In the early stages of mental disease, hallucination is conspicuous in which the patient is still conscious of the unreality of the psychic reflex; in the second, delusions, in which the Ego is limited and clouded, but yet exerts a measure of mental control; in the third, definite insanity in which the Ego has been completely subjugated by the intensity of abnormal reflexes. The insanity is the psychic sum of the physical abnormalities. The focus of irritation may be in any of the large ganglia or at the periphery of the sympathetic system, in any of the large cavities, or in fact wherever nerve tissue is found.

- 1. To recapitulate, we may conclude that insanity exists when the Ego is dominated and controlled by the influence from a diseased peripheral nerve tract or centre.
- 2. Since disease is subject to variation of intensity, a patient may oscillate between sanity and insanity as the Ego dominates and controls the organism, inhibiting abnormal psychic reflex, or is dominated and controlled by the intensity of such reflexes
- 3. Si ce the intensity or degree of the abnormal psychic action is the measure of the sum of the physical abnormalties, the removal of a small part of the physical disease might result in the restoration of the balance of power to such an organism and diminish, if not remove, the abnormal psychic phenomena.

As to the examination of cases—up to the present time I have examined 105 cases of women suffering from various degrees of insanity. Only in accutely maniacal and in very obstinate cases was anesthesia used. There was no apparent difference in the effect of the anesthesia in the examination of these than in ordinary cases. Out of tak's number examined, I found well marked abnormalties in all but nine cases, or in 91 per cent. The conditions varied from fibroid uterus to adhesions of the clitoris. In less than 20 per cent. was there any knowledge of pelvic disease on the part of either patient or friends. In about 50 per cent. there could be traced a history of inflammatory action or pelvic pain. In one case of dementia of ten years standing which recovered subsequent to operation, there was a direct history of gonorrheal infection, and, in several others, such infection was very probable. Several gave a history of sepsis following miscarriage. Thirty-nine of these cases were subject to operative measures, with a mental recovery of 17, or 43 per cent.; mental improvement in 12, or 30 per cent.; unimproved 9; one not heard from. Three deaths followed the operations, one from uramia, the two others from meningitis-the latter which existed undetected before the operation. The cases that made the most rapid recovery were those of cystic and adherent ovaries and tubes. Next in order in