how can I accomplish the desired result with the least traumatism, time, shock, and mortality? And no one should presume to answer this question with reference to pelvic surgery without a familiarity with this method.

The question of any given operation, being easy or difficult, is dependent less upon the necessary mechanical manipulation than upon the discipline of brain and hand. Both the abdominal and vaginal methods are easy, and both may be equally difficult. They are not capable of such comparison, any more than when an ill-fitting plate has lodged in a more remote part of the alimentary canal. We should begin to compare œsophagotomy with gastrotomy, without considering the location of the offending body.

Those of us who have witnessed Continental surgery, especially upon those of the peasant class, who contribute the material of the clinics in the larger centres, have been astonished at the ease with which the operators work, and at the space which they have at their disposal. This latter may be real or only apparent; real, if the peasant pelvis is more roomy than that of our average Canadian patient; or apparent, owing to the proper management of the retractors and the dexterity of the operator. Be this as it may, it is well that the beginner in the vaginal method make careful selection of cases, not forgetting that a narrow pelvis might seriously impede his work. He had better avoid multiparæ, and for his first case select a multipare with relaxed vagina and ruptured perineum.

The conditions favorable to attack through the vagina are, generally speaking, pelvic exploration, including direct digital examination of the whole pelvic contents, as well as visual examination of the fundus of the uterus, tubes and ovaries, removal of small fibroids, ovarian or parovarian cysts, severing of adhesions, resection of different organs, retroversion. sactosalpinx, extra uterine pregnancy in early months, and all cases in which drainage is indicated, including acute septic salpingitis, puerperal or gonorrhœal. As to the point of entrance from the vagina, it may be through the anterior or posterior cul-de-sac, as the merits of the case demand. For pelvic exploration, and retro displacements, the anterior incision is preferable, and generally, for the other conditions stated, the posterior incision is the better.

Before the operation, the patient should have a bath, the external genitals shaved and thoroughly scrubbed, and a bichloride douche given. If there exist any suspicion of septic vaginitis, the cavity should be packed with iodoform gauze after each douche. The abdomen should also receive preparatory treatment, as the examination of the pelvic with the patient relaxed under the anæsthetic may re-