PROGRESS OF GYNAECOLOGY.

BY A. LANTHORN SMITH, B.A., M.D., M.K.C.S., ENGLAND,

Fellow of the American and British Gynaecological Societies, Professor of Clinical Gynaecology in Bishop's University, Gynaecologist to the Montreal Dispensary, Surgeon in Chief of the Samaritan Hospital for Women, Surgeon to the Western General Hospital.

GYNAECOLOGY AT THE EDINBURGH MEETING OF THE BRITISH MEDICAL ASSOCIATION.—On the way to the meeting I had the pleasure of hearing an address by Martin, of Berlin on the Progress of Ovarotomy in the last twenty years. It was a remarkable paper by a remarkable man. He has adopted the vaginal route to a great extent, and he closed his papers by giving the results of 131 vaginal laparotomies for diseased ovaries and tubes and for retrvoersion, ovarian cysts and small fibroids, etc. Out of these 131 cases he lost two. Since my return from Berlin I have performed a number of these operations at the Samaritan, Western, and at my private hospital with most gratifying results. These will be reported in full later on but in the mean time it is of interest to note that all the patients operated by the vaginal route made a much quicker recovery than those by the abdomen. Although they included pus tubes, tubal pregnancies, retroversion with fixation cystic ovaries, and closed tubes which were opened, yet not one of the patients died. Another striking advantage was the absence of the abdomenal scar and the pain from the incision, which these patients generally suffer from very acutely was absent. In fact most of these patients did not require any anodyne whatever. During the discussion at the recent meeting of the British Gynaecological Society, a gentleman reported a number of cases by the vagina with bad results and the other speakers all pointed out with great stress that the vaginal route is not suitable for large tumors of any kind whether fibroids or collections of pus, because it is almost impossible to deal with the adhesions which are so often present in these cases In properly selected cases I feel sure that the vaginal route has immense advantages over the abdominal one.

One of the most interesting figures at the meeting was Doyen, of Paris, who showed two new instruments; one for automatically holding open the abdomenal incision, and the other, his instrument for arresting hemorrhage without ligatures by means of an enormously powerful crushing machine. The broad ligaments with the ovarian artery is seized and compressed for a minute with such force that it is completely crushed and when it is taken off no blood flows. I was told in Paris that it was not to be depended upon as several times secondary hemorrage had followed. I would prefer to trust Dr. Skenes electric clamp which dessciates the artery. One of the most interesting features of the meeting was a cinematographic representation of an abdomenal hysterectomy given by Doyen in one of the large halls of the University, at which there were six hundred doctors present. He is a very rapid operator and has devised a new method which only requires four minutes from the first incision until the whole uterus including the cervix is in the dish. The salient features of his method is to put a clamp on the two ovarians and then to catch the cervix through an opening in the vagina in Douglas cul de sac and draw it up forcibly, tearing it away