

Of the different conditions found I report only such as pathological, that in the opinion of the ablest authorities, are capable of producing in those whose mental powers are intact, local pain, discomfort, or general systematic disturbance. Perineal laceration was present in five cases. cervical laceration in six cases. Retroversion with adhesions in seven and simple retroversion in three cases. Adhesions of the clitoris were noted but once, while salpingitic and ovarian adhesions were found in ten cases. Cystic ovaries varying from slight enlargement to that of a navel orange were found in eight cases, and par-ovarian cyst in one case. Varicocele of the broad ligament plexus was found in four cases, and uterine fungoids in one. By far the greatest number of any class were those of the inflammatory class. Next in order appears cystic disease of the ovaries.

Of the mental results I can report eight cured and two more all but cured, two very much improved, three slightly improved, one improving, in fact well, but too early to report. I have the satisfaction that, so far as I know, none have been rendered any worse by the treatment. Of the results physically all had normal convalescence from the operation but two, one had suppuration of the wound, and one died eleven days after the operation, the post-mortem showing acute cerebral congestion with a slight focus of suppuration at seat of ligature. One case died of basal meningitis nine weeks after the operation wound had healed and nurse discharged at the usual period.

With a gradually increasing knowledge of pelvic pathology, we realize that the sacrifice of normal tissue is by no means necessary. With modern methods resection of cystic ovaries with retention of the healthy part is preferred to the sacrifice of the organ as was formerly practised. It is very rarely that the whole of both ovaries is removed. Nothing is more certain that the removal of a healthy organs contributes in no possible manner to a restoration of the mental health. The pelvis in these cases must be subjected to the same treatment that would be given a patient whose mental condition is not in question. The disease and that only is to occupy the attention of the operator.

The post-operative treatment of these cases differs little from that of ordinary abdominal cases. Occasionally one requires to be bound to the bed, but in the vast majority of cases the nurse can control the patient's actions with but little trouble. The selection of the nurse is a matter of no little importance. She should be strong in mind and body and possess sufficient tact to enable her to cope with, conquer and dispel the slightest indication to former abnormal habits of thought or expression. An additional nurse is required to take alternate duty.

These patients as a rule are anaemic. As soon as the digestive system is in proper condition they are placed upon an easily assimilated ferruginous tonic. Regular evacuations and blood rich in hemoglobin are the best eliminators of ptomaines with which the tissues have been saturated during the years of impaired function and systematic depression.

The old proverb *mens sana in corpore sano*, has long been recognized as standard of normal health. But how close is the relation be-