so. Occasionally the fundus uteri invaginates the rectum, and acts as a complete ball-valve. Diarrhœa is sometimes the result of friction of the bowel, produced by flexion. Pain in defecation is another common symptom; prolapsus of the bowel occasionally results. As regards the bladder, friction of micturition is most commonly the symptom, and anteflexion the cause. Pain, after emptying the bladder, is due to this also. Retention of urine is most commonly caused by retroversion or retroflexion.

The Changes in the Uterus were next considered. Change of shape and position has been shown to be the most important of these changes in congestion or engorgement of the uterus. It has a very intimate connection with change in shape; hence, in fact, diversity of opinion. Finally, the question really is, what is the cause of the uterine congestion? Congestion pure and simple is not perhaps rare, but it is rarely witnessed. It may give rise eventually to hypertrophy, but it does not usually occasion marked symptoms. It is when conjoined with flexion that it assumes clinical importance. Congestion is inevitable when the uterus is compressed at its centre; which happens more or less when the uterus is flexed. Klob and Thomas also take this view. The two extremities of the uterus, or one more than another, exhibit this result in particular cases. That mere congestion does not occasion flexion, has been ably argued by Dr. John Williams. That flexion is only important when conjoined with congestion—a view advocated by many, is erroneous. No doubt the advent of congestion aggravates the suffering. It is equally certain its removal is a blessing to the patient; but the fact that the congestion disappears or undergoes material diminution, by simply straightening the uterus, shows what is the real relation of the connection between the two. It is sufficient to carefully watch the behaviour of the uterus in such cases to become convinced of the importance of the flexion. There are many varieties of congestion; the uterus attacked by it being in different states in different cases. Mere softness of the uterus must not be confounded with it, though a soft uterus is very liable to become congested. The manner in which local hypertrophies of the os originate from long-standing flexion, congestion at these situations, were next described. "Congestive hypertrophy" is the term proposed to describe the changes hence resulting. ("Areolar Hyperplasia", Thomas). The other changes observed at the os—swelling, turgescence, redness, abrasion of epithelium, etc., have a close connection with congestion, produced as above described. "Chronic inflammation", which is the term which has been applied to the conditions giving rise to these changes, is more accurately described as "congestion".

The varieties of uterine distortions come under two principal heads: *a*. Anterior flexion; *b*. Posterior flexion. Lateral flexions are rare. The local secondary effects are very important: the undue thickening of the uterine wall at some situations, the great thinning of it at others. It may be found as thin as brown paper at the internal os. Hence the great difficulty of absolute cure in very long-standing cases.

Disorders of innervation have been already discussed.

Peri-uterine Inflammation.—On this latter subject, the only remark for which there is space is that, in some cases, an œdematous effusion is liable to occur near the uterus as a result of displacement.

Principles of Treatment.—"Preventive medicine" is the medicine of the future. From this point of view, the previous considerations suggest important generalisations. The mechanical diseases of the uterus being the most important, and such disease almost never occurring except when the uterus has become greatly weakened in consequence of the general condition of the body being at a low ebb, it follows that the greatest care should be exercised in nourishing and sustaining the strength of the body as a preventive measure. Exercises and exertions will have to be regulated. Pain following exertions will not be lightly regarded. The effects of long-continued nausea will not be overlooked. As regards the cure of the diseases, first, it must be admitted that all are not alike. Duration of the disease alters the curative aspect of cases, the consistence of the uterus also, the soft uterus being more easily curable. The great object is to restore the uterus to its proper shape: 1. By positional treatment, which is capable of doing very much, and sometimes all that is required. This fact is very important, as it enables us to treat rationally, and without necessity for local measures, cases of commencing disease in young women. Instances of this were given. The horizontal position is best, either prone or supine, according to the nature of the case, *i.e.*, whether the flexion is backwards or forwards. In severe cases, it is not enough, but is still absolutely necessary, otherwise failure will result; and, as a part of the treatment may have to be more or less insisted on for a long time, the knee-elbow position is a further aid. 2. Mechanical internal treatment is required in long-standing cases. Pessaries, by which pressure is made upwards, in front of or behind the uterus, are of the greatest service, aided by positional treatment. For backward flexions, modifications of the Hodge pessary; for forward flexions, the author's "cradle" pessary are recommended. Pessaries ill-fitted are worse than useless. If the uterus be hard, the sound must be also frequently employed to aid in the unbending. Tents also effect this object. Uterine stems, improved by Meadows, Bantock, Chambers, and others, are of great assistance in some cases. The congestion which forms so important an element in cases of this kind is generally at once relieved by straightening the uterus, by position, by a pessary, or by the sound.

The general treatment is of the utmost consequence. One of the principal merits of the system of uterine pathology now expounded is, in the author's opinion, the explanation offered of the process by which health passes into diseases, and why the sound uterus becomes predisposed to injury from accident, or, more slowly, by the debilitating influence of semi-starvation. A generous diet is always required. Frequent small meals are necessary, especially is animal food required. Tonics are useful. Fresh air, but not long walks or long drives, unless in the semi-horizontal position. Baths, frictions, and other hygienic measures, are useful adjuncts.

In conclusion, expressing his regret that time did not admit of even an arrangement of the facts which he would have been glad to bring forward in support of the arguments employed, Dr. Graily Hewitt said: "My appeal is confidently made to unbiassed intelligent observation for confirmation of the facts on which these conclusions are based. How far I have succeeded in my endeavours to deduce from clinical facts a rational and intelligible system of uterine pathology, it must be for you to determine."

CHEIRO-POMPHOLYX.

By WAREN TAY, F.R.C.S.,
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It is with great regret that I help in any way to prolong a most unnecessary and unfortunate discussion as to a "simple question of priority"; but I feel compelled to do so by the kind of evidence Mr. Tweedy adduces, namely, his own familiarity with Dr. Fox's teaching since 1870, and a conversation he had with Mr. Hutchinson in 1873, leaving any one to infer that, whilst Dr. Fox recognised a certain skin-disease as peculiar in 1870, Mr. Hutchinson was just taking notice of it in 1873. Now, I have no wish to detract in the slightest from the credit due to Dr. Fox for recognising the disease as far back as 1870, or for publishing his description, in 1873, under the term "Dysidrosis"; but, on the other hand, I must carry my memory back six years further than Mr. Tweedy does, namely, to 1864, when the portrait published by Mr. Hutchinson was taken. I distinctly recollect the fact of the artist being sent to Nottingham; I saw the portrait when finished, and Mr. Hutchinson talked to me (and others) about the features of the disease on many occasions. There are others besides myself who can assert that the essential clinical features of the description given by Mr. Hutchinson in his *Atlas* formed subjects of conversation at the London Hospital, the Hospital at Blackfriars, and elsewhere, whenever the portrait was shown, or a case bearing any resemblance presented itself. There is also the fact that, in Mr. Hutchinson's Clinical Lecture of April 1871 (*Lancet*, April 29th, 1876), a case is quoted, of which *the notes were taken in December* 1867. The portrait and the notes surely form more definite evidence than any statement by Mr. Tweedy or myself, founded on familiarity with the teaching of Dr. Fox and Mr. Hutchinson.

Then, again, as to comparing certain vesicles to grains of boiled sago, I had become so accustomed to hear Mr. Hutchinson use this strikingly apt illustration, that I failed to realise how much originality there was in it till I read Dr. Fox's communication to the *Lancet*. Though Dr. Fox is to be congratulated on having also been attracted by the resemblance, there is no doubt that sago-grains had been made to do duty long before he wrote his paper. Had Mr. Tweedy even occasionally seen cases of diseases of the skin with Mr. Hutchinson, I have no doubt he would have made acquaintance with the views of the latter much sooner than 1873; but they had only been in the habit of meeting for a few months, and then ophthalmic subjects engaged attention almost exclusively.

Dr. Liveing's suggestion as to hyperidrosis seems to me worthy of consideration, for Dr. Fox's description of profuse discharge of acid fluid, in his last communication, certainly points to a different state of things from what I have found in real (or suspected) cheiro-pompholyx. Dr. Thin may place too much reliance on Dr. Robinson's negative observations; but, on the other hand, Mr. Tweedy has not proved the fluid he saw at the apertures of sweat-ducts to be other than serum. It is to be hoped that some patient who is not "nervous" will afford a believer in dysidrosis the opportunity of setting our minds at rest by demonstrative (positive) sections.