

degenerative changes may come at any time, and are ready to return should any pelvic symptoms arise.

Further conditions, involving the question of operation, are: Accidents of childbirth and malignant disease. With improved methods of midwifery, the former are now seldom seen calling for secondary operation. But malignant disease is a constant possibility. No one familiar with its contributing causes would leave cicatricial tissue to become an irritant, or interfere with pelvic circulation. It is inexcusable to treat a beginning malignant condition for an eroded cervix, when by the use of cocaine, in one's office, it is so easy to remove, without the patient's knowledge, a small piece for microscopical examination. Of course, pus collections should not be allowed to remain in the pelvis any more than in any other part of the body.

With this definition of the limits of my subject, I will mention some of the more frequent general conditions that call for treatment in non-operative gynecological patients, and methods used to correct them; and some of the most frequent local troubles found in these patients, and the means utilized to relieve them.

There will be no attempt to treat this subject exhaustively.

In dealing with these cases successfully, one must realize that while they present themselves for gynecological treatment, many of their symptoms are not purely and exclusively gynecological, although often they are reflexes from functional disturbances springing from the original pelvic disorder. While the local conditions must be treated, the local measures adopted will be made more effective if, in each case, combined with them, is a careful consideration of the general condition, and those measures utilized that will most quickly restore any functional disorder that may be present.

The most frequent general symptoms of these patients are the derangements of secretion and excretion, anemia, and symptoms of the nervous system. The most frequent local conditions are: (1) Displacements of the uterus, with or without displacements of the adnexa; (2) catarrhs, acute, sub-acute, and chronic, confined to the uterus, and (3) the same, with extension to the tubes and secondary involvement of the ovaries.

I have unbounded faith in local treatment, but in many cases one can use local treatment indefinitely and utterly fail to cure the patient if with it do not go general medication and hygiene. This includes diet, clothing (few women dress properly), carefully regulated out-of-door life, with some interest to divert the mind from introspection.

The most frequent nervous symptoms that gynecological patients wish to be relieved of are their nervous instability ("nervousness"), headache, backache and other neuralgias, and in-