

two years, during which period the last twenty-six gynecological operations were done. I am also positive in stating that a number of those operated upon would inevitably have died were it not for the timely restoration afforded by the operation. Our improved results during the past two years were no doubt due to the increasing efficiency of treatment gained by experience, and especially a better knowledge of the most effective post-operative management of our cases.

A detailed though concise presentation of a few cases with the mental history, prior and subsequent to operation, will sufficiently exemplify the general effects of the treatment employed.

J. E. W.—Puerperal mania of seven months' duration. Forced alimentation had to be maintained for months previous to and for two weeks subsequent to operation. Had a delusion that if she ate any food she would immediately be decapitated. Examination revealed a flabby atonic subinvolted uterus with pronounced endometritis. Thorough curettage was followed by mental recovery in three weeks. Has now remained well over two years.

A. S.—Chronic mania of two years' standing, strong and apparently healthy. Future mental recovery doubtful. Examination showed an extensive hypertrophy with a severe bilateral laceration complicated by a large subinvolted uterus. Repair of the cervix and curettage of the uterus was done. She went home quite well in two months and has remained so for two and a half years.

M. F.—Chronic mania of two years. Diagnosed a retroverted subinvolted uterus. Curettage of uterus and replacing it in a normal position by Alexander's method. She improved slowly and has now fully recovered. A recent letter states that she remains well and is managing her own household affairs. Two years have elapsed since the operation.

C. S.—History since puberty pointed to disturbed menstrual periods. As she grew older she became steadily worse. At time of operation she was twenty-six years old and had been declared a lunatic for five years, the last four of which were spent in an asylum. When transferred to London Asylum for special examination the case appeared to be absolutely hopeless. Diagnosis was made of an enlarged left ovary as big as an orange, which subsequently proved to be mainly cystic with a small amount of fibroid stroma, and the right ovary although small was found adherent to intestines. Uterus was small, being undeveloped. Ovaries were removed and patient made a rapid physical recovery. For two months there was no change in her mental condition, being at times excited, destruc-