

submit the report of the examination of thirty-nine additional cases, and the treatment of another series of twelve.

The finding of the preliminary pelvic examination, the additional minor conditions discovered upon opening the abdomen and the subsequent history of these cases, is such as to support and confirm all theories advanced and deductions contained in the previous article, and to give greater stimulation and encouragement to a more thorough investigation of this most neglected department. What was once supposition and hope has now become fact and reality. We do not pretend to understand the mystery of the relation between the physical and the psychical. We do not pretend to state definitely that the presence of adherent appendages or uterine fibroids cause that disturbance of the psychical called insanity; nor are we able, after the removal of such pathological conditions, to explain why normal mentality is resumed; but this we do know, that disease of the pelvic organs is present to an exaggerated degree in those manifesting psychical disturbance, and that in a large proportion of cases the removal of the pelvic disease is followed by the restoration of the mental functions? More knowledge of the nervous connection, the sensory tracts, and of the sympathetic system, more especially that of the interpelvic plexuses, with probably a newer conception of the science of psychology, based upon knowledge gained in the laboratory rather than that developed from a metaphysical basis, is needed before we can speak with any desired degree of definiteness on this matter.

It is not the removal of any individual organ or organs, upon which depends the recovery in these cases—the ovaries appear to have no greater influence than various other parts, as recovery has taken place in one case where it was impossible, on account of the dense adhesions, to find but one ovary, and in another case where both ovaries were untouched. Although in earlier operations, organs and parts of organs were sacrificed, the present method is to remove no organ or part of organ which does not present distinct evidence of disease. Even after the removal of a hopelessly diseased ovary the tube is frequently preserved, with this exception, which may be a point upon which some readers would take issue, that in these cases all possibility of future pregnancy should be put at rest.

As an illustration of the deplorable condition of our asylum population, and the correspondingly great credit that is due to such superintendents as Dr. Buck, of London, with his able staff of assistants, Dr. Burgess, of Montreal, and Dr. Gillis, of Brandon, in their noble and energetic efforts on behalf of those committed to their care, I will briefly state the result of an examination in a Canadian asylum of thirty-three cases, selected from some seventy