

sidered. The specialist goes very methodically about his work, for he knows that, unless he can show at least temporary good results, his work will be discredited and his name and fame will suffer. The results are usually published and widely distributed before they get cold, so to speak, and the unwary are apt to be misled by the success with which they are heralded. I consider all such statistics which are published prior to a two years' test of their efficacy comparatively worthless. All who have had experience in the treatment of the insane know that a sudden shock to the system, a change of environment, or an acute attack of some intercurrent disease, will often break up the insane habit in chronic cases, at least temporarily. We have all seen cases of acute mania recover after an attack of erysipelas of the head, or after a carbuncle on the back of the neck. In cases of acute mania, due to a hyperemic condition of the brain, the recovery may be explained on the rational ground of local counter-irritation. In the surgery of the pelvic cavity for the cure of insanity the patient is placed under the best possible hygienic and clinical conditions, and if no operation at all were performed the results in many cases would be at least temporarily good, and it would have the great advantage over operative procedure in that there would be no risk to life. If all our asylums were equipped with a sufficient staff of trained nurses to enable us to treat all our patients on this principle, I am satisfied the percentage of recoveries would be largely increased, and while we denounce the Psycho-gynecologist in unmeasured terms for his presumptuous and unscientific pretensions to restore brain function by way of the pelvic cavity, yet we are willing to credit him with having impressed us more strongly than ever with the necessity of special and individualized care in the treatment of the insane.

The following clinical records are taken from the case-book notes of three cases at present in the Hamilton asylum, which fairly illustrate the after effects of surgical interference for the relief of insanity.

E. M. P., age at admission twenty-eight, single, school teacher, born in the United States, well educated, had enjoyed good health up to a few months before admission to the asylum. Her father's sister was insane and confined in Toronto asylum for twenty years. While teaching school she became morose and irritable and had to retire from the profession.

An eminent Canadian surgeon was consulted, who recommended the removal of both ovaries in the hope of relieving the nervous