

the operation the right ovary was drawn up, and though somewhat enlarged and with two minute growths, like little teats, protruding from its surface, it did not look much amiss. (*Plate VI.*) It was the general belief of those present that the organ was undoubtedly the cause of the pain and it was accordingly removed. The other was drawn up, and as it had also one of these little teats, it was also pronounced diseased and removed. On one side was one of those little cystic formations derived from the tubules of Kobelt, and this was said to be found in many similar cases. These little harmless pendulous vesicles seem to have incurred the enmity of some pathologists and have been branded with an anathema. I myself firmly believe that these vesicles will be found in fully half the number of healthy women. I also believe that such little teat-like excrescences have no pathological significance whatever; that they do not produce severe pain any more than do small uterine myomata, or small myomata developing in the layers of the broad ligament. The testicles undergo a great amount of change without producing pain, and so do the ovaries. The patient recovered perfectly from the operation.

On the 8th February, 1890, the patient was sent to me by Dr. McKenzie, suffering from pains in the left breast, nausea, pain in the right inguinal region as bad as before operation. She has only menstruated twice since the operation, in the first two months. She had an enlarged and painful gland under one arm; suffers from headache and flushes—these, of course, are expected to be present during the first two or three years. A herpes occurred over the left breast, evidently due to neuritis. She had severe pain before the eruption came on. On examination I found the uterus smaller and quite normal, but the left parametrium was as tender as before operation. There was no rise of temperature. She is mentally changed; has become melancholy and depressed; suffers from lassitude and feels always tired; rest does not refresh her. She tried a complete rest from work in the country for six weeks, without deriving any benefit from it. Appetite is very fair. Nothing seems to do her good. Her case never presented either hysterical or epileptic symptoms. Distinct symptoms of ulceration of some portion of the colon have developed. She has irregular

diarrhoea; blood and mucus is passed, with symptoms resembling chronic dysentery.

I know of another such case in which oophorectomy was performed to relieve symptoms supposed to be ovarian, but where ulceration of the colon has since shown itself.*

I lately diagnosed a case on first examination as one of tender dilated tube curled behind the uterus, but on closer examination subsequently, under an anæsthetic, concluded that it was a tender empty lower portion of the omega flexure of the colon (erroneously called sigmoid flexure), and that it was ulcerated. Her symptoms have for some time simulated those supposed to be due to ovarian neuralgia. She has, however, been pregnant about as often as she well could be.

There is at present in a Canadian Home for Incurables a case with the following history: *Æt.* 35 years. Menses first appeared at 13 or 14 years of age; always excessive in flow and accompanied with pain; otherwise she was strong and healthy. At 16 an abundant leucorrhœal discharge began, and she suffered from ovarian neuralgia. Her disposition seemed to have changed at this time; she became nervous and hysterical. Eight years ago she entered an American medical institution for treatment. Both ovaries and tubes were removed. She does not know whether they were diseased or not; she fancies that they were not. Her pain and discharge ceased after the operation. For a year she was stronger mentally and physically. In October, 1885, she entered a Home for Incurables, and has been there ever since. She suffers no pain and has no discharge, either menstrual or leucorrhœal. She remains in bed all the time, merely getting up to wash. She cannot be induced to do more. Appetite abnormally large and she complains of being always hungry. Her chief complaint is that she suffers from "attacks of exhaustion," even while in bed. She starts upon hearing the slightest noise; readily becomes hysterical. Conversation is rational, but she cries a great deal. Suffers from headache. For this history I am indebted to my friend Dr. Ardagh, one of the house sur-

* NOTE.—During the discussion Dr. Imrie, of Detroit, mentioned a case of his operated on in Philadelphia (removal of appendages), that had developed exactly the same evidences of colon disease since the operation. Operation did not benefit her.