

leucorrhœal discharge has existed fifteen years' and there is nothing else the matter with this woman's genital organs. If that polypus were removed, the leucorrhœa would be removed, and she would not lose so much of the albumen of the blood every day. This little mass is constantly moving like the clapper of a bell, and every time she gets up, every time she respire, it is rubbing against the endometrial wall. This polypus ought to be removed, and the patient ought to be treated in a general way. By so doing, I believe, as in the case which preceded, she might be entirely cured. You can scarcely believe that this is all that is the matter with the patient, nor can I; but I do believe it, just as you believe it. Very often the physician is inclined to overlook a little thing like this, just as the leper of old was inclined to overlook the river Jordan as a means of becoming purified.

As I was going to say, suppose I remove that polypus, and suppose I cure the leucorrhœa, then I will have accomplished what the patient desires, and afterward I can repair the damage which has been done her system, not only by this, but by diet and tonics.

Our next patient comes to us from a distance. Mrs. Caroline R—, a native of the United States, has been married nineteen years and borne nine children, and has had one miscarriage, which occurred at her last pregnancy, a year ago, since which time she has not been well.

Q. "What is the matter with you, madam?"

A. "For a year I have felt as if there was something wrong here in my left side."

She tells us that after her miscarriage a year ago, she had a flooding which prostrated her very much, and when she got up from this she lifted a heavy stove, and as she did so she felt something give way. To this she attributes the dragging sensation which she has experienced in her left side ever since. She says she feels very weak; that she has considerable pain, and that her bowels are constipated. You observe that this patient seems emaciated. She says she has been thin for several years, but never so much so as within the last year. Of course I at once proposed an examination, and found the vaginal canal bathed with leucorrhœa. You may say, do all these cases have leucorrhœa? Many of them do, but I have intentionally brought these cases before you to-day to impress upon your minds the fact that that condition which gives rise to leucorrhœa, and in consequence of which we have a flux of blood to the lining membrane of the uterus, can often be relieved by surgery. Upon examination, I found that the uterus had descended so as to project into the lower part of the vaginal canal, and this explains why she experiences a dragging sensation in her left side, but why it is confined to the left side I do not know; probably because one of the broad ligaments is more

sensitive to pain than the other, but why more sensitive I do not know. But now, to go a little farther: passing my finger up to the cervix, I found it torn to a little extent upon one side, and the mucous lining everted. Leucorrhœa! material was pouring out of the uterus itself; it was not at all vaginal. The patient is very uncomfortable, very much run down, and this constant leucorrhœal discharge is sapping her strength. I will not stop to go over her bill of fare, but, from my knowledge of these cases, I am willing to take it for granted that it is about the same as in the other instance. Looking at her face, one would say she is certainly not a well-nourished person. In regard to this symptom, which is constantly robbing the blood of important elements, put this patient upon iron, quinine, and a good diet, together with vaginal injections, and send her home. Three years hence, if you see and ask her how she is, she will tell you she is a good deal better, but you did not cure her of the whites, and why? Because you have not touched that part of her case at all. Now, as in the first case, where the cause of the continuance of the leucorrhœal discharge, that is, fungosities upon the endometrium, with subinvolution of the uterus, was different from the cause which prevailed in the second case, namely, a polypoid growth in the cervical canal, so in this case there is an entirely different cause from that in either of the preceding cases, and that is ectropion of the lining membrane of the organ. If you will absorb the idea that to be a good gynecologist you must be something of a surgeon, and if in this case you will simply snip this ectropion on each side and turn in the edges of the mucous membrane, you will cure this patient of leucorrhœa within two weeks after the operation, or certainly within four: not by any other treatment, but simply by removing the cause of the leucorrhœa, which, as I have already stated, is a slight laceration with ectropion. But when this is removed, will the patient be well? Not by any means. The vagina is lax, the perinæum is worthless and in a state of subinvolution. The traction on the posterior walls of the vagina may be overcome by means of a pessary, and a great deal can be done by the use of astringent vaginal injections, thus keeping the vaginal walls contracted. But repair of the perinæum will do more toward the cure of the case than anything else that could be done.

Our next patient is Miss Julia B—, who comes to our clinic to-day in company with her mother and aunt. She is a native of the United States, and is unmarried. She has been sick for six months.

Q. "Will you tell me whether you were in good health up to six months ago, miss?"

A. "Yes, sir, I was."

Q. "How have you complained during the last six months?"