theoretical grounds. The ovary is causing much suffering; there is a likelihood that it will be a long and tedious trouble, especially is this the case if general treatment has failed; the ovaries are not necessary to existence, and can be removed with safety; it is according to the rules of surgery to remove any organ, or other portion of the body that one can live without, in case a disease of the part tends to take life or cause unlimited suffering and invalidism. Hence, from this way of looking at the matter, the ovaries should be removed.

The facts are (facts that have been proven almost sufficiently), that chronic ovaritis does not end fatally, and is self-limited though often of long duration; the removal of the ovaries is not free from all danger, though all cases properly operated upon have recovered, and it does not in all cases give complete relief. In fact, many of the cases are not much improved, if any; even those who are nearing the menopause, and who bear the loss of the ovaries better than younger subjects, occasionally suffer much from those nervous disturbances which follow an abrupt menopause, and have to endure pelvic pain in the region of the stumps. The clinical history of cases in which the ovaries have been removed does not, in all cases, show great advantage over those in which the ovaries are left to complete the natural history of the disease. Younger subjects do not bear the loss of their ovaries agreeably. Some become fat, indolent, inefficient, and subject to headaches. Others are irritable, dyspeptic and despondent, while but few enjoy good general health and mental vigor. This statement is contrary to much of the published literature, but is closer to the actual facts. The cases cured are those operated on when near the menopause; those who are improved are generally those who suffered from complicating affections, such as dysmenorrhœa; while the unimproved are the younger subjects, in whom the disease was uncomplicated.

The objections to surgical treatment apply to the removal of both ovaries. In cases in which one ovary alone is affected, and especially where there is prolapsus of the affected ovary and retro-displacement of the uterus, ovariotomy is perfectly satisfactory. The removal of the diseased ovary gives relief and the retro-displaced uterus can be restored, while the remaining ovary performs its functions, and the general health of the patient is preserved. I desire to be understood as advocating the removal of the ovary only when there are structural changes from inflammation and prolapsus at the same time. Prolapsus can be relieved by fixing the ovary to the upper border of the broad ligament, and the welfare of the patient can be thus conserved to a higher degree. When advocating conservative measures in regard to abdominal and pelvic surgery, it may be inferred that I am behind the age in experience; but I have had a large field for operative surgery, and have acted to the fullest extent justifiable, according to my judgment. In fact, I have in the past violated the rules I now advocate, but I have not been satisfied to have my patients simply survive the operations. I require that they be cured, and failures in this regard have led, I trust, to a rational conservatism.

I have no word of condemnation for those who have removed, and are still removing, ovaries for the relief of chronic ovaritis. Their work, while not always beneficial, has been of vast interest to science. Their doings help to perfect surgery. The rough, unsightly scaffoldings employed by builders are temporary necessities, which are all cleared away when the structure is perfected and completed. In like manner the heroic, daring experiments of the surgeon are valuable stepping-stones, which lead to mature science and art.

The indications for general treatment are to lessen the blood-supply, and relieve pain by correcting the deranged innervation. This demands rest in the recumbent position in the early stages. At the same time general exercise should be enjoyed, either by massage or gymnastic exercise, in the reclining position. I specially desire to commend systematic calisthenics, in the recumbent position, as a most valuable aid in improving or maintaining the general health in many diseases of the pelvic organs which require rest as an important part of the treatment. The condition of the digestive organs should be carefully watched. The poor appetite, coated tongue and constipation; or the capricious appetite, flatulence and occasional diarrhœa, can be relieved by a number of small doses of mercury and a laxative. The saline laxatives are the best when they act without causing flatulence. The use of Saratoga waters often gives good results by improving digestion and keeping the portal circulation active. By keeping up a free elimination by the bowels and kidneys much benefit is obtained.

This applies in cases that are apparently debilitated. Many times I have taken cases away from tonics, stimulants and forced feeding, and given saline laxatives, with the effect of increasing the patient's strength. To relieve the pain and lessen the hyperæmia, the bromide of sodium and fluid extract of hydrastis canadensis, are by far the most potential agents that I have found; they are given in combination and in doses sufficient to produce the desired effect. Twenty to thirty grains of the bromide and ten to twenty minms of the hydrastis, three times a day, until the physiological effects of the bromide are noticed in a mild degree. If the hydrastis is given alone, in such doses, it sometimes causes pelvic pain of a dull character, but whem combined with the bromide it has no such effect. These agents are most efficacious in the beginning of the attack, and