

so much harm as she had imagined, but all these confessions were wrung from her, and I believe she was in no way better. She was, as she had been before, occupied and industrious. She was now seen by Dr. Radcliffe Crocker, of University College Hospital, who decided on the possibility of removing the hairs from the chin and destroying the bulbs by galvano-puncture. The patient appeared pleased at the idea, and she was sent twice weekly for several months to Dr. Radcliffe Crocker, who with the utmost care and perseverance removed the hairs, one by one, introducing a needle cautery into each follicle, once or more frequently. At each sitting from 10 to 40 hairs were removed, the patient submitting most stoically.

With the treatment little change appeared at first, but as the offending hairs became reduced in number, and did not reappear, she steadily improved, and after 900 hairs had been removed and destroyed and the chin left with only a slight, smooth scar-like aspect, she was sent home on trial, on December 23, for one week; and from time to time further trials were made, till in February she went for a month, and in March she was discharged recovered, now thinking life was worth living, and that home was happy and desirable. She had lost all morbid self-consciousness and all self-accusing thoughts.

There remains little more to be said about the case, and it will stand or fall by itself. We all know that cures occur as coincidences of treatment, and that there are very few perfectly trustworthy experiments possible in so unstable surroundings as are provided by the human body.

In this case some may say time was the chief element in the cure, others that the attempted escape acted as a stimulant, others, more reasonably, to my thinking, that hope of relief from the chronic cause of worry was established, and that the hope, not the depilation, was the efficient cause.

Anyway, the patient recovered, and the case is sufficiently interesting to suggest similar trials in future.

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*Case of Ovariectomy in an Insane Patient.* By R. PERCY SMITH, M.D., Assistant Medical Officer to Bethlem Royal Hospital.

Annie S. R., aged 33, single, engaged in domestic duties at home, was admitted into Bethlem Hospital on September 8th last.

There was no family history of insanity, but one brother had died of phthisis.

The patient had always had somewhat delicate health, and had scarlet fever some years ago. Beyond this there was no history of any definite illness, and she had never before been insane. Recently

she had been noticed by her friends to be getting stout about the abdomen. Menstruation had always been somewhat irregular and scanty. For about two years she had been getting increasingly deaf.

The attack of insanity dated from about six months before admission, and began by her making remarks about passers-by, and imagining that when they scratched their faces, lifted their hats, or blew their noses, that those actions were directed to her. These ideas gradually grew, so that she began to think she was a person of importance, and that everybody was taking notice of her. Eventually she thought herself a princess, and said that she was not the child of her supposed mother. She then became troublesome, struck her mother, and threatened to drown herself. She also thought that some person had injured her ears by placing a telephone in them.

On admission she was in good general health, but was found to have an ovarian tumour reaching up to the umbilicus. She was restless and untidy, constantly looking out of window as if expecting some one to visit her. She answered questions in a guarded manner, and with some condescension. She stated that she was the daughter of the King of the Netherlands, and thought she was being brought to Buckingham Palace. She realised, however, where she had been brought, and seemed annoyed at it. She thought that the Marquis of Hartington took a great interest in her, and wanted to marry her. She was troublesome at bed time, and had to be undressed, and also had to be dressed the next morning. The same ideas and conduct persisted after her admission, and she further would not believe that any of the medical officers were such, but mistook them for dukes and princes. In addition she constantly complained of the smell of dead bodies in her room at night, and said that people were buried underneath a stone in the floor. She also complained of telephones in her ears, and was somewhat deaf from chronic thickening of the membrana tympani in each ear. In December the tumour had increased to a considerable extent, reaching above the umbilicus, and causing her a good deal of discomfort, and she began to look pale and haggard.

It was decided to perform ovariectomy for two reasons, first, because the presence of the tumour began to be a source of serious discomfort, and seemed to be interfering with her general health; and secondly because it was thought that the ovarian disease might be possibly a cause of her insanity, and that its removal might be curative of the latter condition. The operation was performed in this hospital by Mr. Pitts, assistant-surgeon to St. Thomas's Hospital, under strict antiseptic precautions; and with regard to the details of the operation, one need only remark that there was no hitch of any sort; the adhesions were few and unimportant. The tumour consisted mainly of one large cyst, with a considerable amount of solid material in the pelvis, and sprang

from the left ovary. The right ovary was normal in size and appearance, but somewhat hard. The question of its removal was discussed, but it was decided not to increase the risks of the operation in any way, and so it was left *in situ*.

Six hours after the operation she was restless and talkative. She felt that her abdomen was flatter than it had been, but did not believe any tumour had been removed. She further said that none of us were surgeons, and that we ought not to have done any operation. She seemed to be wonderfully little affected by the operation, and subsequently had no vomiting and very little pain. Beyond a rise to 101° in the afternoon of the next day, the temperature remained normal throughout. The principal thing that had to be combated was her great restlessness and attempting to get out of bed if left for a moment, but she was kept quiet by morphia. She soon became hungry; and was very early able to take food. She still talked about telephones and the Marquis of Hartington. She, however, never complained of bad smells. Fifteen days after the operation she recognised her medical attendants and nurses by their names, said what she had said before was all fancy, and wrote sensibly to her mother. Ten days later she seemed quite rational and happy, and had no hallucinations of smell. The only thing noticeable was that she changed rapidly from one subject to another. It was hoped that the operation had had the desired effect, and that she was on the way to cure.

On January 22nd, however, nearly six weeks after the operation, she became fidgety again, and said that the Marquis had said she was not to wear the belt that had been ordered for her. Subsequently her mental condition became worse, and though now in good general health, she is very deluded; imagines she is the real Princess of Wales, thinks she has seen her mother in the airing court, mistakes one of the clinical assistants for one of the Royal Family of Denmark, and has unpleasant visceral sensations, at one time complaining of wires being put in her throat, and at another of a rat running about in her body. She has also seen snakes crawling about the garden. She, however, makes no complaint of bad smells, and denies any when questioned about the matter. She is restless, and in conversation flies from one point to another incoherently; still, she is much more tractable than on admission, and writes fairly sensible letters to her mother. She has menstruated since the operation.

There appear to be several points of interest about this case:—

1. The duration of the patient's insanity corresponded roughly with the growth of the ovarian tumour. Although there are many cases recorded of the association of irritable

conditions of the ovaries and insanity, I have not been able to find it definitely stated that an ovarian tumour has been related to insanity as a cause. On the contrary, Spitzka states his opinion that even the grossest lesions of the female generative organs are not competent by themselves to produce insanity. The presence of the tumour with insanity in this case may therefore be merely a coincidence.

2. The operation of ovariectomy in a lunatic must always be a matter of interest, because of the difficulty there may be, as in this case, of making the patient understand the nature and severity of the operation, and the need of absolute rest and quiet afterwards. It is worthy of note that she hardly suffered from a constitutional disturbance afterwards, and in three days seemed as if nothing had happened.

3. Shortly after the operation, the patient's mental condition improved to such an extent that it seemed as if she would be restored to mental health. This, I suppose, must be considered in some way parallel to what is frequently seen, viz., the temporary or sometimes complete removal of mental disturbance, concurrently with the establishment of some local inflammation.

4. Although the patient is now apparently hopelessly insane, yet it is worthy of remark that the hallucinations of smell have entirely disappeared. Dr. Savage has frequently pointed out to me the presence of hallucinations of smell in persons whose delusions are mainly sexual, and the fact of their disappearance in this patient after removal of a diseased ovary, though, perhaps, a coincidence, should lead one to watch more closely the association between such hallucinations and sexual disturbance.

I have been unable to find any account of the results of the removal of ovarian tumours in insane patients, and have brought the case before the Association with a view to elicit the experience of other members as to the effect of ovariectomy on the mental condition of patients suffering from these tumours.