

she had been sick for so long, he preferred leaving the case in the hands of the Lord. From this logic I fled confounded, with serious thoughts of the possibility of a contagious element in this matter.

CASE 8.—Mrs. H., aged 46 ; six children ; considerable domestic infelicity. Took *la grippe*, followed by ethmiditis of moderate severity ; no septic sinuses. Attempted to commit suicide ; wandered away from home several times ; was committed to an asylum for four months, returning apparently well. A pelvic examination showed no abnormality.

CASE 9.—Mrs. W., aged 25 years ; two children, youngest 5 years ; miscarriage three years ago, followed by "blood poison" ; after recovering she suffered from pain in the back and side. On October 11th, 1897, she became unconscious, according to her own story, while washing clothes, and did not recover herself until November 24th, when she had but a few hours' consciousness, elapsing into the same state as before and remaining until December 20th of the same year. Her condition was described by her physician as "acute mania," caused by "congestion of the womb." This case came under my observation in July of this year, when I found her exhibiting definite symptoms of hysteria, with marked *globus*. After a few days of bromides, valerian and discipline, I examined and found congested an intensely cervic retroversion and enlarged ovary. With little persuasion she consented to treatment, namely, amputation of the cervix, curettage, removal of right cystic ovary, and ventrofixation. Recovery complicated with stitch abscess. The patient is now free from pain and absolutely well.

CASE 10.—Mrs. B., aged 31 ; family history excellent, but was considered a somewhat nervous child ; two children, youngest 7 years ; had "inflammation" after birth of last child. Previous to and during menstruation patient would become excessively nervous for a few days and then moderately irrational. It was found necessary to commit her to the asylum, where she remained, with occasional short intervals, for some four years. For the last six months she has been at her father's home, and appeared somewhat better. Pelvic examination shows slight perineal rupture, endometritis, enlarged and prolapsed ovary. With the full consent of the patient and friends, I operated, curetted, and removed the left appendage ; ovary hard and about the size of a small cherry ; the right ovary was enlarged and cystic. The tube was removed, the right ovary resected, and the small amount (chiefly cortical matter) that was left was fitted cap-like over the stump of the ligaments and attached with gut. Post-operative history normal. It is yet too early to report upon the mental condition ; however, so far all is satisfactory.