

that is to say, mistaking retroversion for other conditions or mistaking other conditions for retroversion, are certainly amongst the commonest. But, indeed, accurate diagnosis in complicated conditions, (and complicated conditions are common and the most important) is often most difficult. A common mistake is overestimating the importance of retroversion, of the displacement *per se*, in a complicated case, as of pelvic inflammation directly inducing the displacement. Such an imperfect or mistaken diagnosis may lead to an attempt to replace the uterus by sound or repositor, and to its mechanical treatment by pessary, with, most probably, disastrous results.

This leads me to speak of mistakes in overestimating the importance of deviations of the uterine axis from the normal. No more fierce wordy wars have ever been fought than by gynæcologists over the relative importance and order of occurrence of displacements, and those changes in the circulation and nutrition of the uterus to which we apply the term chronic metritis. The transactions of the Obstetrical Society of London of about thirty years ago teem with the discussions. While most of us claim to have obtained a position nearer the truth, the consultant still finds in the body of the profession imperfect views, and inadequate conceptions of the subject. It seems often to be forgotten that the uterus in health is essentially a very movable organ. It is pushed backwards by a distended bladder, forward and upwards by a distended rectum, and by every act of respiration, especially by forced respiration as in coughing, vomiting, or violent effort, it is deviated from what may be considered the norm, and all such displacements, temporary it is true, are attended with relatively little in the way of symptoms attributable to the uterus.

I am next led to speak of another mistake which we have made in the past, but which we are, some of us at least, now rectifying, and that is in failing to recognize that in many women a displaced uterus is only one element, though certainly a very important one in a case of more or less general descent or sagging of abdominal viscera, the condition of enteroptosis. For many years I have in every case I examine made a point of examining for the position of the kidneys as well as other viscera of the abdomen. Displacements of these organs in gynæcological cases are of extreme frequency. It is true that descent of the kidney does not always cause symptoms. In other cases the symptoms are grievous. In the parous woman they are especially so. The commonest and perhaps the most important mistake here is in overestimating the importance of the pelvic condition and neglecting to take into account the rest. The repair of a lacerated perineum, the necessary colporrhaphies, and the performance of a selection from the various forms of