

in persistent, patient watching, judicious local applications and strict hygienic detail. I have seen both of these gentlemen do many abdominal sections. I have been present at eight ovariectomies by Landau, in all of which I had the honor of assisting; all of which did well, although some of the cases were attended with marked difficulties, the adhesions being general and the pedicle broad and juicy. At Dr. Gusserow's I have also seen a number of laparotomies and a quantity of plastic work, the results of which I do not know exactly, but in a general way I may say they were good. Dr. Gusserow's strong points are diagnosis and pathology in gynecology, and very general excellence as an obstetrician. His lectures on differential diagnosis and on the evolution of tumors are models.

Why should I speak of Prof. Schroeder, whose reputation is as wide-spread at home as it is in Europe. As a didactic lecturer he stands without a rival. He enunciates clearly and impresses his own individuality upon everything he says. To unrivalled excellence as an operator he adds the quality, somewhat rare, of a splendid teacher. He operates sitting on the *left* side of his patient, and is assisted by Dr. Hofmeier. Just as at Martin's so here, everything is done under the fullest antiseptic precautions.

Neither Schroeder, Martin, Landau or Gusserow use a *trocár*, but the contents of cysts are allowed to pour over the rubber sheet covering the patient and drip into a tub placed at the foot of the table. Neither are any especial precautions taken against reduction of temperature, save that at Prof. Gusserow's hot towels are placed on one side of the patient. I do not know that it makes any difference to the patient whether the trocár is used or not, but the operation looks better and is more cleanly when it is used. But I do maintain that it is good practice to supplement the heat of the body with hot bottles, and to expose only so much of the trunk as is *absolutely* necessary. Of the value of *strict* antisepsis there is no question in Berlin, and to it, in addition to the dexterity of the operators must be attributed the good results that obtain here. An analysis of the world's statistics, if such could be made, would show a percentage vastly in favor of such usage, for even the limited analysis that I have been able to draw when writing my papers on "American Ovariectomies," and later on "Laparotomy" (*American Jour. of Obstetrics*) have convinced me that the operator who neglects to make use of every precaution in an abdominal section commits a serious mistake. In these days of advanced pathology, when our knowledge of wound repair has altered and advanced, with similar changes in our conception of a *contagium vivum*, we cannot afford to sneer, whatever individual good luck we may have had without such precaution. I think no intelligent surgeon will for a moment

claim, that mere soap and water will cleanse the hand from the low order of parasitic origin which may cling to it from handling an infected part of the body, from removing stitches from a suppurating wound, or from making an examination of diseased cervix. Experiment has proven conclusively that soap and water will not do this. Knowing this, has any man the right to risk a human life to his super-sensitive prejudices. Much less is it in good taste to belabor with bitter invective those who are more cautious, and perhaps a grain more advanced in scientific research. Take away antiseptic surgery, and see what the results would be. I do not believe that gynecologists here realize the advanced position of their specialty in America, and in how many things they could be instructed in our leading Polyclinics. Apart from Emmet and Goodell they know little of our good men, and of the splendid work they are doing. For this reason I rejoice that an opportunity, in the meeting of the International Congress, will be given them of "liberalizing" their ideas. The amount of material in Germany, especially here in Berlin is simply enormous, and of course the opportunities of examination and of making diagnosis are superb, far ahead of anything of the kind, even in our largest Polyclinics. So to, *ex necessitate rei*, the opportunities of personally acquainting one's self with abdominal surgery are many, as such operations are being done constantly. In obstetrical, practical work too, with such enormous material, there must be advantages for superintending and managing a great variety of cases of labor, which the student at home cannot have. In Pathology and Diagnosis the Germans are admirable. But in minor Surgical Gynecology, in Conservative Gynecology (embracing Rest, Treatment, Massage, Electricity, and the use of new remedies for limiting pain) in surgical appliance and surgical neatness, and the treatment of misplaced uteri, the gynecologist here can learn much from us. I have seen case after case here, operated upon or burdened with a pessary. I have seen numberless cervixes cut off, and uteri injected, where it seemed to me, the primary thing to do was to rest the nerve pain, to ease the cry of an overtaxed system that was wearing itself out, and to build the system up after the plan of Weir Mitchell and Goodell, before attempting any local interference whatever. This treatment may not be as showy, but it is more effective and infinitely more logical. I cannot reconcile myself to such wholesale slaughter of cervixes, or to such constant local interference without any regard whatever to the more pronounced bodily necessities, and I wish with all my heart, that Goodell's lecture "The Nerve Counterfeits of Uterine Diseases" (*Medical News*, December 6, 1884) could be read by every specialist here. It stands out as a novel of elegant English, and of deep insight into the real cause of half of the