

the vaginal and abdominal route was the subject of a long discussion at the December meeting of the British Gynecological Society. Dr. Arthur Giles summed up the general opinion very concisely by saying that the *raison d'etre* of the vaginal operation was to obviate the necessity of opening the abdomen, and that there was nothing that was done by the combined method that could not be done by the abdominal alone; consequently it seemed to him that to open the abdomen after beginning an operation through the vagina was practically a confession of failure; it meant that the operator had found himself unable to carry out his original intention. It was not his experience that abdominal operations for pyosalpinx had a specially high mortality, for it happened that a rather large proportion of his cases of abdominal section had been for pyosalpinx, and so far there had been no death among them. I might add that my own experience agrees with Dr. Giles, as I have often been agreeably surprised to see patients recover from the most serious operations for pus tubes when neither the assistant nor myself had thought it hardly possible.

Conservatism in Gynecology has been receiving a good deal of attention during the last few months. Up to within a year or two ago it was the custom to remove both tubes and ovaries when even one tube was diseased, even though the other tube and both ovaries were apparently healthy. When this was done in young women the artificial menopause was brought on so suddenly that it was accompanied with great inconveniences, so much so that many of these young women declared that they regretted having had the operation performed. This led us to remove only the tube and ovary on the affected side, and although we occasionally were reproached for not making a complete cure by removing both, mostly in cases of sclerotic ovaries, yet these cases were much fewer than those who complained of the miseries of the premature menopause. More attention was then directed to the matter, and now we frequently leave both ovaries in even when we have to remove both tubes for suppuration. Nearly a year ago such a case came under my care—a young lady who was infected by her fiancée with