I have selected a few photographs of specimens removed which will be of interest to you. The first (case 21) is from a married woman who passed through a severe attack of sepsis following confinement. From the history given, I have reason to conclude that the gonnococcus was the active agent. She was insane ten years, nine of which were spent in a Canadian asylum. She was considered a hopeless case of melancholia. No pelvic examination had been made previous to, or during her stay in the asylum. I found general pelvic adhesions, retroversion, and an enlarged ovary. Curettage, removal of the appendages, and ventrofixation was followed by recovery.

Case 26, Miss. X. aged 19, marked delusions with suicidal attempts, well defined history of appendicitis and more recent gonorrheal salpingitis. The appendages, matted with inflammatory adhesions, were removed with the indurated appendix. Recovery.

Case 65, Mrs. M., married seven years, no children, pre-menstrual delusions for several months. Myometritis, retroversion, double haematoma of ovaries with dense adhesions. Curettage and removal of diseased structures were followed by mental recovery.

Case 68, Mrs. Z., insane three years. In asylum three years. Deep cervical tear, cystic ovaries. Amputation of cervix, resected right and removed left ovary. Slightly improved, but relapsed and was returned to the asylum.

The post operative treatment in these differed little from that of ordinary cases. Occasionally, a patient requires to be strapped to the bed, but in the vast majority of cases the nurse can control the patient's actions with very little trouble. The nurse should be strong in mind and body, and possess sufficient tact to enable her to cope with, conquer and dispel the slightest indication of the patient's return to former abnormal habits of thought or expression. I consider strong suggestion a valuable adjunct in the treatment of these cases.

It is not necessary to continue the repetition of cases, all of which in themselves being more or less interesting. Let us now endeavor to learn from the work here presented some direct lessons that may assist us, and if possible, to evolve principles that may be applicable in cases that may be presented to us. I have no arbitrary statements to make, only to lay before you the result of a few years work, and some thoughts upon the same, hoping that you will handle me without gloves, for we are anxious only to know the truth, for as expressed by one of your humorists "What is the use of knowing so much, if what you do know is not true?"

The question of relationship, existing between the sexual organs and psychic phenomena, still invites investigation, and yet remains with-