

PREFACE

IN preparing this volume the author has endeavored to keep constantly before him the following aims:

1. To give prominence to the scientific basis of each subject under consideration. For this purpose the most thorough attention has been given to modern researches in sectional and dissectional anatomy, histology, embryology, comparative anatomy, pathology, and bacteriology, in so far as they bear on diseases of women, and the author has included the chief facts collected by himself in original investigations carried on during the past sixteen years.

2. To study clinical phenomena in their widest relationships.

3. To insist upon exercising caution in the adoption of therapeutic measures not yet thoroughly tested, especially of certain ones which have, in recent years, been recklessly advocated.

4. To give emphasis to methods which have proved satisfactory in the author's experience.

Owing to the marked surgical trend in gynecologic practice during the last twenty-five years a narrow specialism has been evolved which has resulted in the establishment of a school whose motto is Michelet's dogma—*Le bassin c'est la femme*, and whose remedial measures are limited to different forms of mechanical procedure—from passing a sound to extirpating the appendages.

Too strong a protest cannot be urged against the concentration of attention on the local pelvic condition without regard to wider physical and psychological relationships. Pascal has a chapter, in his famous book, entitled "Man's Disproportion." The term might justly be applied to the mechanical school of gynecologists, who have done so much harm by their failure to give to the various symptoms related to the pelvis their proper proportional values.

The accusation of the broad-minded physician that gynecologists tend to ignore many factors, other than those of pelvic origin, which are productive of neuropathies in women, is a well-merited one, and the majority of specialists must acknowledge its force. It must also be admitted that there is much truth in the counter-charge, brought by the specialist against general physicians and neurologists, of a narrow sciolism which fails to estimate the significance of local pelvic phenomena, either from reckless disregard of them or from inability to make satisfactory physical examination of the pelvis. Whatever be the deficiencies of the latter members of the profession it is certain that their enlightenment will come not from narrow specialists but from those who, in addition to being well-grounded in their own sphere of work, are capable of a wide range of thought and vision, and whose practice is