

The questions of operations upon the appendix and diagnosis and treatment of ectopic gestation have been fairly well settled. The method of dealing with the pedicle in ovariectomy has been settled, except for the fact that some operators prefer silk while others are assured of the safety of catgut. Operations upon the gall-bladder and gall ducts have been performed many times during the past ten years, and they are now well recognized as proper surgical procedures. The operations of nephrectomy and nephrotomy are looked upon as everyday procedures justified by the consensus of surgical opinion. Abdominal hysterectomy is an operation that has been much improved and simplified, some operators being still wedded to the clamp, while others prefer some of the other methods. The advisability of oophorectomy for some fibroids cannot be doubted. But there are several procedures about which my mind is as yet in an unsettled state. There are two operations performed that I think are of doubtful value—namely, the fastening of the kidney to the side and the fastening of a uterus *anywhere*. I consider that these operations have been recklessly performed and unnecessarily done. Whether they should ever be performed will be decided by future generations, if not by the present one. I have satisfied myself of the fact that a kidney can be firmly fixed if suppuration is produced, but I do not believe that the uterus can be permanently fixed unless a severe grade of inflammation, that may be dangerous to life, is produced. By fixing the uterus I consider that the physical laws of nature are outraged. The arguments for and against this operation will be presented to you later by Fellows of the Association.

Nephrorraphy was discussed last year, but to my mind the discussion was not a satisfactory one. I have read it carefully. Regarding the advisability of removing the uterus in septic diseases in the pelvis, there will be a good deal said about this subject. There may be considerable misunderstanding; the advocates of total ablation by the vaginal route have not expressed themselves with that amount of clearness that could have been desired. They have written as enthusiasts write. There are undoubtedly cases in which the uterus may be riddled with abscesses, but such cases are rare. That the uterus has been unnecessarily removed in many of these cases will, I think, be the common verdict. That the vaginal route has certain advantages cannot be denied; this route has been used for years for opening pelvic abscess, suppurating ectopic gestation, ovarian abscess in which the patients have been so debilitated by prolonged suppuration that they are unable to withstand the shock of any attempt to remove the diseased mass through the anterior abdominal wall. These cul-de-sac operations, however, have been improved as a consequence of the attention that has been drawn to them. A bold operation is now done in place of the timid puncture with a curved trocar.

Operations to which more thought must be given are those