

in the cul-de-sac of Douglas and if the tubes are normal, the exclusion of ectopic gestation is absolutely certain. If ectopic gestation is disclosed, the choice of operation, vaginal or abdominal, rests with the surgeon.

The early anterior vaginal operations, by Mackenrodt and Dührssen, were through a transverse incision plus a longitudinal of no great length or a long longitudinal incision. When, however, the indications for anterior vaginal celiotomy broadened, a long longitudinal incision joined to a long transverse incision became necessary, and today the method of entering the peritoneal cavity by the anterior route is no longer a haphazard procedure. It is a method which does no injury to any structure; it makes clean-cut wounds and nicely dissected surfaces and gives entrance into the peritoneal cavity through a space several inches in diameter. Fig. 1.

This method, aside from any value as a diagnostic step, can be safely used for the removal of small movable hard ovarian tumors, small fibroids of the uterus and large movable ovarian cysts. It may be used also in some cases of ectopic gestation where no active bleeding is going on.

Now, as to its application in radical or conservative operations on the adnexa. I do not consider the vaginal method advisable for the removal of pus tubes or of tubo-ovarian cysts adherent to the lateral pelvic walls, unless at the same time a hysterectomy is done, for without this latter step the operation is not so clean cut; finger dissection is rendered difficult; raw surfaces are left; the peritoneum is more extensively injured, the sigmoid likewise. It is difficult to stop oozing, and drainage, if needed, means incision of the posterior cul-de-sac.

Conservative operations on the adnexa, especially where little is felt on bimanual examination, as in cases of sterility, furnish no contra-indication, as a rule, because of adhesions or pus accumulations. However, I do not find the method well adapted to conservative operations, for it does not permit, in intraperitoneal operations, of nice adaptation, of clean cut edges, of cutting of the ligamentum infundibulopelvicum, all elements greatly to be desired in every case, especially in those where slight adhesions have produced marked suffering.