duced, in the fourth edition of his system of surgery published in 1866 states that the "treatment of retroversion must obviously be of an antiphlogistic character, consisting of rest in the recumbent position, light diet, astringent and cooling injections into the vagina and rectum, and the application of leeches to the hypogastric and sacro-lumbar regions. When the uterus has become firmly adherent to the surrounding parts, the disease may be regarded as irremediable, though considerable relief may follow the use of a pessary."

In those days the various inflammations of the appendages and pelvic peritoneum went under the general term of cellulitis, which came about as near being the correct pathologic term as the word hematocele for the collection of blood in the pelvis from a ruptured ectopic pregnancy.

Before the advent of abdominal surgery the pathology of pelvic disorders was in a very chaotic state, together with most all diseases of the abdominal organs. Since the modern development of abdominal work we are rapidly revising our pathology at the operating table instead of in the post-mortem room. In other words, we are beginning to have a living pathology instead of a dead pathology.

The result has been that the treatment of uterine retro-displacements has changed from a medical and palliative one, to a surgical and radical one, much to the comfort and health of our patients.

I do not mean by this that the day of the hot douche, tampon and pessary is past, for many cases are relieved and possibly some cured by these methods, and I believe that in many cases we get better and more prompt results in our operative work by a preliminary course of palliative treatment.

In a simple uncomplicated retro-displacement which is well retained by a pessary the woman should be permitted to choose between the permanent use of such a support and a radical cure, since no operation is absolutely devoid of all risk. In such cases all lacerations and inflammatory conditions of the cervix should be overcome and a well fitting pessary inserted and the patient given full instructions for the care of herself, with a warning to report at intervals for the inspection and alteration in size or shape of the support, in case the same should become necessary.

In complicated cases, or when the patient herself chooses to accept an operation, we are at once embarrassed by the multitude of operative procedures which have been devised for the sure cure of this displacement.