

possible to remove the uterus and appendages entirely. In the cases in which this is not practicable without exposing the patient too long to the depressing effects of prolonged anæsthesia, the "open treatment," with perfect drainage, gives the patient a much better chance for recovery than does the operation by abdominal section.

The objection has been made that the shock of extirpation of the uterus with the appendages is much greater than when the latter are alone removed. Krug, Baldy, and Polk have denied that this is true of the abdominal method. My own experience teaches that in vaginal total extirpation the shock is not any greater than in simple abdominal section with ablation of the adnexa.

The pain following vaginal extirpation when clamps are used is, undoubtedly, more severe than abdominal section. It only lasts, however, while the clamps are in position, and generally moderates considerably after the first twenty-four hours. I am inclined to believe that pain is greater when clamps are employed than when ligatures are used, but I regard the former as preferable, not only because the operation can be done in less time, an advantage not to be belittled, but also because hæmostasis is more perfect. The forceps must, however, be tested for elasticity before use, must be trustworthy, and must be securely locked. When properly applied and the vagina firmly packed with gauze, protecting the mucous membrane against direct pressure of the forcep-handles, there is usually very little complaint on account of their presence.

The after treatment is no more troublesome than after a simple abdominal section. A soft rubber catheter, with a button end (Pezzer's), is introduced into the bladder and allowed to remain until the first dressing is removed. After removal of the clamps and first dressing (in forty-eight hours), the urine is usually voided without assistance.

Unless the patient is very weak, she may be allowed to sit up in eight to ten days.

After the first dressing is removed the vagina should be cleansed once or twice daily with a douche of warm water. The bowels should be moved on the third or fourth day.

Without desiring to be considered a partisan of the Péan-Segond operation in suppurative and other inflammatory diseases of the pelvis, I am convinced of its great superiority over simple ablation of the adnexa in all those cases in which the uterus is the seat of gonorrhœal, septic, or tubercular infection.