

little enlarged hydatid of Morgagni, do not give rise to symptoms and are to be found, in my belief, in the pelvis of most women, and have been made the scapegoats for many of these operations when the nervous system has been really at fault. I believe that a simple catarrh of the tube takes place periodically once a month in the tube on the side on which the Graafian follicle is about to burst. I have opened a large number of these tubes at the operations of others, and have found on two occasions in the tube on one side, corresponding to the ovary developed for the next menstrual period, a collection of clear tenacious mucus. In these cases the ovaries have been non-adherent, have never been surrounded by any inflammation, and to my mind were perfectly healthy. I have seen these unjustifiable operations done both in Europe and America. Fortunately, as after every new procedure, we are now able to glean what is good and throw away what is bad. It is my intention, by the aid of the

specimens I show you and the cases related, to draw, to my own satisfaction at least, a dividing line between these two sets of cases.

I can prove by this specimen (*Plate I.*) of a fibroid ovary that much change may go on in any ovary and produce no symptoms. The patient came to me for the relief of a hernia and asked me if I could tell her why she was sterile. She had been five years married. It was alone on

that account that I examined her, found this mass, diagnosed a fibroid ovary, and removed it a week ago. We all know that ovarian tumors develop with and without pregnancy without giving rise to any particular train of symptoms. Small ovarian tumors may be painful or give rise to no pain. They may give rise to pelvic inflammation or to no pelvic inflammation. My friend, Dr. McFarlane, had a lady under his care for years, both prior to and subsequently to her marriage. She was about to be confined of her fourth child, and as usual, sent for him. Her health had always been good and her married life happy. After he arrived at the house she suddenly developed symptoms of rupture of the uterus, and was dead in twenty minutes. On *post mortem* examination he found the uterus ruptured. He also found a cystic ovary as large as a goose egg. It was non-adherent. She never had any symptoms to point to its presence.

I will now quote one case from my own experience to prove that a small

ovarian cyst may give rise to very curious symptoms and without having contracted any adhesions. A lady, five years married, had two natural labors; she consulted me about an uncomfortable feeling in the pelvis; she had been treated for flexions, prolapse, etc., since girlhood, at the hands of various physicians; I do not doubt that the tumor was gradually but slowly increasing in size at this

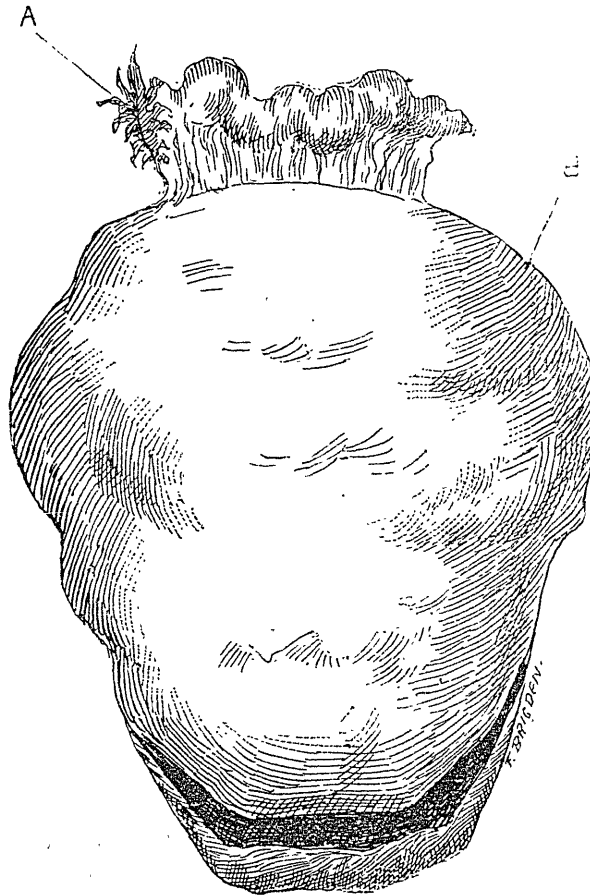


PLATE No. I.

A. Healthy Fallopian tube. B. Fibroid ovary, size of a goose egg.