

relieve certain nervous symptoms remain unrelieved. Many suffer from the old pains, others continue to menstruate, and in some menstruation ceases at once and an early menopause is induced. I have one case suffering as intensely as before the removal of the ovaries and tubes from dysmenorrhœa. She had what is called an infantile uterus, with an extremely long neck; the fundus turned over into the *cul de sac* of Douglas. Her pains were unbearable and she was beginning to take too much opium. I removed her ovaries. She has become violently hysterical since, and is more incapacitated for work than ever. She menstruates regularly. Many cases I hear of as cures are not cures. The surgeon loses sight of them. Even if he does ask them about their health, it is doubtful if he always receives a truthful answer. I have known a woman, hardly

ovaries play but a part in their causation; and I believe that we might as well hope for relief of these diseases by enucleation of both eyes as by removal of both ovaries, or both tubes, or both tubes and ovaries, or even both tubes, ovaries, and uterus. I know one husband who would give all he possesses to have his wife's ovaries and tubes replaced. She has her pains, she has her nervous symptoms, but has lost her

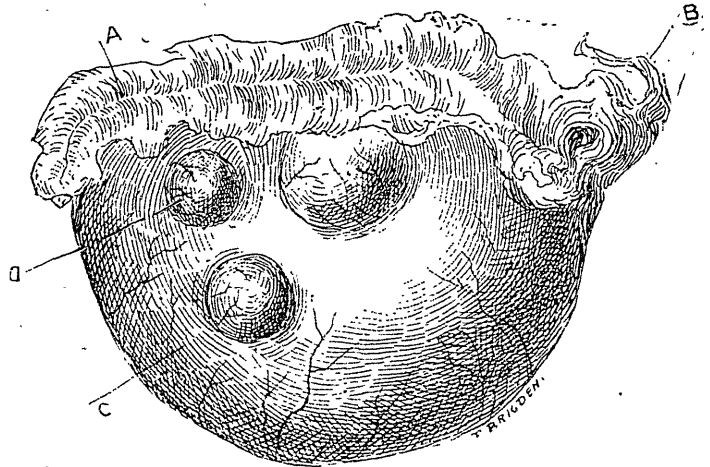


PLATE No. II.

Right and Left. Removed from a woman ill four years with attacks of so-called pelvic cellulitis.

RIGHT SIDE.—A. Tube opened, not much thickened. B. Fimbriated end. C. Cystic ovary; held about two ounces bloody fluid, a blood cyst. D. Smaller cysts.

energy, and is in a worse condition than before operation.

Now to look at the other side of the question, where operation and operation alone is imperatively and urgently called for. I firmly believe that the tubes have more to do in the causation of pelvic inflammation of the recurrent and most distressing type than the ovaries, and there is no reason why we should not, in suitable cases, remove the tube and leave the ovary.

(Plate II.) Here are two ovaries and tubes removed, ten days ago, from a patient who had been allowed to suffer for six years. Many thought she was simply hysterical. But she had good cause to be hysterical. Her trouble originated in the ovaries. She had a small ovarian cyst on each side, each had given rise to inflammation, and tubes and ovaries became matted together, so that at the operation it was with great difficulty that I could get beyond the brim of the pelvis.

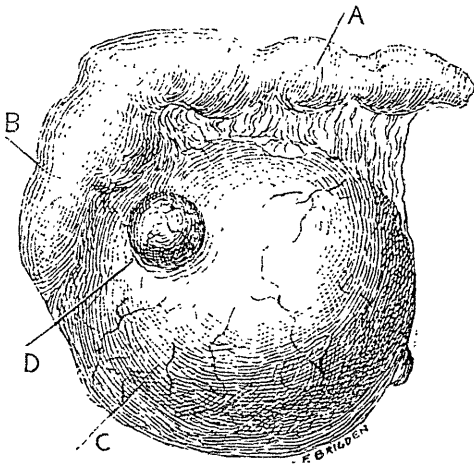


PLATE No. II.

LEFT SIDE.—A. Tube slightly enlarged. B. Fimbriated end, ending in a tubo-ovarian cyst. C. Cystic ovary, containing serous fluid. D. Small cavity filled with pus.

ever well after the removal of her tubes and ovaries, state that she was much better. The friends who see these cases every day ought to know something about their condition, and their statement is more to be believed than the reply given by the patient herself. From our many failures to remove nervous diseases as hysteria and epilepsy by castration, we can see that the