

consultants in medical societies, and as writers of books and contributors to periodicals they are best known to the profession. Among many such are Sir James Paget, Sir Henry Thompson, Sir Prescott Hewett, Mr. Jonathan Hutchinson, Dr. Russel Reynolds, Sir Wm. Jenner and Mr. LeGros Clark. Yet in their green old age many other celebrities still lead an active hospital life. Mr. Timothy Holmes still teaches at and attends St. George's; Dr. Pavy at Guy's; Dr. Playfair is still physician accoucheur at King's College Hospital; Drs. Wilson, Fox, Sydney, Ringer and Mr. Christopher Heath can be found at University College Hospital, and so on. I have been politely and kindly received at all the medical institutions here although I have doubtless been set down as an average specimen of a "walking interrogation point with the dyspepsia"—the formula by which the American visitor is sometimes designated. I hope before leaving England to give you an account of the meeting of the British Medical Association in Brighton where I hope to see a number of Canadian confrères. Dr. Holmes told me that he must leave here in time for the meeting in Quebec of the Canada Medical Association, of which, as you know, he is President. Mr. Fowke, General Secretary of the former Association, suggested to a few members of the Canadian contingent here that the C. M. A. should become a branch of B. M. A. How does that strike you?

C. A. W.

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Progress of Science.

ON THE TREATMENT OF PAINFUL MENSTRUATION AND STERILITY FROM FLEXION.

A Clinical Lecture Delivered at the Hospital of the University of Pennsylvania.

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GENTLEMEN: While our patient is getting her ether in the waiting room, let me give you her history. It is a history which will soon be to you as familiar as household words, whether you practice in cities or at cross-roads. She is a young woman who has been married eight years; but she has never conceived, and since puberty has suffered from very painful menstruation. Since her marriage, her periods, as is usual in such cases, have been getting more and more painful. At present, not only are they unbearable, needing large doses of opium, but she is yearning to become a mother.

Now, what lesions shall we probably discover in this case? Ten to one, a womb bent forward on itself, and a narrow uterine canal. True, the displacement may turn out to be a retroflexion, but this is a lesion almost peculiar to the child-bearing womb, while antelexion is the natural condition of the nulliparous womb. Here let me disabuse your minds of a prevalent error, viz: that antelexion in itself is a pathological condition. Many text books speak of this flexion as a lesion, and exhibit many forms of pessaries devised to rectify this so-called displacement. But in the great majority of cases neither antelexion, nor, for the matter of that, anteversion, is pathological. In almost every unmarried or barren woman you will find the womb either bent forward or tilted forward, and resting on the bladder; for this, in varying degrees, is its natural position. The mistake made is in attributing to this natural position of the womb the various forms of pelvic trouble, especially that of irritability of the bladder, to which women are so liable. But the kinship between the brain and the bladder is a remarkably close one. This has lately been studied by two Italian physiologists, Mosso and Pellacani, who go so far as to contend that "every mental act in man is accompanied by a contraction of the bladder." The irritability of the bladder is then one of the first symptoms of loss of nerve control. Everybody is liable to it. You, on examination day, will be annoyed by it. Many a lawyer before pleading an important case, and many a clergyman just before delivering a discourse, is compelled from sheer nervousness, to empty the bladder. So it is with the lower animals, which, when frightened, micturate involuntarily. A nervous bladder is then one of the earliest phenomena of nervousness. Now a hysterical girl, or a woman whose nervous system has collapsed under the strain of domestic cares, consults a physician for such symptoms of nerve prostration as wakefulness, utter weariness, a bearing down feeling, backache, and perhaps, above all, an irritable bladder. Upon making a digital examination he, of course, finds the fundus of the womb resting on the bladder, and at once jumps to the conclusion that the whole trouble is due to the pressure of the womb on the bladder, viz: to the existing antelexion, or to the anteversion as the case may be. He now makes local applications, and racks his brain to adapt or to devise some pessary capable of overcoming the supposed difficulty, forgetting that the upward or shoring pressure of the pessary on the bladder must be greater than the corresponding downward, or gravity, pressure of the womb. There is, in fact, no pessary but the dangerous stem-pessary which can meet the end without pressing upon a fold, or double thickness, of the bladder. But, very fortunately, antelexion is not often pathological. It is certainly not pathological in the foregoing instances; for the symptoms, especially the vesical ones, are not due to the pressure of the womb upon the bladder, but to