IN our insane asylums throughout the country there are probably more women suffering from uterine disorders than from any other five or six diseases combined. There are female inmates in our asylums who might have been saved from such a fate had their real trouble only been appreciated in time. The female generative system is now recognized by scientists as the centre around which everything else revolves in a woman's constitution. The whole nervous system seems to be in direct sympathy with these parts, so that a number of diseases may possibly be simulated by what is termed "reflex action," when in reality the only disease present is found in the womb itself, or the ovaries. A patient may have dysmenorrhæa or painful menstruation; amenorrhæa or scanty menstruation; menorrhagia or profuse menstruation, caused by some uterine growth, perhaps. The uterus may be flexed or distorted anteriorly or posteriorly, thus rendering the uterine canal flexed instead of its being comparatively straight. Then, again, the mouth of the uterus may be torn by childbirth, if the patient be married. Finally, we may find her with enlarged ovaries, or ovaries which have undergone cystic degeneration. These are a few of the diseases, any one of which can produce such "reflex" symptoms or "phenomena" as "melancholia," "hysteria," "convulsions" and "cephalalgia," or continued pains in the head. Any of them, if allowed to go without proper treatment, may sooner or later develop into insanity. These diseases are curable if properly treated. For the anteflexed uterus we can perform Dr. Marion Sims' operation of
straightening the canal; for the lacerated cervix we have Dr. Emmet's able operation; and for the diseased ovary Dr. Robt. Battey, of Rome, Ga., has given us the remedy, that of removal of one or both of the offending organs. Heroic and terrible as this last operation may seem to you, it is, nevertheless, of great service to some poor suffering women.

There is no doubt whatever, in my mind, that a great deal of insanity in women could be prevented if a proper examination of the pelvic organs was made by a competent gynaecologist before the patient is committed to an asylum. If uterine or ovarian disease is found to exist, she should be sent to a hospital where she would receive the proper treatment by a competent gynaecologist. Graily Hewitt, of London, says that “there appears to be very good ground for the belief that some few of the cases of ‘mental’ diseases long regarded as calling only the attention of the alienist physician, are really insanities produced by diseases of the generative organs, susceptible of treatment and relief at the hands of the gynaecologist.”

The late Dr. Peaslee said he had met with several cases in insane asylums where the cause of insanity proved to be curable uterine or ovarian disease. There should be some provision made by which our general hospitals could have a ward to which a patient supposed to be insane could first be sent, for a thorough physical examination. If uterine or ovarian disease is found to exist, she should remain and submit to proper treatment. Should this fail she could afterwards be sent to an asylum.

I understand that one of Brooklyn's wealthy citizens has recently founded an Infirmary for the treatment of women with uterine disease. I refer to Mrs. Manning, who was at one time a State visitor to a lunatic hospital, and learning that there were many insane patients therein suffering from uterine diseases, she determined to establish an Infirmary in Brooklyn where such sufferers might be scientifically treated, without charge, and thus save the alternative of removal to an insane asylum.

A few clinical reports of cases will suffice to show the importance of an exact diagnosis before committing a patient to an insane asylum.
A young couple were married and went on their bridal tour. In a week or ten days the bride became morose and peevish, and it was discovered that she was insane, when she was brought to New York, to consult Dr. Hammond, who said her insanity was of uterine origin. He called my father to see the case. He could learn nothing from her, as she was in such an excited state; but with the cooperation of her mother, they succeeded in getting a history of her uterine trouble, which had been of long standing. In a month she was much improved, and in two months the local disease was cured, and she was as gay and happy as before. Who can doubt but that it was better for the patient to be treated thus than to have been sent to an asylum?

A beautiful young girl was married, and in two weeks she manifested symptoms of insanity, and was sent home for treatment. I saw her with her physician. She had always had severe dysmenorrhea, and an examination showed anteflexion to an extreme degree. The neck of the uterus was incised antero-posteriorly.

After this she menstruated naturally, and her insanity was cured by the curing of her dysmenorrhea, and she has remained well ever since.

A talented young girl, aged 18, of highly excitable nervous temperament, subject to hysterical attacks with mental disturbance, consulted physicians who treated her for some time without benefit, and then advised her parents to send her to an asylum, thinking its seclusion and separation from family influence would be favorable for recovery. As she was not insane, her confinement in an insane asylum made her almost mad. Fortunately she was removed before her disorder culminated in complete insanity. A short while after this my father and myself saw her, and we could easily trace her nervous and mental disturbance to dysmenorrhea from acute anteflexion. The cervix was incised, as in the preceding case, and soon this long suffering young lady was restored to health, happiness and usefulness. This shows the importance of investigating the condition of the pelvic organs in all women threatened with insanity. I have seen many such. Had I time I could detail cases of mental disease dependent on
ovarian troubles, that were cured by Battey's operation, and that would have remained uncured if they had been sent to an asylum and not so treated.

I cannot refrain from mentioning the case of the lamented Horace Greeley. Medical men must learn the great difference between insanity and the delirium of acute disease. Here was a man affected with acute meningitis (or cerebro-spinal meningitis), and because he had delirium and was unmanageable he was, on the certificate of two physicians, sent to an insane asylum, where he died in a few days. We are not at war with the men, but with the system that permits such an abuse. There is just as much reason for sending a case of typhoid fever, with delirium, to an asylum, as there was in committing Horace Greeley to one in his last illness.
THE INCREASE OF INSANITY IN THE UNITED STATES.

Since the publication of the tenth census renewed attention has been called to the subject of the alleged disproportionate increase of insanity in this country.

The census estimates make the total number of insane 91,997 in 1880, against 37,432 in 1870. This gives a ratio of one insane person to every 543 of the population, or 1834 per million, and is an apparent increase of over 100 per cent.

Although the census estimates of 1870 were at least 60 or 70 per cent too small, there can be no doubt of the fact that the aggregate number of the insane is much greater now, proportionately, than it was in 1870. The question whether the ratio of new cases every year is gradually increasing, is much less easily answered. From a study of the statistics of insanity in New York State, a writer in the American Journal of Insanity infers that this ratio was smaller in 1882 than in 1881. The statistics of the Police Courts of New York City show that the number of insane persons committed yearly since 1875 has remained about the same, varying between 605 and 683, to 603 in 1882.

In the absence of positive figures we are inclined to believe, from etiological considerations, that the yearly ratio of new insane cases is increasing each year more than that of the population. At least this is probably the case in those numerous States where the causes of insanity are more actively at work.
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But, however this may be, the fact that there is a continual and rapid increase in the aggregate of the insane is acknowledged, and the social, medical and economic questions which this fact involves demand earnest attention. 

C. L. D.