

enough, he says, to cast the eye upon the walls of a developed uterus, after having removed the peritoneum, to recognize how easy it is to fall into error, and how easy to represent as nerves and ganglia, muscular fibres, venulæ, lymphatic vessels, etc., especially after a prolonged submersion. The supra-vaginal portion is freely supplied, but the infra-vaginal portion is very scantily supplied with nerves. Hence excision, division, cautery, may cause little pain unless inflammation be present. The pain sometimes evoked on touch is often due to communicated pressure in parts beyond. In cancer there is little pain, so long as the disease is limited to the vaginal portion.

THE VAGINA.

The vagina is a musculo-membranous canal extending from the vulva to the uterus. It is at the same time the organ of copulation in woman, and the canal serving for the passage of the menstrual blood on the one hand, and of the product of conception on the other.

It is situated in the cavity of the pelvis, between the bladder and the rectum. Maintained in its position by intimate adhesions with the surrounding parts, the vagina is still not so fixed but that it may undergo an inversion upon itself like the finger of a glove or an invagination. This, in fact, is the true nature of most of the cases of so-called prolapsus with procidentia of the uterus. It is to be observed that the anterior wall of the vagina is shorter than the posterior wall; the difference being from 0.4 inch to 0.8 inch. Its direction is oblique from above downwards, and from before downwards. When the bladder is empty, its axis forms with that of the uterus a right angle. When the bladder is full, the angle of junction is obtuse, the open aspect of the angle looking upwards and forwards.

The vagina is not of equal width in all parts of its length. Its lower or vulvar orifice is the narrowest part; its upper extremity has much larger dimensions. In women who have had children, the fundus of the vagina forms a large bag, in which the speculum may be made to sweep freely, and in which also a large quantity of blood may accumulate in cases of uterine hemorrhage. Moreover, this canal is eminently dilatable, as is proved by parturition; it is, at the same time, elastic; and after labor it may return nearly to its original dimensions. The part which is most dilatable and the least elastic is certainly the upper part, to which the name of *vaginal bag* might well be given, whilst the lower orifice might be called the *vaginal strait*.

When not dilated by a foreign body, the walls of the vagina touch each other at every part, so that its cavity is completely closed. This may be clearly demonstrated by watching the behavior of the vagina during the withdrawal of the tubular or bivalve speculum. As the instrument retreats from the fundus, the walls of the vagina close up behind it, and even help to expel the speculum by its elasticity and contractile action. There are, however, cases in which the fundus of the vagina presents a true cavity, the walls not being in contact. This I have chiefly seen in women who were subject to prolapsus. It is also often remarkable during the process of abortion. If a horizontal section of the organ is

made, it exhibits a transverse slit not always of exactly similar shape. Generally this slit is slightly curvilinear, with anterior convexity, and each of the two extremities falls upon an antero-posterior slit, which gives to the whole the form of the letter H. This form is perfectly adapted to that of the neighboring parts; for the urethra is placed in the opening of the anterior branches, and the rectum is received into the posterior space. The transverse branch is generally about 0.25 inch long in the adult. In the child it is shorter, and the section takes rather the shape of a star. The calibre of the vagina is smaller in virgins. It is comparatively inextensible. Its muscular power seems greater than in married women, and especially than in those who have borne children. Hence the care that is necessary in the selection and use of instruments, as the speculum and pessaries, in single women. Still the walls of the vagina are generally easily extensible; but they would not be extensible enough to permit the child's head to pass in labor, if the vagina did not share during pregnancy in the hypertrophy of the uterus; and if in hypertrophying it did not dilate sufficiently to prepare it for this function of an excretory canal.

Relations.—1. The anterior aspect of the vagina, which presents a slight concavity in the transverse direction, answers above to the base of the bladder. To this organ the vagina is united by a dense filamentous cellular tissue. Lower down the vagina is united to the urethra, and the relation is so intimate that the urethra seems to be hollowed out of the anterior wall of the vagina. The urethra may thus be felt like a prominent cord running along the median line. It thus forms an excellent guide to the situation of the meatus, serving as a direct clue in passing the catheter. This intimate adhesion of the vagina with the bladder and urethra explains why these latter organs are constantly dragged down in displacements of the uterus.

2. The *posterior aspect* of the vagina answers to the rectum, through the peritoneum in its upper third or quarter, and immediately in its two lower thirds or three quarters. But I have shown that the peritoneum comes down lower on the left side of the vagina, than it does in the median line behind. This disposition of the peritoneum explains why, when the posterior wall of the vagina is torn in its upper third or fourth, the intestines may fall through the rent. The vagina adheres to the rectum by a cellular tissue much looser than that between the bladder and vagina, so that the rectum is not so liable to be dragged down in the displacement of the vagina.

The *recto-vaginal septum* is the septum formed by the apposition of the posterior wall of the vagina and of the anterior wall of the rectum. Inferiorly the rectum detaching itself from the vagina, there is formed a triangular space, whose base is below, and whose antero-posterior diameter defines the thickness of the perineum (see Fig. 1).

3. The lateral borders of the vagina give attachment above to the broad ligaments; below to the pelvic aponeurosis. They are crossed by the levatores ani muscles, which, however, take no insertion here.

The *inner surface*, or mucous membrane of the vagina, is smooth in its upper portion, and presents on its two walls flattened rounded tubercles, measuring from 0.04 inch to 0.12 inch in diameter, and pressed against each other; or else there are crests or transverse imbricated prominences

representing very nearly the irregular asperities of the roof of the palate. These different prominences all spring from a median crest, which stretches under the form of a raphe along the walls of the vagina. The two median raphes are called the *columns of the vagina*. They present wide dissimilarities in individuals in form and size, and appear to be a vestige of the vice of conformation which consists in a median vaginal septum—a vice which although coinciding most frequently with bifidity of the uterus, may exist independently. The *anterior column* sometimes begins immediately behind the meatus urinarius, sometimes at a little distance from this orifice under the form of a large tubercle which serves as a guide in introducing the catheter. Greatly developed and very prominent at this point, it gradually diminishes, and is insensibly lost in the upper third of the vagina. The anterior column is often divided by a median groove, more or less deep, into two lateral portions.

The *posterior column* is generally less prominent than the anterior.

The columns of the vagina are formed of a kind of cavernous or spongy tissue. The venous plexuses situated around the vagina send numerous prolongations into the thickness of the muscular tunic, and even into the mucous tunic; around these the bundles of muscular fibres interlace in all directions, representing the trabeculæ of erectile tissues.

The rugæ of the vagina, very numerous in the new-born child and in virgins, are partly obliterated after delivery in the upper part of the vagina; but they always persist in the lower part, and especially at the vulvar orifice and in front. These rugosities are not folds, and cannot serve in facilitating the distension of the vagina.

The inferior or vulvar orifice presents in front an extremely rugous transverse prominence. This prominence, which is seen as soon as we separate the labia majora and minora, narrows, and even seems to close the entrance of the vagina. It belongs to the anterior column.

The *vulvar orifice* is not situated in the centre of the inferior strait of the pelvis; it approaches the pubic arch, and is separated from the coccyx by a much more considerable space. Even after labor, and throughout life, the vulvar orifice remains narrower than the rest of the vaginal canal. Hence a well-designed speculum should pass the vulva easily, and admit of expanding at the fundus of the vagina. It is only when the perineum has been extensively torn, or after long dilatation in complete procidentia with eversion of the vagina, that the vulvo-vaginal orifice loses its proper character.

In virgins the orifice is provided with a membrane, the existence of which is constant in the normal state, but whose form is subject to numerous variations. This is the *hymen* (from *ἕμην*, a pellicle); it is a kind of diaphragm interposed between the internal genital parts on the one side, and the external parts and the orifice of the urethra on the other.

The situation of the hymen does not seem to be constant. I have sometimes found it, or an equivalent fold or valve of mucous membrane higher up than usual, that is, quite *half way* between the vulva and the roof of the vagina.

This membrane is usually crescentic with the concavity anterior: it occupies the posterior half of the circumference of the vulvar orifice, and its extremities come forward to lose themselves on the sides of the meatus

urinarius. Sometimes it forms two-thirds of a circle, or even a complete circle, perforated near the anterior part of its circumference. The adherent border of the hymen is its thickest portion. Its free border is thin, concave, often irregular, notched in shreds or fringes, which lap over the meatus. Not seldom the hymen forms a membrane which completely closes the inferior orifice of the vagina, constituting the vice of conformation known as imperforate vagina. It usually is large enough to admit the forefinger with some little difficulty. If examination is made under anæsthesia, the membrane more easily stretches; but otherwise it is readily torn and bleeds. But it may be very resisting, fibrous, or even cartilaginous, and render copulation impossible. It may also happen that the hymen is very loose, or is provided with a large opening; it has been simply pushed back by the penis without being torn, and has been preserved intact until the moment of labor. It has even been known to persist in prostitutes. When the hymen has been torn, the bleeding shreds are retracted and cicatrize: they shrink, and give rise to the tubercles called *carunculæ myrtiformes*. The number, form, and situation of these carunculæ vary extremely. Most frequently they are three, thick and fleshy, and occupy—one, the posterior part, the other two the sides of the entrance of the vagina. Sometimes, instead of tubercles, lengthened shreds are found, or slight eminences with hooked borders, like a cock's-comb, or small pediculated polypi. The laceration of the hymen may be partial; then it persists as a complete half circle, narrow, with notched edges, or with fissures extending to the base.

The hymen is constituted by a mucous fold, containing between its lamellæ a layer of cellular tissue, inclosing numerous elastic fibres, and some muscular bundles of organic life. Some bloodvessels ramify in its thickness. Pavement epithelium covers its two surfaces.

Structure of the Vagina.—Thin above, the vagina thickens considerably at the level of the urethra, and terminates by a rugous, and very prominent enlargement, forming the protuberance at the entrance of the vagina, already described. The vagina invested behind, for a short space, by the peritoneum, has membranous walls not at all resembling those of the uterus. They are composed essentially of an *internal or mucous coat*, and of an external or muscular coat, which it is impossible to isolate by the scalpel, but which, on section, may be distinguished by their color. The first is white, the second reddish. Their thickness increases as we approach the vulvo-vaginal orifice. Around these two tunics is stretched a thin layer of cellulo-fibrous tissue, in which are found numerous *elastic fibres*.

The *muscular tunic of the vagina* is composed of bundles anastomosing and crossing so as to form nets in the large openings filled up with connective tissue. Sometimes the connective tissue, sometimes the muscular predominates.

The disposition of the muscular bundles presents nothing regular. The longitudinal and the circular fibres do not form distinct layers. The first, however, predominate near the mucous membrane, the latter near the external surface of the vagina. According to M. Rouget, the longitudinal or oblique fibres cross from side to side of the vagina; one part are continuous above with the external longitudinal fibres of the uterus; the

other part more numerous, run downwards and backwards on the sides of the rectum, and pass between the large vessels, united here into plexuses.

The *vaginal mucous membrane* is formed of a very dense connective tissue, abounding in elastic fibres. This it is which explains its great strength and the enormous distension it can undergo in the act of labor, without bursting. Numerous vascular papillæ, conical or filiform, cover the surface of the membrane; but they are buried and hidden in the investing stratified pavement epithelium. They are met with also in the interval of the prominences of the vaginal mucous membrane. They are absent only in the neighborhood of the uterine neck.

There are no glandules in the vaginal mucous membrane. According to Henle there are found exceptionally follicles analogous to the solitary follicles of the intestine, especially in the upper portion, and on the uterine neck. Huschke says, it is rich in muciparous glands. Sappey, on the other hand, affirms that after long and patient researches he has found nothing of the kind. Certainly if we may reason from the character of the discharges given off from the surface, I should agree with Sappey. These discharges are not mucous, but epithelium scales.

The *Bulb of the Vagina*.—Besides the rugous tubercle found in front of the orifice of the vagina there exists around this orifice a swelling or large cavernous body, filling the space which separates the entrance of the vagina from the roots of the clitoris. This is the bulb of the vagina. Not very thick in front where it is placed between the meatus urinarius and the clitoris, it swells progressively from this middle portion, and ends below on the sides of the vagina by a rounded extremity. The posterior part of the vaginal orifice only is deprived of bulb. It would be more exact, perhaps, to admit two bulbs, one on either side. These two bulbs have been compared by Kobelt to two gorged leeches. The dimensions of the injected bulb according to Kobelt are: length, 1.50 in.; width, 0.50 in. to 0.80 in.; thickness, 0.36 in. to 0.50 in. But these vary extremely according to age, frequency of sexual relations, of labors, and, lastly, to individual peculiarities. The external surface of the bulb is convex, and covered by the constrictor muscle of the vagina; it answers to the ischio-pubic ramus. Its internal surface is concave, and is applied around the vaginal orifice. The two halves of the bulb are united anteriorly, from which part issue numerous veins, establishing a communication between the bulb and the gland and corpora cavernosa of the clitoris. These veins receive also those which proceed from the frænum and labia minora in front, and from the labia majora behind. Some run directly to the dorsal vein.

Behind, the bulb furnishes not less numerous veins which communicate with those of the vestibule, vulva, urethra, and the venous networks situated around the bladder. From the terminal enlargement of the bulb also, large venous trunks, the true efferent vessels of the bulb, run to the internal pudic vein and communicate with the external hemorrhoidal veins.

The bulb of the vagina represents the corpus spongiosum in the urethra of man. It is composed of an investing membrane, very thin, and of an areolar spongy tissue, the spaces of which, rather large, are bounded by trabeculæ formed of connective tissue and smooth muscular

fibres. The bulb receives from the internal pudic artery a considerable branch, which penetrates at the posterior enlargement. This branch supports some very delicate nervous filaments which are distributed with it in the bulb.

Vessels and Nerves of the Vagina.—The principal arteries, the *vaginal*, proceed from the hypogastric. The uterine, vesical, and internal pudic all give branches to the vagina as well. All these branches ramify in the substance of the muscular tissue, to which they supply numerous ramuscles, and terminate in the substance of the mucous membrane.

The *veins* arise from the capillary network of the mucous membrane, reach the borders of the vagina, and empty themselves into the rich plexuses which surround it. These veins communicate below with those of the bulb, above with those of the uterus.

The *lymphatic vessels*, easily injected through the lymphatic network of the mucous membrane, proceed to the lymphatic ganglia of the pelvis.

The *nerves* come from the hypogastric plexus.

Development of the Vagina.—The origin of the vagina has been already considered at the same time as that of the uterus. According to Meckel, the rugæ and rugosities of the vagina only become manifest towards the fifth month of intra-uterine life. The hymen only appears towards the middle of foetal life. It is directed from behind forwards, is rough, thick, and more distinctly notched than at a later period. Its existence in the foetus is constant.

THE VULVA.

Under the name of *vulva* is comprised the collection of external genital parts—that is, the mons Veneris, the labia majora and minora, the clitoris, the meatus urinarius, to which might be added the orifice of the vagina.

1. The *mons Veneris*.—This is the name given to a rounded eminence, situated in front of the pubes above the vulva. This eminence is due in part to the projection of the bones, and partly to the adipose tissue which forms a cushion under the skin. At the epoch of puberty it is covered with hair.

2. The *labia majora*.—These are two prominent folds of skin which bound an antero-posterior opening to which most anatomists have given the name of vulva. Flattened transversely, thicker in front than behind, they present an external aspect covered with hair, and an internal aspect moist and smooth, contiguous with the same aspect of the opposite labium. It has also a free border, convex, and covered with hairs; an anterior extremity continuous with the mons Veneris; a posterior extremity which is united to that of the opposite side to form a commissure—the *fourchette*, which is often torn during labor. The space between the *fourchette* and the anus constitutes the *perineum*, which is an inch or more long in the majority of subjects. The space which separates the fourchette from the entrance of the vagina is called the *fossa navicularis*. The labia are composed of a layer of skin and a layer of mucous membrane, both richly supplied with sebaceous glands. The glands of the cutaneous surface open into the hair-follicles, those of the mucous aspect open, generally,

directly on the mucous membrane. Inclosed between the skin and mucous membrane is a large quantity of adipose cellular tissue in subjects at all fat; in all, applied closely to the mucous aspect is a considerable layer of a fibroid tissue, whose fibres, directed longitudinally, are chiefly elastic, but in which are also seen some longitudinal bundles of smooth muscular fibres. The adipose tissue is situated beneath the cutaneous aspect. Arteries, veins, lymphatics, and nerves make up the constituent structures.

The labia majora present great analogy to the male scrotum. Embryology establishes this analogy conclusively. M. Broca has even described a membranous sac which in its structure, arrangement, and relations, exactly represents the dartos in man.¹

In the fœtus, the peritoneal prolongation which accompanies the round ligament, which is called the *canal of Nuck*, terminates in a cul-de-sac in the mouth of the dartoid sac.

3. The *labia minora* or *nymphæ*.—These organs come into view on separating the labia majora. They are two mucous folds, narrow behind where they arise on the internal aspect of the labia majora, widening as they advance forwards and converging. Having reached the level of the clitoris they become a little narrower, and bifurcate before terminating. The inferior branch of the bifurcation is attached to the posterior border of the clitoris, with which it is continued, and thus forms the frænum. The upper branch, uniting to that of the opposite side, forms a hood-like fold, which is the prepuce of the clitoris. The surfaces of the nymphæ are smooth or slightly roughened; their free border is convex, nearly acute, and often slightly notched. The dimensions vary greatly according to age and race. In the new-born child, the nymphæ project beyond the labia majora. In the Hottentot woman they attain an enormous length, and constitute what is called the apron. The mucous membrane is covered, like that of the rest of the vulva, with a stratified pavement epithelium, or rather with a true epidermis. The derma is provided with simple papillæ, mostly vascular and conical. Their substance consists of a non-adipose tissue, and large bundles of elastic fibres anastomosing in network. Sebaceous glands, analogous to those of the internal aspect of the labia majora, but smaller, open on both surfaces, but principally on the internal surface, where they form a very crowded layer.

The vascular network of the mucous membrane is extremely developed; it is fed by branches of the internal pudic artery. The veins springing from these vessels are very numerous, and form a plexus seated in the thickness of the cellular tissue interposed between the two laminæ of the nymphæ, giving to these a sort of erectile character.

4. The *clitoris* is an erectile organ representing with tolerable exactness the corpora cavernosa of the penis. Its free extremity appears at the anterior part of the vulva about $\frac{1}{2}$ -inch behind the anterior extremities of the labia majora, under the form of a median tubercle, which is capped by the prepuce of the nymphæ, and which is continuous with the inferior branches of the bifurcation of these organs. This tubercle compared with the glans penis is the *gland of the clitoris*; it is imperforate, and

¹ Bulletin de la Société Anatomique, 1851.

is generally but little developed. When excessively developed it may assume an appearance not unlike the penis in size and form, and such cases have been reported as instances of hermaphroditism. Like the corpora cavernosa of man the clitoris arises from the ischio-pubic rami by two roots which enlarge as they converge at the level of the symphysis. Here they unite to form one body. The clitoris has a suspensory ligament, and an ischio-cavernous muscle, resembling those of the penis. The corpora cavernosa consist also of a fibrous investment, a median septum separating the right from the left corpus, and a cavernous tissue formed of fine trabeculæ in which the muscular element is very abundant.

The *arteries* of the clitoris are the cavernous and the dorsal. The latter belongs almost exclusively to the gland. The veins are very numerous; some emerge from the gland, and form the anterior radicles of the dorsal vein; others arise from the concavity of the corpora cavernosa and establish communications between the gland and the corpora cavernosa on the one hand, and the bulb of the vagina on the other; others, again, arise from the roots of the clitoris and proceed to the pubio-vesical plexus.

The *nerves* come from the internal pudic; they are principally distributed to the gland, in which they form thick plexuses.

5. The *meatus urinarius*.—Just behind the clitoris, in the median line, and immediately in front of the protuberance at the orifice of the vagina, is the orifice of the urethra. It usually exists as a longitudinal or starred slit, the borders of which are slightly notched and projecting.

The *mucous membrane* of the vulva is continuous on the one hand with the skin of the labia majora, and on the other with the mucous membrane of the vagina. It is composed of a very thin mucous chorion formed of bundles of connective tissue and very fine elastic fibres, and it is covered by a layer of cells rather to be classed amongst the epidermic than the stratified epithelia, since its superficial layers are distinguished by their flattened laminous form, and their want of nucleus. Vascular papillæ, usually simple and conical, abound on the mucous skin. At the level of the labia minora and of the clitoris numerous nervous fibres are distributed. On the labia majora and minora *sebaceous follicles* are thickly seated; they are visible to the naked eye, and supply a caseiform odorous matter. The same follicles abound around the meatus urinarius and the vestibule, that is to say, that part situated between the clitoris and the meatus. Some of them open on the sides of the vagina; but the most remarkable orifice is that which corresponds to the vulvar gland.

The *vulvar* or *Bartholini's gland* was described by Bartholini, Cowper, and Duverney; hence it also bears the name of the latter anatomists. More recently it has been studied by M. Huguier, who has named it the *vulvo-vaginal gland*. It is situated on either side of, and in the posterior part of the vaginal opening. It is ovoid, rounded, reniform, or flattened. In size it is about that of an almond; but in this respect it varies, and even on the two sides. Sometimes also glandular lobules, seemingly detached from the gland and scattered amongst the surrounding muscle, are found. The vulvar gland is in relation inwardly with the vagina, to which it adheres by a dense cellular tissue; outwardly,

with the constrictor muscle of the vagina. It has an excretory duct about $\frac{1}{2}$ -inch long, directed from below upward, and from without inwards, which opens on the surface of the vulvar mucous membrane, in front of the hymen in the retreating angle between this membrane and the wall of the vulva. When the hymen is broken up, the orifice is found in the corresponding angle between the carunculæ myrtiformes and the wall of the vulva. It is often difficult to detect, but is sometimes large enough to admit a probe. The constituent parts of the gland are a fibrous envelop, lobules formed of a great number of granulations, whence issue the excretory canals, arteries, veins, lymphatics, and a few nervous filaments. This gland is the analogue of the glands of Méry and of Cowper in man.

The Secretory Apparatus of the External Genital Organs.—The secretory apparatus of the external genital organs is exclusively constituted—with the exception of the vulvo-vaginal gland—of sebaceous glands in clusters, and of some sudoriparous glands, the last being found only on the external aspect of the labia majora. The sebaceous glands increase in number and diminish in size from the external aspect of the labia majora to the internal aspect of the labia minora. On the border of the labia minora they suddenly cease. There is no trace in the vestibule. The muciparous follicles of the vestibule, meatus and urethra, say C. A. Martin and Leger,¹ described by authors do not exist; they have probably been mistaken for mucous crypts. The sebaceous glands of the labia minora do not exist in the fœtus; they only attain complete development at puberty; after the menopause they undergo atrophy, as well as those of the inner aspect of the labia majora. During pregnancy they acquire a greater size than at any other period.

¹ Arch. Générales de Méd. 1862.

CHAPTER II.

CONDITIONS INDICATING NECESSITY FOR LOCAL EXAMINATION: DISORDER OF FUNCTION—DISTANT AND CONSTITUTIONAL REACTIONS—THE SUBJECTIVE SIGNS OF LOCAL DISEASE INDICATE APPEAL TO OBJECTIVE SIGNS—COMPARISON OF STUDY OF DISEASE OF PELVIC ORGANS WITH THAT OF SKIN AND EYE—DISTURBANCE OF FUNCTIONS OF OVARIES, UTERUS, AND VAGINA—AMENORRHEA, REAL AND OCCULT; MENORRHAGIA; DYSMENORRHEA—ABORTION—DISCHARGES: LEUCORRHEA, MUCOUS, ALBUMINOUS, WATERY, GASEOUS, PURULENT, HEMORRHAGIC, FLESHY, MEMBRANOUS—NERVOUS PHENOMENA: PAIN, LUMBO-DORSAL, INGUINAL, PELVIC, IRRITABLE OVARY, IRRITABLE UTERUS, MASTODYNIA, NEURALGIA, SPINAL IRRITATION, PARAPLEGIA, MENTAL DISORDER, REFLEX NERVOUS PHENOMENA, VOMITING, CONVULSION, EPILEPSY, HYSTERIA—DYSpareunia, VAGINISMUS—STERILITY.

THERE is nothing special in the mode of studying the diseases of women. Just as the ophthalmic surgeon is led to examine the eye because the patient complains of loss or disturbance of its function, or because he feels pain in it, or has some other subjective symptom referred to that organ, so by disturbances of function or some other subjective sign are we led to the discovery of disease of the sexual organs. When the function of an organ is disturbed, the *primâ facie* inference is that the organ itself which constitutes the mechanism by which that function is performed is out of gear. This is not indeed always absolutely true; because an impaired state of the blood, or disordered innervation, or derangement of another organ, may entail the functional disorder which arrests our attention. The genital organs are no exception to this proposition. The functions of the ovaries, uterus, or vagina may be seriously deranged by a state of anæmia or blood-poisoning, by disease of nervous centres, by disease of the heart, lungs, or liver. These functions may be even more seriously affected by mechanical pressure in continuous parts. Still the fact remains that we can hardly appreciate rightly or successfully treat these primary or correlated diseases if we do not take into careful consideration the state of the genital organs themselves. The general or distant affections require to be investigated and treated; but it is not safe to overlook the organs that may be secondarily involved.

It is needless to say that every woman who is ill and seeks advice does not suffer from disorder of the sexual system. She may labor under various constitutional disorders, and under disorders of parts of the body quite independent of the sexual system. On the other hand, general or local disorders may in their course react upon, and induce disorder in, the sexual system. And there are disorders of this special system, commencing in it, and in their turn reacting upon, and inducing disorder in, distant organs or in the general system.