

parenchymatous or cortical zone which contains the graafian follicles. Here, owing to some obscure cause which is probably at times congenital, but more frequently acquired, the surface of the oöphoron becomes too dense and unyielding to permit rupture of matured graafian vesicles in the normal way. Hence, ovulation is deranged or completely arrested, according to the resistance that exists. The result is that the ovary increases in size, loses its normal, flattened, ovoid contour and becomes rounded, while at the same time its weight and tension are increased. The increase in weight often leads to more or less prolapse of the organ. To the eye its surface presents less corrugations and a more fibrous appearance than the normal organ does, and frequently there are tense globular elevations on it, the summits of which have a glistening bluish tint indicating how nature is endeavoring to perform its work under difficulties. In gynecological works the disease is generally called cystic degeneration of the ovary. Ovules have been frequently found in the cysts, thus demonstrating clearly their origin. It is well to bear in mind that ovulation is not the only function of the ovary. It plays an important role in producing the influences which govern menstruation, and like other ductless glands probably supplies the lymphatic, blood, or nervous system with a secretion, excretion or stimulus, which is essential to perfect womanhood. Recent researches in this line have produced facts, which very forcibly indicate that arrest of ovulation during the fruitful period does not signify cessation of the other functions.

The etiology of the abnormal condition of the ovarian cortical zone is obscure. It is generally more common in women who have been reared in indolence and whose physical development and probably moral training have been, in a measure, neglected. The symptoms which pertain to the disease are too well known to require further enumeration than to state that ovarian pain, various reflex disturbances, a morbid craving for sympathy and concentration of mind on self are the main features of them. But there are physical signs. A careful bimanual examination will, in the majority of instances, reveal enlargement, change of contour, increased tension (hence pain) and often prolapse of one or both ovaries. The affection generally, though not invariably, commences at puberty. It is aggravated by marriage. Very frequently the medical attendant, after cursory inquiry, mentally designates the trouble by the comprehensive term "hysteria," and considers he has done everything that is necessary when a placebo or nauseous mixture is prescribed. Whatever the etiology may be, the resulting tension arising from the