

ground to be covered is so considerable that I shall present my views concisely and of necessity somewhat dogmatically, so as not to consume your time unduly. Presented in this way, I hope the subject will elicit full discussion, as I consider it one of the most important and suggestive in gynecology.

Before treating of the individual diseases of the uterus requiring surgery, it will be well to consider the diseases of the uterus as a whole. It cannot be too strongly insisted upon that a very sharp distinction should be made between diseases of the uterus themselves and diseases of the uterus complicating, or complicated by, diseases of the uterine appendages. This is the key to the situation, and upon a right appreciation of this fact depends success or failure, or even disaster, in the management of this class of cases. Uncomplicated disease of the uterus, barring neoplasms, seldom or never threaten life, and belong to the minor ailments of women. Where the uterine malady is complicated by inflammation of the uterine appendages, the conditions are essentially different. The disease of the appendages overshadows the disease of the uterus, which must be nearly or quite disregarded. For were it possible to cure the uterine malady without modifying the disease of the ovaries or Fallopian tubes, little would be accomplished, as the more serious disease would remain. But this is not all, for experience has amply shown that to tamper with the uterus, particularly by operation or by intra-uterine applications, in the presence of complicating tubo-ovarian inflammation, is a most dangerous thing, liable to set up acute pelvic or general peritonitis. Hence it should be laid down as a rule that operation upon or manipulation of the uterus is contra-indicated in all cases in which tubo-ovarian inflammation exists. The contra-indication becomes the more absolute the greater the gravity of the complicating disease of the appendages.

The experience of the past has shown the truth of the foregoing statements, and the knowledge of the present concerning the nature of pelvic inflammation has rendered the whole subject easy of comprehension. Formerly, various explanations were offered, some of them quite fantastic, as to the occurrence of pelvic inflammation following manipulation of or operation upon the uterus when "fixed," or in the presence of "cellulitis" or of "thickening." Now we know it is due to the rupture of intraperitoneal adhesions and the escape of septic material from the diseased appendages.

*The Uterine Sound.*—I have but little to say in commendation of the uterine sound. Unquestionably it does far more harm than good as used to-day. I believe that its field of usefulness is very limited. For the purposes for which the sound is ordinarily used, it is an unnecessary instrument. Bimanual examination

teaches the size, shape, position and mobility of the uterus far more accurately than the sound, and without injury to the patient. The textbooks say that the use of the sound should be preceded by bimanual examination to determine the above questions and the presence or absence of pelvic inflammation. If this be so, and the facts be determined, what is to be gained by the use of the sound? More or less uterine colic, and perhaps an acute salpingitis, when a dirty sound has been passed into a healthy uterus, or a clean sound passed with some force into a uterus in the presence of tubal inflammation. Unquestionably, the use of the sound has no place in the determination of the foregoing facts concerning the uterus. Likewise, I would condemn the use of the sound as a uterine repositr. Mobile uteri can be repositr by Schultze's method, and fixed uteri should be left alone. The sound is useful in determining the potency of the uterine canal when this is in doubt; and may be useful in the differential diagnosis of obscure morbid conditions in the pelvis, but I am convinced that the facts apparently determined by its use are often illusory, and that the practitioner who least relies upon it will make fewest mistakes in diagnosis. The sound may be used to determine the presence of fungosities within the uterus; but the history of uterine hemorrhages and leucorrhœa, with the absence of disease outside the uterus, makes the diagnosis so certain as to obviate the necessity for its use. The diagnosis and cure can be made with the curette.

*Intra-uterine Medication.*—I feel convinced that intra-uterine medication has been much abused, and that the cases are extremely rare which require or are benefited by the application of a medicament within the internal os uteri. Intra-uterine applications have been recommended for chronic endometritis and chronic metritis. When uterine leucorrhœa established the diagnosis of endometritis, and the same, with enlargement and tenderness of the uterus, not due to subinvolution or neoplasms, established the diagnosis of chronic metritis, these diseases were said to be very common—indeed, the most frequent diseases of women. Hence, intra-uterine medication became a routine practice. If I am to judge from my own experience, uncomplicated chronic endometritis and metritis are not frequently met with. As an illustration, by going over a hundred cases in my case-book, and selecting uncomplicated cases, I find seven. If the cases of laceration of the cervix, with erosion, etc., were added, the list would be considerably increased. But in by far the largest number of cases these morbid conditions exist in relation with inflammatory affections of the uterine appendages, preceding and causing the tubo-ovarian disease, and later being kept up by it.

In the presence of the tubo-ovarian inflamma-