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UTERINE DISPLACEMENTS.

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What makes a displacement pathological? is the great question among gynæcologists at the present day. The *Lancet*, and those journals and practitioners that copy it, say a very large majority of all women have not the uterus erect, nor in its proper place; very few of these women suffer in any way therefrom, and therefore mechanical treatment for displacement is absurd. Graily Hewitt, and the American school, seem to treat all displacements whenever they find them. As in most things, the truth really lies between the two extremes.

It is quite true that in healthy women the uterus is very commonly displaced; it is equally true that women who present themselves to the gynæcologist for treatment have very commonly the uterus displaced, and by curing the displacement the patient is restored to health. To answer the question at the beginning of this paper is, therefore, the way to reconcile these two extremes, and I believe the only way; for it is very easy to quote conclusive statistics on both sides. We want the hospital case and post-mortem book, with careful microscopical examination, and also the case-book of the family physician. It is only by combining these three that this question can be satisfactorily answered. Dissecting-room records and tables compiled from healthy women simply give opportunities for special pleading. To treat all displacements with a pessary is empirical, to deny the use of pessaries altogether is to condemn a large proportion of women patients to life-long misery.

When a patient comes to me with pain about the left groin, which has never left her for sixteen years, if I find the uterus displaced and support it with a pessary, and her pain instantly ceases, I am justified in considering her displacement pathological. If by restoring the displacement the pain is not removed—provided I am satisfied as to the mechanical completeness of the

restoration—then the displacement is not pathological; in my own experience this is exceedingly uncommon, the former being the rule.

I do not mean that every woman with pain in her groin is to be suspected of displacement; yet, by excluding other ailments in cross-examination, it proves very commonly to be from stretching of the round ligament as the result of displacement. Drugs are useless in such a condition, and mechanical appliances alone of service; bandages and belts are of temporary use; pessaries alone give permanent relief, and frequently end in cure. The value of pessaries, I still think, is best appreciated by the family physician. In a hospital the out-patient is fitted with a pessary, and after a few weeks' attendance is entered cured; the in-patient is similarly fitted, and has a few weeks' rest in bed, with proper diet. Both cases go to swell the statistics of the treatment undergone. Not unfrequently the out-patient relapses, becomes tired of the treatment, considers it hopeless; and so the in-patient, after her artificial life in hospital, seems cured, frequently to relapse when she returns to her household duties. Again, I commonly find that to complete a cure a pessary has to be changed to a smaller size, sometimes much smaller than they are to be purchased. This means treatment occupying months, and involving nicety of adjustment not to be expected in hospitals. I therefore think that family practice, in which we have our patients under supervision for years, is of more service than hospitals in determining the value of pessaries. Nevertheless it would greatly help the family physician were hospital medical men, by their case-books and necropsies, aided by microscopical examination, to determine when and why a displacement becomes pathological. In other words, the profession should look to hospitals for diagnosis and indications for treatment, and to family physicians for practical treatment and its results.

Each year confirms me in my original opinion that there is no displacement of the uterus which cannot be relieved, and generally cured, by the aid of pessaries.

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