

jection has been shown to be perfectly groundless, but even if it were not so, it could hardly be urged on the ground of morality that a woman should go on suffering because she ought not to suffer any diminution of that animal propensity which it is the chief object of the higher life of all religious culture to subject, and the subjection of which forms for all creatures the greatest difficulty in existence.

There are cases of myoma demanding surgical treatment upon which removal of the uterine appendages seems to exercise no satisfactory influence. Mr. Knowsley Thornton has made a very valuable suggestion—one which certainly deserves very careful consideration—that all cases of myoma requiring interference are first to be subjected to the removal of the uterine appendages, and then to subsequent operation if it should be necessary. The only objection to this I can offer at present is an incomplete one. I have pretty well satisfied myself that there is one form of myoma on which removal of the appendages exercises no control. The variety I have named the soft oedematous myoma. But it is not easy to recognize this form of tumor until after it has been removed. Again, there are a few cases, very few I have found them to be, in which the appendages cannot be removed, and we must proceed to hysterectomy. Finally, the removal of uterine tumors has had such brilliant results in Bantock's hands that I am in hopes that a new era for hysterectomy is being opened out.

Another class of cases wandering about after relief are those upon whom I have operated in large numbers, and have found chronic and incurable disease of the appendages in the form of chronic inflammation of the ovary, chronic inflammation and occlusion of the tubes, these latter being occluded and distended by serum, pus, or blood. When I first published my work on this subject there was, of course, a large amount of incredulity expressed about it, and this incredulity was not much lessened by the exhibition of a large number of specimens at various societies, and their permanent exhibition in the museums of the colleges of surgeons. Many, particularly amongst my metropolitan brethren, loudly asserted that there were no such diseases, and Mr. Spencer Wells stated at the International Medical Congress in London that if such cases did occur they must all go to

Birmingham. But Dr. Kingston Fowler has shown not only that they exist in London, but that they are far more fatal than I had any idea of, and that they have been and are overlooked and misunderstood in the metropolis just as they were overlooked and misunderstood in my own practice previous to 1878. Concerning this incredulity, please distinctly understand that I don't blame anyone for it. It is a necessary part of all human progress. I do not even blame my metropolitan brethren, as they seem to think I do, for not discovering these cases and properly treating them. That is the fault of the mechanical school of gynæcology established by Simpson, and which still exercises a far too great influence over this department of our art. During the last twenty years displacements have had a great run, just as before that time everything was put down to ulceration, and no man considered himself properly armed for the treatment of disease unless he carried a speculum and a caustic stick about with him in his gig. The mechanical school revels in the sound and pessary, both useful enough instruments in their proper places, but, when misused, capable of endless mischief, for many of the so-called displacements are now known to be constituted by chronically inflamed and adherent tubes and ovaries which can be relieved by removal only.

You will ask me, at starting, to tell you how this disease may be recognized, and I have to answer that their diagnosis cannot now, and probably never will, be a matter of certainty. They begin generally in some acute attack of pelvic inflammation, from which the patient dates all her troubles; and when you get such a distinct history you ought at once to be on your guard. This illness may have arisen, for instance, in a closely-confined and confessed attack of gonorrhœa; or it may be an attack of pelvic perimetritis, occurring after a miscarriage or a labor; or it may have arisen in one of the exanthematic fevers or a simple cold. In some of the cases, however, you get no clear starting-point in the history, and then the diagnosis is generally more difficult. The symptoms are usually precise enough, yet unfortunately none of them are peculiar to the condition of which we are speaking. Pain is, of course, a leading feature; indeed, it is rarely without pain as a chief incentive that patients consult us at all. This pain is complained of as being constantly present, greatly aggravated by