which is at the disposal of the medical authorities, either in thorough physical examination, or in post-mortem, that at least some light might be thrown upon the underlying pathological condition. Can any other department of medicine show such negligence? With abundant evidence of the application of the simple principle of surgery to the class of cases, it is criminal to pursue a course of inefficiency and negligence.

Before concluding, I will give a short account of the last cases which have been submitted to operative treatment.

Miss———, aged 27, of excellent heredity—in fact, of an unusually intelligent family—with a personal history of hysterical manifestations, dating from the commencement of menstruation, dysmenorrhoea with an unusual amount of blood loss, was confined to bed for a few days each month. Some five years ago, a gradual change was detected in her disposition during the period previous to menstruation. These periods lengthened, delusions developed, until she was pronounced insane and committed to the provincial hospital, where she remained two years. The insanity was of the sexual type, attributing evil motives to men, and harboring delusions of pregnancy.

Examination showed erosion of the cervical mucous membrane, with the uterus slightly enlarged. I curetted a few fungosities, amputated the cervix, opened the abdomen and resected three-fourths of the right ovary which was cystic. I noticed that the labia majora were hypertrophied and granular in appearance, but not having any history of self abuse I did not interfere.

The after mental condition was a decided improvement, but far from satisfactory. With a fuller personal history my suspicions of self abuse were confirmed, the vice being indulged in nightly.

Six months after the first operation, I removed the labia majora and minora and the mucous membrane of the vestibule to the meatus, including the clitoris; also resected the pudic nerves—or more particularly the external and internal superficial perineal branches, at the posterior part of the vagina along the outer wall of the ischio-rectal fossa directly below the pudic artery. This secondary operation was performed but two months ago. The result has been very satisfactory. She has had a period of two weeks sanity, and each month the condition seemed to improve, but recently she grew worse.

In consideration of these matters we are justified in the following conclusions:

(*a*) That pelvic disease in the insane is not infrequent.

(*b*) That in a certain percentage of cases the removal of the physical disease is followed by the restoration of the mental faculties.