

who desired nothing to be left undone that might afford any hope, I opened the abdomen and found large varicocele of both the broad ligaments with calcareous deposits and cystic degeneration of the pelvic peritoneum. Appendages removed.

Post-operative history normal; physical condition much improved and mental condition considerably better, so much that she is managed at home and takes not a little interest in domestic affairs and has made not a few clothes for her grandchildren, and is, in fact, better than we had expected.

Varicocele of the pampiniform plexus is a condition frequently met with in abdominal surgery and rarely if ever diagnosed. This condition is supposed to depend primarily upon loss of support through rupture of the perineum.

The connection between varicocele and exhaustion of venous energy had been fully discussed by Prof. Etheridge before the Gynæcological Society, November 19th, 1897. He says: "An inquiry into the vascular supplies of the pelvis and the effect on it of a lacerated perineum reveals much. The arteries are few and simple, the veins are numerous, complicated and much given to presenting to us the peculiarities we call 'plexuses.' Each organ has venous plexus, such as the uterine plexuses, the broad ligament (ovarian and tubal) plexuses and rectal plexus; even the very entrance to the pelvis, the vulva, is supplied with a plexus. The walls of these veins are often thickened and contain phlebolites. The effect reflexly on a woman of the varicose condition of her vaginal and rectal plexuses arising from perineal tears is decided and often destructive of her nervous system's integrity. In by far the larger majority of such we see the digestive system breaking down first. This leads in time to the deficient sanguinificator. This introduces anemia sooner or later with its protean evils. The brain and spinal cord soon voice their partial starvation by an exaggeration of the reflexus.

"Fatigue comes on easily. Insomnia often appears; altogether the once sound woman becomes a wreck sooner or later."

CASE 3.—Mrs. R., married, no children; insanity, suicidal and religious; had been in the asylum for two years. Examination under anæsthesia showed retroversion of extreme degree, with dense adhesions. No other abnormality detected; operation advised, but husband would not give his consent. She is still in the asylum, giving no signs of improvement.

CASE 4.—Miss C., aged 24; melancholia of two years' duration following brother's death, which was very sudden. Examination under anæsthesia showed pelvic organs normal.