

symptoms, and in only a moderate degree, under favorable conditions—as, for example, long-continued anxiety or alcoholism—go from bad to worse till they became hystero-epileptics. In cases of this kind, it is supposed that the centre of inhibition has in some way got out of gear, and the severity of the symptoms depends upon the amount of disturbance in this nerve-centre.

In cases where the ovarian distress was the symptom for which advice was sought, as being in the patient's eyes the most prominent. I usually succeeded in eliciting other indications of an irritable nervous system, and placed them upon half-drachm doses of the fluid extract of *salix nigra* three times a day. In quite 75 per cent. of patients so treated a great amount of relief was obtained after two or three days' treatment. Not only was the ovarian hyperæsthesia relieved, but the nervous palpitation of the heart was abated, and the patient felt in every way stronger.

I have also given the drug in two cases of nocturnal emissions with marked benefit. The pollution ceased entirely while the drug was being taken and for several months thereafter. Virile power and passion were not much if at all diminished, but the relief from the ailment gave them great satisfaction.

REMOVAL OF UTERINE APPENDAGES FOR THE RELIEF OF CONSTANT OVARIAN PAIN, VOMITING & DYSMENORRHOEA.

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A. M., widow, aged 40, came under treatment in 1884, suffering from constant pain in the ovarian region and troublesome vomiting. She was a short, slight, dark-featured woman, with the following history. Had been married four years, but had never

been pregnant. First menstruated at the age of 15, and ever since she has suffered from dysmenorrhœa. Seven years ago she had diphtheria. For more than two years she had been troubled with sickness at the time of her periods. Within the last seven months she has complained of constant gnawing pains in both iliac regions, and has been sick several times daily, the vomiting occurring at all hours of the day and night. No disease of the stomach could be detected. Physical examination revealed tenderness over both ovaries, pressure causing vomiting. The uterus was anteflexed, cervix elongated, and the os patent. The sound passed three inches. For nine months she remained under treatment, and during that time every known remedy was tried for her relief, but without avail, and she rapidly lost flesh and took to her bed. Her next period, July 1885, was attended by aggravated symptoms. At her urgent request I agreed to remove her ovaries and tubes as a last chance of relief; so five days after the period had passed she was put under ether, and the abdomen opened. The appendages were removed without much difficulty, and the patient made a rapid recovery, the pain and vomiting ceasing from the date of the operation. A catamenial flow appeared on the second day, and lasted till the ninth, but she had no dysmenorrhœa. The ovaries were the smallest I have ever seen removed from an adult. They were hard and fissured on the surfaces, and about the size of small beans. The tubes were thick and congested.

Two years have elapsed since the operation, and the patient remains well. The symptoms throughout the illness, and their immediate cessation after the operation, taken together with the condition of the ovaries, would lead one to suppose that they