

female inmates as being the more intelligent and more favorable cases, presenting no indications of hereditary disease or physical degeneration. Out of these thirty-two examined distinct pelvic disease was found in thirty, conditions which, in the opinions of the best gynecologists would justify operative treatment. Out of this number seven were submitted to operative treatment with the result of three being discharged from the asylum and sent to their homes, two improved but still in the asylum, and one death; this last case was one of curretting, amputation of the cervix, vaginal section, double ovariectomy (cystic and adherent ovaries), and anterior vaginal fixation; progress favorable until the fourteenth day, when she had a chill, rise of temperature, development of abdominal tenderness and tympanites. She continued in this condition for some two weeks, when she experienced pain, sudden elevation of temperature, and death followed, the history pointing somewhat directly towards pelvic sepsis, which condition would have justified the re-opening of the abdomen; post-mortem was not granted.

As an indication of the various attitudes of asylum authorities I may state that the day upon which I made sixteen examinations, recommending fifteen for hospital treatment, I received a telegram from the superintendent of an adjoining asylum stating that no cases under his care needed examination, and none could be benefited by an operation.

A glance at the table shows that in but three cases could any history of pelvic disease be obtained from either the patient or her friends, and that in but two cases was there knowledge of the presence of pelvic disease. Although but five months have elapsed since the operation upon case twenty-one, the first of this second series, three can be reported cured, and four improved, giving a total of six cured and eight improved.

Although but seventeen months have elapsed since the treatment of the first case, yet the results are sufficiently interesting, if not startling, to demand the attention, not only of the physician but of the politician. If 90 per cent. of our female asylum population are fit subjects for the hospital, and if from the hospital from 30 to 40 per cent. can be returned to their homes, is it reasonable that a profession, many of whom ridicule, if not oppose, the methods and depreciate the results, can continue to retain the confidence and respect which their self-sacrificing services in other departments entitles them? Nor can any government which prides itself on its humanitarian principles and economic practices be awake to its opportunities and obligations, who would refuse to co-operate in a work, by means of which thousands of its subjects can be restored from worse than death, and the government be released from no small amount of financial obligation.