

the struggling medical tyro. He soon learns that the public loves the marvellous, and the intelligent patient pines for distinction as the heroine of an operation. To enhance her own importance she must boast of the danger of the case and the special skill of her doctor. The admiring public accordingly seeks his office for advice about everything from a headache to a bunion. For this reason some practitioners, who find they can operate a little, spread among their patrons their fame as gynecologists. And it pays.

These are the men who think it wise to make a vaginal examination of every female with backache at any age from six to sixty, and who invariably find some malposition, laceration or inflammation, etc.

Patients who were suffering from general systemic causes have been operated upon for some imaginary or secondary local complaint and where the usual failure did not result, recovery was due to altered regimen. Pseudo gynecologists have become so used to regarding all diseases through a certain kind of spec's (?) that they have lost all power to diagnose simple cases. A familiar figure suggests itself to us of the specialist who, about nine years ago, electrified this city by curing all diseases with ring pessaries.

In the *American Journal of Gynecology* (March, 1899), Palmer Findley writes:

"Disorders of the general circulation from an incompetent heart, and increased resistance to the general circulation from lesions in the lungs, liver and kidneys will frequently determine the sub-inflammatory lesions of the pelvic viscera. The uterus is increased in size and weight, then follows backache, a sense of weight in the pelvis, leucorrhea and dysmenorrhea—the clinical picture of passive engorgement of the uterus associated with catarrhal endometritis. The line of treatment is perfectly well defined. Local treatment could be of little avail and might infect the uterus.

"The simple primary and secondary anemia in pernicious anemia, leukemia and chlorosis, the uterus and its adnexa may be imperfectly nourished and developed, and in consequence the menstruations become irregular or absent; usually there is a mucous discharge from a catarrhal endometritis and dysmenorrhea is rarely missing. Here, again, meddling interference is to be discountenanced.

"The urea, uric acid and other waste stuffs formed in excess of the normal, or inefficiently eliminated by the kidneys, are vicariously eliminated from the respiratory, gastrointestinal and genitourinary tracts and we have bronchitis, gastroenteritis, and endometritis caused directly by the waste stuffs eliminated from the mucous surfaces. We have a familiar picture in a woman of sedentary habit, eating freely of nitrogenous food, the urine of high