

questions the right to interfere without more than their mere existence to go on. Two cases will point to each of these phases of our subject.

No. 1, Mrs. L.—Was torn by instruments in her first confinement nineteen years ago: the tear went through perineum into bowels and ran two inches along septum, thus running both canals into a common opening. It will scarcely be credited that nothing has ever been done to repair this destruction and almost less will it be accepted that she is perfectly healthy; that there is not the slightest uterine displacement and that sphincteric action is as effectual as could be wished. She has since borne three children and being so well conditioned absolutely refuses to be repaired.

No. 2, Mrs. M.—A highly nervous organization gives these symptoms pointing to impaired nerve tissue. A complete examination reveals little. There is a unilateral tear of the os, from one quarter to half inch long; no erosion; no discharge; no uterine enlargement or displacement; menstruation as regular as clock work. With such conditions it would hardly be believed that a U. S. specialist positively recommended the repair of this trivial tear as the only means of securing rest to this woman's overwrought nerve cells.

PARTIAL INCISION OF THE OVARIES.

The brilliancy of a rapidly done Battey or Tait Exsection of an ovary, has doubtless fascinated the skillful fingers of too many operators to the exclusion of a reasonable use of their good judgment; but since the field for display has changed to the uterus the opportunity is afforded to the plodder in surgery to demonstrate that a cystic ovary is not perforce a useless one; and that the cystic or diseased portions may be removed, leaving behind the healthy balance to continue its destined function. So, too, the prolapsed, adherent ovary need not, as a matter of course, be plucked from the body after being freed from its imprisoning bonds. Evidence is accumulating that these resected and replaced ovaries do well. It must be candidly confessed that a certain percentage of these conservatively treated cases will re-

lapse, but it seems a risk that, in a great number of cases, it is justifiable to take. Under this heading I shall report one case only, at present, in illustration of what can be done.

Mrs. H.—Age 33: complains of backache and general pelvic distress. Menstruation irregular, and extremely painful. On examination the uterus is found enlarged, tender, retroverted and fastened behind to an indistinguishable mass of hard, excessively tender substance. Operation reveals both ovaries prolapsed, enlarged and bound by firm adhesion to each other and to surrounding parts. After breaking adhesions both ovaries are found cystic, especially the right one which was riddled, soft and flabby. The left had four cysts the size of a nut, but the balance seemed healthy and firm. Right ovary and tube was excised. Left was treated conservatively by elliptically excising cystic portion and stitching together the cut part—altogether less than half of this ovary was left. This same woman, a little over a year later, was confined in the maternity hospital here of a healthy boy.

UTERINE DISPLACEMENTS.

The factors upon which dislocations of the uterus depends are many; from which it may be supposed arises the great variety in treatment, for according to the prominence of one or another of these causes will the means to remove it be adopted. It would seem to be reasonable, and cases in practice bear witness to the fact, that in those displacements due to the heavy, subinvolved uterus, local applications, douching, active curettage, combined with the subsequent support of the tampon or pessary, is the right line of treatment, and I think no one who thus dealt with this variety is disappointed at the immediate benefit derived. As a rule they leave our hands better; and I feel satisfied could they but be placed in healthier circumstances of living and not be subjected to the risk, as soon as they get home, of immediate pregnancy and probable miscarriage, the benefit would be permanent. In Alexander's operation of shortening the round ligaments as in ventro-fixation we have efficient means to deal with those varieties in