons who may be well-fitted for other vocations.

Most of the insane who are a public charge are so not because they are primarily paupers, but they become impoverished in consequence of the disease, and in losing the power to support themselves, their families often become more or less dependent; hence it is not too much to maintain that this unfortunate class has a claim upon the Commonwealth out of all proportions to that of the ordinary pauper, who is often such by choice or vice.

With this fragmentary retrospect, in which not a tithe of the evidence at hand has been used, I trust I am warranted in presenting the following propositions:

- (1) There has been great improvement in the care of the insane in this country, both in almshouses and hospitals since the establishment of the latter.
- (2) The same degree of difference between almshouse and hospital care has continued.
- (3) The best method to follow is that in which the State assumes the whole care and expense of the entire number of indigent insane.

#### A CASE OF VAGINAL HYSTERECTOMY.

BY F. H. DAVENPORT, M.D.  
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Mrs. L. was first seen by me, in consultation with Dr. Hodgdon of Dedham, on October 22, 1888. She was forty-three years of age, had been married twenty-one years, and was the mother of ten children. She had also had three miscarriages, the last four years before, from which event she dated her present trouble.

Her symptoms had been a constant vaginal discharge, profuse enough the last four years to require the use of a napkin, since April becoming offensive and bloody. Her menstruation began at seventeen, and was always irregular, occurring since her marriage every three weeks, lasting a week, and using from twenty to twenty-five napkins. For the last four years,

flowing has been irregular, since July constant, so that she cannot tell when the regular menstruation should occur. During this time she has used from two to three napkins a day. She complains of constant pain in the sacrum, worse when on her feet, also bearing-down pain. She has had symptoms of cystitis for two years. She says that three years ago an "abscess in the uterus" was incised, and that two years ago a polypus was removed by a physician in New Bedford. Her general health has suffered greatly from the constant drain, and she has been obliged to give up her work, which is that of a nurse.

She was advised to enter the Free Hospital for Women, which she did a week later. Examination showed a large, soft uterus, cavity three and a half inches, bleeding freely on introduction of probe, cervix bi-laterally lacerated. Under ether the canal was stretched and the interior of the uterus curetted. One or two teaspoonfuls of soft, shreddy tissue was removed, which was sent to Dr. W. F. Whitney for examination. His report was that there was no evidence of malignancy in the specimen sent. The patient was therefore advised to return home and await results.

She re-entered April 27, 1889, with a history of increased pain and flowing. She used from three to twenty napkins every day, and was so weak that she had to keep her bed most of the time. The foul-smelling discharge had returned.

May 4th, I performed hysterectomy, assisted by Dr. H. C. Baldwin. The anterior cul-de-sac was first opened with scissors, the bladder was then dissected off from the uterus with the fingers, and the peritoneal cavity opened from one broad ligament to the other. The same was done in the posterior cul-de-sac. The left broad ligament was then grasped with the thumb and fore-finger, and a pair of strong clamp forceps applied, including about half the breadth of the ligament. The tissues between the clamp and the uterus were then divided with scissors. A second clamp was then so placed as to include the upper part of the ligament, and the tissues here were also divided with the scissors. The same was done on the other side, and the uterus was easily drawn down and out. The right ovary and tube appearing with the uterus, they were clamped and removed; the left not appearing, was allowed to remain. There was comparatively little hemorrhage. The handles of the forceps were securely tied to prevent slipping, and a moderate amount of iodoform gauze was packed into the vagina and around the handles.

The patient made a good recovery from the operation, the temperature reaching 102° once only, on the second day. The clamps were removed at the end of forty-eight hours. On the thirteenth day after operation there was severe pain, and two dark gray, foul-smelling masses were passed from the vagina. These were presumably the sloughs from the tissue compressed by the forceps.

She left the hospital in good condition June 28th, the vaginal wound being entirely healed. Dr. Whitney gave the following report of the condition of the uterus:

"The whole cavity measures eight centimetres (the body five, and the cervix three). The walls, at the fundus, are three centimetres thick. There seems to be a general increase of fibrous tissue in the walls, especially in the cervical region. The external os presents numerous slight superficial erosions.

<sup>1</sup> Read before the Obstetrical Society of Boston, May 10, 1890.