suppressed, menstruation; cold feet and an irritable bladder; general spinal and pelvic soreness and *pain in one ovary*, usually the left, or in both ovaries. The sense of exhaustion is a remarkable one; the woman is always tired; she spends the day tired, she goes to bed tired, and she wakes up tired—often, indeed, more tired than when she fell asleep. She sighs a great deal, she has low spirits, and she often fancies that she will lose her mind. Her arms and legs become numb so frequently that she fears palsy or paralysis. Nor does the skin escape the general sympathy. It becomes dry, harsh, and scurfy, and pigmentary deposits appear under the eyes, around the nipples, and on the chin and forehead. Blondes are likely to get a mottled complexion, and brunettes to be disfigured by brown patches or by general bronzing. Sometimes the whole complexion changes to a darker hue, and an abnormal and a disfiguring growth of hair appears on the face. There are many other symptoms of nerve strain, but since they are not so distinctly uterine in expression, and therefore not so misleading, I shall not enumerate them.

Now, let a nervous woman, with some of the foregoing symptoms, recount them to a female friend, and she will be told she has 'womb disease.' Let her consult a physician, and he, especially if she has backache, bearing down feelings, an irritable bladder, and pain in the ovaries, will assert the same thing, and will diligently hunt for some uterine lesion. If one be found, no matter how trifling, he will attach to it undue importance, and treat it heroically as the erring organ. If no visible or tangible disease of the sexual organs be discoverable, he will lay the blame on the invisible endometrium, or on the unseeable ovaries, and continue the local treatment. In any event, whatever the inlook or the outlook, a local treatment more or less severe is bound to be the issue.

Yet these very exacting symptoms may be due *wholly* to nerve strain, or (what is synonymous) to loss of brain control over the lower nerve centres, and not to direct or to reflex action from some supposed uterine disorder. Neither, for the matter of that, may it come from some real, tangible, and visible uterine lesion which positively exists. Thus it happens that a harmless anteflexion, a trifling leucorrhœa, a slight displacement of the womb, a small tear of the cervix, an insignificant rent of the perinæum, or, what is always present, an ovarian ache, each plays the part of the will-o'-the-wisp to allure the physician from the bottom factor. To these paltry lesions—because they are visible, palpable and ponderable, and because he has, by education and by tradition, a uterine bias—he attributes all his patient's troubles; whereas a greater and subtler force—the invisible, the impalpable, and the imponderable nervous system—may be the sole delinquent. The sufferer may be a jilted maiden, a bereaved mother, a grieving widow, or a neglected wife, and all her uterine symptoms—yes, every one of them—may be the outcome of her sorrows, and not the outcome of her local lesions. She is suffering from a sore brain, and not from a sore womb.

Strange as it may seem, the coccygeal joint is very liable to play the barometer to any kind of mental worry. The serious surgical blunder is, therefore, not infrequently made of extirpating, for sheer hysterical coccygodynia, this important bone—important from its muscular origins and insertions. I have known coccygodynia to attack a lady after the death of her mother. Every kind of treatment failed, but it was finally abruptly cured by her great resentment at the second marriage of her father.

I must confess to becoming far less inclined than formerly to operate on trifling lesions of the reproductive organs, and especially on small tears of the perinæum,