

Her general health was excellent, the appetite had returned, she had gained ten pounds in weight, and was able to attend to her domestic duties without being fatigued.

Up to two months ago, when I last examined her, there was no recurrence.

The factor in treatment to which recovery must be attributed, is difficult to determine, but in view of the recurrences of the neoplasm subsequent to the administration of the toxins, and the failure of Coley's method, as indicated by the unfavorable reports which have appeared from time to time in the medical press, I am disposed to consider the result obtained in the above mentioned case to be due to the operative measures employed.

Whether the cure is radical remains to be seen, but having had the case under observation for a longer period than a majority of those reported up to date, I think it may be safely recorded as one in which result of treatment has been permanent.

[COMMUNICATED]

VAGINAL HYSTERECTOMY: A REVIEW OF SIXTY-SIX CONSECUTIVE CASES

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Whatever adds to the health of woman tends directly to increase the happiness of the human race. On her physical condition hangs the destiny of nations. The truthfulness of this assertion is instinctively recognized by the medical world. Hence, volumes have been written, and a controversial warfare has been waged for centuries in an endeavor to elucidate her diseases and relieve her suffering. So bitter have been these conflicts in regard to the pathology of her ailments and their treatment, that the pelvic cavity may well be called the battle-ground of medical science.

Every generation, every decade, sees new triumphs in the direction of truth. The last quarter of a century has witnessed a revolution in the surgery relating to the pelvic region. While general

surgical methods have made a very decided advance, it must be conceded that some of the greatest triumphs have been achieved by improved operative measures employed to relieve many of the various pathologic conditions of the uterus and the adnexa. In the ablation of the uterus, ovaries and tubes much controversy has existed and still continues as to whether the abdominal or vaginal route afford the best results for equal conditions. The discussion, pro and con, has been extensive for the last three years and has augmented to the extent of many volumes. As with all subjects of like nature, there are a few salient points upon which the question hinges. My own observations are made after having witnessed these operations performed by some of the most skilled gynecologists of Europe, and then verifying their methods by personal experience. I am satisfied that each of these methods has its sphere of usefulness, and the broad-minded unprejudiced surgeon will not be slow in making the application. The general of an army who relies at all times and under all circumstances on a single plan of battle, will ultimately meet a most inglorious defeat. The successful man knows that frequently, on the instant, it becomes necessary for him to change his method of operation. Taking all things into consideration, I am satisfied that for most pelvic operations the vaginal route offers by far the best results. With the statistics that we now have, I should regard it as unsurgical and unwise in the extreme to perform any operation on the pelvic viscera abdominally, when there are no logical reasons or indications why the same could not be done by the vaginal method. There are growths, solid and cystic, of the tubes, ovaries and uterus, which we find impossible to remove per vaginam, but even here, in many instances, when the uterus has to be removed, I believe the percentage of deaths will be less if we begin or finish the operation through the vagina.

The question as to the advisability of