

off not only the blood supply through the ovarian arteries, but also the nerve supply as well.

My own cases of salpingo-oophorectomy have not been sufficiently numerous to be of much statistical value, but still, as years have passed, I have taken the trouble to find out the conditions of the patients subsequent to operation, and I must say that they are satisfactory.

Even now the subject of electricity in the treatment of this condition is not left alone, so that one may refer to it, and in passing I can say that it is a very tedious process, and in my experience it is of little avail. Of the many cases I treated faithfully by the Apostoli method, there was but one in which a satisfactory result followed, whilst in many others we had at last, after months of tedious treatment, to come to the knife in the end. One such case marked itself indelibly upon my mind.

In 1895, Mrs. H., æt. forty-two, came from a distance. Though naturally strong, she was blanched by repeated hæmorrhages. After patient trial by electricity, I failed to stop the flow.

Removal of the tubes and ovaries caused rapid decrease in the size of the tumor, and restored her to health and strength, so that she has been and now is able to undertake the active duties devolving upon the mother of a large family, not having had any trouble since the operation.

The abdomen should never be opened by a surgeon who is not prepared in every way to go on and do at once without any delay, whatever is best for the patient, and no patient should submit to operation without having full confidence in the skill and judgment of the surgeon. Salpingo-oophorectomy, for the relief of fibroid tumors, has a limited field of usefulness, and it is as much by the selection of the appropriate case to operate upon, as in the operation itself, that the best results are obtained.

The large soft tumors, fibrocystic growths, submucous or subserous tumors with broad base, the tetangiectic varieties, and others of like kind, should be dealt with in other ways, as serious degenerative changes are apt to follow castration.

The interstitial fibro-myomata of medium size, which produce hæmorrhage, but no other serious symptoms, are the ones which should be chosen for treatment by salpingo-oophorectomy, as the danger is reduced to a minimum, and the results are, as a rule, all that one could desire.

I would wish it to be fully understood that I lay great stress upon the necessity of this careful selection of suitable cases for this mode of treatment, being well aware of the opposition to it which is held by