acter, so great is the influence of the parent soil, especially in the case of epithelial cancer." Paget remarks, "The history of the development of cancers makes up some of the dark pages of pathology, and in many respects the origin of such tumors is confessedly mysterious. Their first beginnings are generally hidden, being deeply buried in the tissues, so that when a swelling manifests the possible existence of a tumor it is regarded with doubt in the first instance, and then by astonishment as well as by dismay at the rapidity of its growth." In such doubt, astonishment and dismay, we must recognize and acknowledge our ignorance.

The remaining degeneration to be reviewed as a possible cause of the group of symptoms offered in the case submitted to you is glandular polypus. I have, in the course of my practice, had many cases of polypus where the loss of blood was for a long time attributed to excessive menstruation about the time of change of life, the entire absence of pain preventing the patient from experiencing alarm, and consequently not advising her medical attendant of her condition; but in none of these cases, as far as my memory serves me, was there excessive watery discharge in addition to hemorrhage, presumably from their having been of a fibrous character, instead of the soft and cellular variety, admirably illustrated in the last edition of Thomas, page 532. The source of the hydrorrhœa is there sufficiently obvious, partly from the grape-like masses and partly from the mechanical obstruction to the escape of the menstrual blood, but no such blocking up of the cervix existed in my patient's case, and if a polypus existed it clearly had its seat either at fundus or sides of uterus. Dr. Gooch remarks that when hemorrhages from the uterus arise from a polypus, medicines are useless, and that the only effectual way to cure the hemorrhage is to remove the polypus. To this Dr. Thomas pertinently replies that lives have been sacrificed to just such an assertion, both in this and other diseases. I quote from his work, page 534: "When the young practitioner reads the brilliant record of an os dilated, an instrument carried to the fundus, a tumor removed, and a case of metrorrhagia cured, he feels almost culpable if he have a case under treatment and do not follow a similar course, and as he sees his patient's pale face every day demanding a cure, he is often resolved to run every risk to effect one. But he who is familiar with this kind of practice knows that it in reality involves many dangers, and that successful cases have a proneness for creeping into literature which does not characterize fatal issues. I would be distinctly understood as not undervaluing the practice of dilating the cervix and removing intracorporeal polypi by instruments carried to the fundus. I merely desire to insist upon the fact that such a course is necessarily dangerous; that it should be undertaken only after a careful consideration, and that its proper performance requires skill and experience."

With these words of wisdom from one of the most eminent gynæcologists of America, I most emphatically concur. There is too frequently an unjustifiable amount of rashness in uterine surgery, and this note of warning from a man of Dr. Thomas's vast experience should be held as no timid counsel, but the result of judgment matured by long practice. Success in professional life will have no tinge of doubt or pain in the retrospect, if every case is carefully studied and compared with the experience of the most eminent in the profession. Popularity may be acquired by a variety of means, but public favor is not likely to be retained unless the respect of the profession is secured, and this will scarcely be the case if recklessness more than caution is the characteristic of the practitioner, and the allurements of hypothesis indulged in, to the sacrifice of that ingenuous temper of mind which would prompt equally a detail of failures as a chronicle of successes. I must apologize, Mr. President and gentlemen, for the time I have occupied in enlarging upon a case in practice, that perhaps with reason might be considered as warranting nothing beyond succinct detail. There were, however, many features in it incidentally suggestive of variety of opinion, the expression of which by the members of our society cannot fail to be both profitable and interesting.

NOTE.—Since the reading of this paper, my friend, Dr. I. H. Cameron, has forwarded me the following extract from the proceedings of the St. Louis Obstetrical and Gynæcological Society.

Dr. Boisitiniere presented a specimen of the so-called hydatiform mole, and said that a medico-legal question may arise in connection with these cases, which always suppose pregnancy. Playfair remarks that true entozoa may form in the substance of the uterus, which, being expelled per