These facts induced me to hope that, in suitable cases, the removal of both ovaries would arrest menstruation, check the periodical congestion, allow the growth to remain quiescent, and cause no further trouble.

The operation just detailed, was performed with the object of testing this view. The fact that it has been successful inspires me with confidence to lay it before the profession as a hopeful method of dealing with these serious cases.

The fact that cases are upon record (some eight cases being related by my esteemed friend, Dr. Fordyce Barker), where menstruation has continued after excision of both ovaries, is not enough to my mind to deter from the operation.

There is need of careful observation as to the character of the flow in such cases. In the present instance the monthly flow was purely hemorrhagic, and would have been examined microscopically had it not ceased before opportunity permitted. I am very much inclined to doubt the presence of decidual debris in the flow, and deem the presence of the ovaries to be *necessary* to nidation and denidation. If this is so, such hemorrhages should be treated as if occurring in other situations and promptly checked by astringents. This form of treatment is not followed by bad results, such as would surely occur if the flow was menstrual.

Excision of the Ovary for Chronic Oöphiritis with Displacement.

Case II.—The patient in this case, from whom the left ovary was removed, is 28 years old, seven years married, and mother of two children, the younger of whom is very delicate. She began to menstruate when thirteen years old, and each flow has always been accompanied by pain. The patient is well-formed, of slight build, and feeble constitution.

The troubles for which she first consulted me (in December, 1875,) began shortly before her marriage, and have continued almost uninterruptedly up to the present time. There has always been dyspareunia, which occasionally has been so severe as to preclude sexual congress.

The patient has been treated by various medical men, for uterine disease, both locally and constitutionally, but without relief. For some years past there has been constant pain in the left groin, also, occasionally, severe pains running down the left leg. Every form of pessary has been used, but with no benefit, as their pressure could not be endured.

Present State.—The patient has an anxious expression of countenance indicative of prolonged suffering. The pains spoken of in the groin and down the leg are severe, and never absent. Muscles are imperfectly developed and soft. Cannot endure the fatigue consequent upon dressing, and therefore seldom walks or drives in the fresh air. Appetite is indifferent, and sleep unrefreshing. Bowels apt to be constipated. Upon vaginal examination find that the cervix uteri has been deeply fissured on the right side, and, although considerably united, there is very noticeable absence of muscular tissue at the point of union. The uterus is of normal size and healthy appearance. While examining the posterior surface of the organ, detected a small olive-shaped body which was exquisitely sensitive to the touch. Pressure upon this body excited all the neuralgic pains alluded to, and almost caused fainting.

By careful examination I found this body was movable, and as I could not detect the left ovary in its normal position—while the right was recognized—I concluded that it was a case of displacement of the left ovary with chronic inflammation of that organ. Drs. Hingston and Fuller subsequently saw the case, and agreed with me as to the diagnosis, viz.: that it was a case of *Chronic Oöphiritis* with displacement.

Prognosis.—The nature of the case, and the failure of all medical treatment to afford the east benefit, precluded the idea of obtaining relief short of excision of the displaced organ.

It was hoped that the removal of the source of the patient's troubles would cure her. After explaining the dangers connected with the operation, and the reasons it was recommended, the patient concluded to avail herself of the proposed chance of recovery, and requested that excision should be performed.

Operation. — 11 a.m., January 29th, 1876. Assisted by my friends Drs. Hingston, F. W. Campbell, and Fuller. The patient was anæsthetized by chloroform, and the insensibility kept up by ether.

The posterior cul-de-sac was exposed to view by Sims duck-bill speculum, and the vaginal wall divided in the median line to the extent of about three-fourths of an inch longitudinally. There was very little bleeding which soon