

ment of carcinoma. I share in the enthusiasm of your distinguished Fellow, Dr. A. Lapthorn Smith, that the general recognition of this fact has led to a notable diminution in the number of cases of epithelioma of the portio vaginalis, though I cannot agree entirely with him in view of the fact that the insidious disease, adenocarcinoma of the cervical canal, is still as prevalent as ever, and is unfortunately seldom recognized until the parametria have been invaded.

When I was a student and young practitioner the most experienced diagnostician had no eye, or sentient finger, except for coarse lesions. We rested long under the magic spell of Sims, the burden of whose song (as has been that of the French school) was the cure of sterility by operations on the uterus. His influence is still felt, and we continue to dilate and curette, regardless of the old dictum of Gross, that in a considerable proportion of our cases the husband, not the wife, is at fault. Various patent stems and sure cures have had their day. "*Donnez moi des chiffres, et je vous prouverai tout*" must be written on most tables of statistics. If we only had sufficient patience to wait for the results of collective investigation, instead of rushing into print with our own scanty experiences! We are so prone to jump at conclusions based on imperfect and ill-digested material!

Sterility is, and ever will be, the burning question in gynecology. I cannot pretend, in this short hour, to discuss it, and would only call attention to the fact that certain difficult problems, psychical as well as physical, are still unsolved. My own observations in the post-mortem room and at the operating-table have convinced me that in closure of the abdominal ostia of the tubes (whether due to simple or to mild specific inflammation) lies the solution of many of these cases which baffle the clinician because he can discover no palpable lesion, or history of former trouble.

A word in this connection as to the results of so-called conservative surgery of the adnexa for the cure of sterility. I never remove both ovaries and tubes in women of the child-bearing age unless they are hopelessly diseased, not because I have had such brilliant results as used to be reported, but because I believe that the retention of the function of ovulation and menstruation preserves the patient from much future misery. Under certain limited indications, I am ready to open the abdomen (with the full understanding on the part of the patient that the operation is more or less empirical) where I suspect occlusion of the tubes, and have been gratified to find that my inferences have sometimes been justified; but I am not yet prepared to advocate this as a regular procedure in doubtful cases.