

pregnant and she was complaining of indigestion, constipation and nervous attacks, during which she became very despondent, so that in her own words she was a trouble to herself and to everyone else.

As I have performed either Alexander's operation for shortening the round ligaments or ventrofixation of the uterus for retroversion many times, and have treated many more cases with pessaries and tampons; and have seen the reflex nervous disturbances disappear in the course of a few months in nearly all of them, I assured this patient, as I did all the others, that she could almost surely depend upon being greatly improved if not absolutely cured by the operation. She readily consented, in fact she had been urging me to operate much sooner; but it is my general rule not to remove ovaries from women under forty years of age, unless they have been treated unsuccessfully by their own doctor or by myself for at least a year.

When the abdomen was opened, the omentum was found adherent all around to the brim of the pelvis, and on detaching this, the uterus was seen lying retroverted in the hollow of the sacrum with the ovaries and tubes lying under it, all matted together with adhesions. In freeing these I did not notice, as I always do now, whether the vermiform appendix was attached to the tube or not, and I did not see it or look for it.

The ovaries were small and covered with a thick capsule as well as a network of shreddy adhesions. In fact they were sclerotic, the ovarian tissue and nerves being compressed by the contracting fibrous capsule, and would have been suitable for the operation recommended by Dr. Howett of Guelph, of scarifying the capsules so as to relieve the pressure. But at that time I removed all such painful ovaries, especially when the tubes were closed as they were in this case. Both ovaries and tubes were removed and the uterus was fastened up, the operation only requiring about twenty minutes, and the patient making a good recovery from the operation. Soon after I attended the meeting of the American Gynecological Society and had a conversation with Edebohls, who had been devoting a great deal of attention to floating kidney, and I remembered his telling me that when the repair of the cervix and the replacement of the uterus failed to cure reflex symptoms, that floating kidney would be found to be the cause. On my return from this meeting, I found the patient sitting up and almost ready to go home, but she assured me that she was only a little better and that she still had the pain in her right side. I at once examined her kidneys and found the right one movable and prolapsed. The patient was quite willing that I should fasten it up, and this was accordingly done. Much to my disappointment, however, she