

cerebral physiological research. As you will observe in the course of my reading, the present paper is but an anticipative communication, relating to a full work which Prof. Bianchi intends shortly to publish; it may, therefore, in some parts, appear undesirably defective, and in some others obscurely antagonistic to present cerebral theories. On the very important subject of cerebral localizations, it appears to me that Prof. Bianchi has thrown more cloud than sunshine, notwithstanding his declaration of unshaken faith in the theory; nor do I see that his appeal to the writings of Prof. Golgi, from which I shall, at the end, read you a few of the most pertinent passages, tends to dissipate our apprehensions. It is not, however, to be forgotten, that all Golgi's conclusions are based solely on his researches into the "*fine anatomy*" of the ganglionic cerebral cells, and the nervous fibrillæ emanating from these, and that, in truth, his admirably minute tracing of these elements but leads us into a "*diffuse network*," or entanglement, in which nature seems to indulge in a hide-and-go-seek sort of sport, that defies even our conjectural ingenuity, and leaves us in very great doubt as to the antagonising force of speculative inferences so based against the clearly established results obtained by the experiments of a host of able and truthful physiologists. The intelligent and honest enquirer, who wishes only to discover the truth, will never decline to read both sides, and he who reads only one side, or none at all, will best consult his own comfort by keeping silence.

OVARIOTOMY.—FOUR CASES.

BY W. T. AIKINS, M.D., ETC.

(Reported by Mr. C. M. Foster.)

The following four cases represent all the ovariectomies which Dr. Aikins has performed since his return from Europe, in October, 1882.

Case I.—Miss M. B., æt. 22, Nov. 7th, 1882, general health good; menstruation regular and painless until January, 1882, since which time the flow has been irregular and more frequent.

January, 1882.—Abdominal pain on flexion of either thigh; no fullness noticed until the following March, when *general* abdominal fullness became evident.

November 9th, 1882.—Operated in private boarding-house, Toronto, assisted by Drs. U. Ogden and L. M. Sweetnam, of Toronto; Drs. Robertson and Bennett, of Milton, and some junior assistants being present. Right multilocular ovarian tumour, non-adherent. The after history of the case was most satisfactory, there being only slight elevation of temperature for two or three days, after which it continued normal, there being no unpleasant symptom to interrupt the steady return to recovery; the patient sat up on the fourteenth day, and a week later returned home, feeling perfectly well and has since continued so.

Case II.—Mrs. S., æt. 28, strongly built, healthy looking woman. Menstruated first between 13 and 14, not again for twelve months, then every two weeks during the seven cooler months. "Nothing seen" during the following summer. Then every two weeks during the fall and winter, as before, until June, when there was a constant flow for twenty-four days, followed by a sudden arrest. Then no menstruation for six years. About the end of the fifth year of arrest, when 22 years old, pain and swelling noticed in left iliac region, increase very slow until last fall, after which very rapid. Greatest girth, 2 inches below umbilicus, 40½ inches; umbilicus to pubes, 8¾ inches; umbilicus to ensiform cartilage, 9¼ inches; umbilicus to superior iliac processes, 9 inches right and left.

December 23rd.—Operated, assisted by Drs. U. Ogden and Sweetnam. Large, dense multilocular cyst of right ovary, compelling considerable extension of the abdominal incision in order to remove it.