

spermatozoa. While this condition exists conception is impossible.

No. 3, sterile, was treated for sterility in America, for a long time (two or three years.) She went to Europe; had the cervix cut open, and was sent away with the promise of offspring. I saw her some time afterward. The microscope proved that the husband was sterile. Therefore, the previous treatment at home and the operation abroad were useless. I could relate several other cases like the above. But, as I often made the same mistake before I fully understood the value of the microscope, I forbear.

No. 4, married four years; sterile. She had dreadful dysmenorrhœa, followed by discharge of a bloody brownish mucus, of an offensive odor. The uterus was antelexed; anterior wall hypertrophied; os uteri small. I was in doubt, at first, whether to recommend an incision of the cervix or not. I told the husband that an operation would be necessary if the semen did not enter the canal of the cervix; but, if it did enter, the case might be cured without cutting. The wife came to see me the next day, some five or six hours after sexual intercourse. A drop of mucus from the cervix contained spermatozoa in great abundance. Here, the whole question of diagnosis and treatment was settled at once, and in the only way possible, by the microscope. For this one examination proved all that was essential to know—viz., 1. That the semen was perfect; 2. That it entered the cervical canal, and therefore there was no surgical operation necessary; 3. That the cervical mucus poisoned the spermatozoa, and hence a treatment directed to the utero-cervical canal was indicated. After the next menstruation (a month's treatment), the cervical mucus was considerably improved, for it contained large numbers of active spermatozoa. At the end of two months, I found living spermatozoa in the cervical mucus, thirty-six hours after coition. All treatment was now suspended, and after the next menstruation conception took place.

No. 5, married five or six years without offspring. The uterus was small, and retroverted by a fibroid, about the size of a walnut, on its anterior surface, just at the junction of the cervix and body. The os was very small, so small that a most distinguished accoucheur advised incision of the cervix, to admit the passage of the semen, although he was not in the habit of performing the operation, and, as a general rule, was opposed to it. In former years, I would have given the same advice without the slightest hesitation. But now I said, No. Let us first see if the cervix admits the semen. If so, the operation is hardly necessary. If not, it is. I saw the wife the next day. A drop of cervical mucus, under the microscope, determined the question against the operation at once; for the mucus was full of spermatozoa, but they were all dead. During the treatment of this case, I have seen the mucus in the lower segment of the cervix full of living spermatozoa, while that taken from the os internum was full of dead and dying ones. Nothing but the microscope could have revealed the truth in such a case as the above.

No. 6, married eight years, sterile, had been treated by several distinguished physicians for the sterile state; and had been to Bms and other watering-places, all for no result. At last she came

to Paris, to see my friend Sir Joseph Oliffe, and he called me in consultation. I found a long, conical, indurated cervix, with a small os—just such a case as I would have pronounced sterile by necessity, and just such as I have over and over again operated upon without further thought. But now I wished to be sure before recommending an operation. After explaining the necessity for it, I requested this lady to come and see me, four or five hours after coition. She returned the next day. I could find no spermatozoa in either vaginal or cervical mucus. I requested her to come again. I saw her two days afterward—no sign of spermatozoa. I told her that perhaps the seminal fluid all passed away in the act of rising and dressing. She thought it did. After further explanations, she readily agreed to send for me some morning, to verify the state of affairs. She was a very sensible woman, and fully understood the reasons given. A day or two afterward, I saw her in bed, about thirty minutes after sexual intercourse. The vagina was full of semen; and I removed about a drachm of it, and went home immediately for the microscopic examination. But, unfortunately, there were no spermatozoa. Not very long ago (seven or eight years), I had the idea that sterility was essentially a female infirmity; that men were never sterile, except when impotent; and that any man, legally competent for the married state, was physically so for procreation. But the microscope unsettles and settles all such vague notions. It is natural to suppose that a strong, vigorous man is more fitted for procreation than a weak or puny-looking one. Some of the greatest lights of the profession have held such views as this. It was only two or three years before the death of the lamented Trausseau, that he said to me, in speaking of a case we had under consultation, "If our patient only had a man for a husband, all would be right." I subsequently found out that the husband's passions were strong; that his semen was perfect; that it entered the cervix in great abundance; and that the spermatozoa were there poisoned by a vitiated secretion. I mention to show that we must not judge from appearances, when it is so easy to settle the question by the microscope.

No. 7, married nine years, sterile, had consulted several distinguished physicians, one in Germany, who told her it was useless to try any further treatment, as she was now well enough, and that it was the fault of her husband that she did not conceive. I explained to her that there was nothing easier than to determine that question at a single visit. She came the next day. I removed some vaginal mucus; also a mass of cervical, as large as a pea, that was just hanging from the os; also some from within the canal. The vaginal mucus contained spermatozoa, but, of course, they were all dead. The mass of cervical mucus that hung out of the os contained spermatozoa in abundance, all dead. The mucus from the interior of the cervix was wholly devoid of spermatozoa.

Here the microscope settled the whole question. There was no longer any guess-work. 1. It was not the fault of the husband that there had been no conception. 2. The seminal fluid did not enter the canal of the cervix. 3. The spermatozoa were killed by the cervical mucus, where the two came