

cysts are opened; those larger than a grape are enucleated, while the cavities of the smaller are merely touched with pure carbolic acid.

Occasionally the capsule will be found to be as thick as ordinary paste-board, and when this is the case, permanent relief is more likely to result when a portion of it is removed. In my practice, one or two rows of the islands are shaved off first from end to end of organ, and then from side to side, thus exposing a cross of denuded tissue. Not a particle of normal ovarian tissue is removed. At the completion of the procedure, the organ is not only reduced in size and weight, but it regains its normal shape. Hemorrhage has never been troublesome, nor in a single instance have adhesions afterwards given rise to complications. The relief of pain and the worrying reflex manifestations have been highly gratifying.

In all, my cases number fourteen. In five of them the trouble was in a manner stumbled upon after making the abdominal incision with quite another object in view. I will briefly relate two of them:

Mrs. H. P., aged 32; married eight years; no children; severe pain in ovarian region; unable to attend to her duties. Uterus ante-flexed, not fixed; cervix very small, with pin-hole os. Owing to pain, ovaries not palpable; regular as regards periods; pain aggravated before and during flow. In 1896, under anesthesia, cervix dilated fully with Hegar's dilators; no relief, rather otherwise. A year and a half ago did operation described above, including removal of portion of capsule. Patient relieved, and is now in the seventh month of pregnancy. The result, though it does not prove, at least indicates that after the function of ovulation is arrested by the disease, restoration is possible.

The other case presents some very interesting features. Miss J. J., a farmer's child; good family history; quite healthy until her tenth year, when she had an attack of pain in cecal region, with considerable gastric disturbance which necessitated rest in bed for a few days. Until the commencement of her eleventh year, she had similar attacks at irregular times and of varying severity. In the intervals her general health was not as good as formerly, and besides, there was tenderness on pressure over the region.

In October, 1900, just before the completion of her eleventh year, an unusually severe attack occurred. A medical man was called, who had the child taken to the Guelph General Hospital. The symptoms in many details resembled very closely those of appendicitis; temperature 103, pulse quickened, marked