

accumulation of enlarged graafian follicles produces suffering and a train of perplexing nervous symptoms that demand some means of relief. Drugs have no influence in regard to permanent relief, and at best they only allay symptoms. Sedatives, especially opiates, far too frequently add a habit that is more grave than the disease.

Castration has too often been the surgical treatment in the past and certain articles contributed to medical publications by the late talented Lawson Tait are in a great measure to blame for what was once an actual craze. Fortunately in the treatment of it the tide of opinion has turned against the adoption of this mutilative procedure, which is founded on error, highly objectionable on moral grounds and exceedingly disappointing as regards ultimate results. As a Canadian, I will ever remember with pride the stand taken by an honored member of the Canadian Medical Association at the Ninth International Medical Congress, held at Washington, in 1887, when the craze was at its height. During the discussion of the subject, if my memory does not err, Sir William Hingston was the only person who spoke against it in no uncertain terms of condemnation.

Medication being insufficient and castration condemned, how, then, is the patient to obtain relief? It is my belief, based on observation and considerable experience, that in this disease a comparatively simple operation is all that is required, not only to remove the aggravating symptoms, but probably to restore normal ovulation, and not unfrequently prevent the development of those ovarian tumors that originate in the oophoron.

Before a description of the surgical procedure is given, it is probably better to outline the conditions that should exist, in order to make it justifiable beyond a doubt : 1. The pain and general disturbance should be sufficiently severe to render the patient incapable of attending to her ordinary duties, of considerable duration, and not amenable to judicious medical treatment. 2. The surgeon, as a rule, should be able to satisfy himself by examination that the ovaries are somewhat enlarged, more or less rounded in shape, tense and abnormally sensitive. 3. There should be a history of aggravation of the symptoms before or during menstruation, and by anything that tends to excite ovulation.

The operation is quite simple, and requires only a short time for its performance. The ovary is exposed and guarded by a sterile sponge or gauze, then a number of cross-cuts are quickly made through the dense capsule in such a manner as to divide it into small islands not more than a square line in extent. The tension is manifested by the way the first incision gapes. All