

specific gravity, the bowels habitually constipated and the ever-present leucorrhœa, pain in the back and side. Here we have a catarrhal endometritis and sub-inflammatory metritis that a properly regulated diet, exercise and baths, diuresis and catharsis will restore to health without any local interference whatever.

"The same pathological conditions exist in diabetes and the treatment is for diabetes."

So in other cases constipation, dress or habits are responsible. I can easily understand how a patient might be operated upon and cured really by the douching, catharsis, diet, rest in bed, yet attribute her recovery to the operation. I am satisfied, too, that the pseudo-gynecologist who did the job would claim the entire credit for his surgery.

Hysteria is the happy huntinggrounds of the pseudo. He fails to diagnose this disease and makes the mistake of a vaginal examination, finds a disease that is not there and finally commits the blunder of local treatment. In this connection let me quote again :

"I know of nothing more prejudicial than local examinations for the supposed pelvic affections of hysterical girls. So strongly am I convinced of the perniciousness of this practice that I have for a long time absolutely refused to examine such cases except under an anesthetic and then not until I was perfectly satisfied that all efforts in the way of medication and general management failed to give relief, and consequently that there must be some organic lesion."—Skene (*Medical Gynecology*, 1895, page 299).

"Tampering with the pelvic organs when there is nothing the matter with them increases hysteria tenfold."—*Ibid* (page 300).

"In hysteria the brain rather than the uterus is the organ involved. A very large number of the diseases of women of all classes is of hysterical origin. This explains the marvellous results from the many and various treatments in vogue."—Magillcuddy (*Functional Nervous Disorders*, 1896).

These pseudo-gynecologists may be considered in three classes: The fellows who repair lacerations, those who take out ovaries and those who take out everything. The repairers of cervical lacerations are most common. The risk is small and the glory great. With them every torn cervix needs an operation. Moreover they think it necessary to tell the patient (if not attended by themselves at confinement) that their doctors tore them all to pieces, or at least that they are the victims of neglect. Madden (*Clinical Gynecology* 1893), quotes Emmet and Thomas in support of his contention that the true state of affairs cannot be ascertained just after labor. *American Text-Book of Gynecology*, 1894: "It is not proper, in view of our light and methods of to-day, to attempt the immediate repair of cervical tears."