

just those on account of which it was tried and found wanting, and that certain explanations are given for its success, when these same factors were condemned, in the abdominal operation as unnecessary. In this line especially is to be considered drainage. One operator gravely gives the perfect drainage of the vaginal operation as perhaps the chief factor of its success. Can we overlook in this light how strenuously many of us have been opposed, in our support of drainage as a necessary step in such pelvic work? Then, again, while arguing the vaginal method as the perfect procedure, it is seriously interpolated, that it is necessary to search carefully for multiple abscesses. "If left behind they will cause further trouble. To be sure it is possible and quite probable that they will open spontaneously in a day or two, but it is not safe to count on this event."

By the abdominal method we find these pockets without tedious search and we knew we are not leaving them, and we have long ago learned, and knew it without learning it, that it is unsafe, nay, fatal, to ideal results to leave them.

Again, we are directed in this operation, that when persistent, careful efforts have been made without avail to remove the appendages, "they must be abandoned," and nature allowed to complete the cure. And this "in a supposed ideal operation" to the complete removal of the uterus, granting for the sake of argument that, as these extremists claim, it is always the starting-point of pelvic disease.

Consider the following: "Very seldom does the fundus of the uterus have to be abandoned. The final result, however, is said to be quite as good, provided the stump does not offer an obstruction to the flow of pus, if there should be any. Then, again, it is claimed in many of these operations that they were inoperable cases, by the abdominal method. By whose dictum, pray? Shall we take as final the opinion of those, whose explanation of a favorite operation shows that they fear the essentials of a more surgically complete one?"

Enough has been noted to show that, surgically considered, the vaginal resurrection in the way of surgical attack on the disc-viscera pelvis, cannot be considered as an ideal operation. It is only the revival of an abandoned procedure, for the

removal of the annexa, and to it is added the removal of the uterus itself. Remember, we are not here considering simple vaginal hysterectomy.

This as an operation has its distinct field. From an experience which covers a great many cases of all kinds, embracing adhesions of all sorts and degrees, having had to deal with them both vaginally and from above; from an extensive experience, in dealing with abscesses, of all the pelvic viscera, single, multiple and diffuse, both in the tubes and without them, I have no hesitancy in expressing the opinion, that the time is not far distant when the very sanguine expressions of opinion concerning this much vaunted ideal operation, which is not ideal at all, will be much modified.

Over-enthusiasm cannot long override solid reason.

Adhesions that have a history of years in pelvic inflammation, involving omentum, intestines, large and small tubes and ovaries, with constriction, and, often, necrotic spots in the bowel, cannot fade away as if by magic, simply as a result of vaginal attack. We know that often adhesions of intestine and omentum constitute the chief factors of a woman's suffering. To leave these because we dread to enter the peritoneal cavity, is simply to confess we cannot enter it to our satisfaction. Who would seriously think of abandoning an incarcerated hernia, through fear of entering the abdomen? and yet this is the identical logic of this much vaunted "ideal operation," that we do not enter the abdomen; but nevertheless, the adhesions melt away. They may do so in France, and other foreign countries; I have not found it so at home. It is not easy to understand how any considerable number of operators, familiar with all the lesions commonly found in pelvic work, can lightly pass most of them by, trusting only to blind fate and chance. To have once seen a completed operation, a perfect abdominal toilet, is to increase the mystery of its abandonment, for a procedure necessarily so inexact as the vaginal method of dealing with extensive pelvic inflammations.

It is not sufficient to criticize any one method or to uphold it in order to lay claim to perfection of method and results. The field is too wide dogmatically to lay down any one procedure and claim for it as all-embracing, never-failing and as a posi-