

dition to the obvious special duties of the body epithelium there is a high probability that it has a second duty in the way of secreting a general proteolytic ferment, and a third duty when organisms are such that they pass this general

line of defence, and are such that the endothelial elements cannot combat by phagocytosis and infiltration, a specific antibody is formed with the results as a set down in the foregoing hypothesis.

OVARIAN HEMORRHAGE.

by Dr. W. Howard Miller, Victoria, B. C.

Ovarian Hemorrhage, apart from ovarian pregnancy and severe trauma, is sufficiently rare in the average practice to be entirely overlooked in abdominal diagnosis. In fact as far as the literature goes, in itself extremely scanty, it appears that this condition has been found when unexpected and when section has been done for other purposes.

Hemorrhages of the ovary are of several types, that of the ovarian cyst, the hematoma of the Graafian follicle, and of the corpus luteum.

It has been held that in the case of the Graafian follicle the hemorrhage was first into the perifollicular stroma, later breaking into the follicle itself. This has been contradicted on the ground that stromal hemorrhage is extremely rare.

As to the etiology of ovarian hemorrhage we are still in the dark, as it seems to be an impossibility to give satisfactory pathological reasons for but a small percentage of the cases, and we must find some physiological means of explaining it, or relegate to the

limbo of unknown things pathological, where so many other questions have found themselves.

During ovulation, the Graafian follicle gradually matures and at the proper time it ruptures. Slight hemorrhage is quite natural, but fortunately rarely, becomes a deluge.

My reason for bringing out the foregoing facts, will be better understood with the presentation of the following case:

A girl of seventeen, apparently in good health, was seized with pain in the epigastrium on Saturday morning. The pain passed off with the administration of a cathartic. She was apparently well until the following Wednesday morning, when severe sharp pain recurred just after breakfast, when I saw the case for the first time. There was slight vomiting and breathing was short and painful. On examination I found tenderness on pressure above the umbilicus, getting gradually more severe towards the sternum, and a generalized tenderness over the whole abdomen with no rigidity. There was a rise of 3-5ths of a degree in