

physiologist, physiologic chemist, obstetrician and gynecologist, together with much experimental work, before our knowledge on this subject becomes in any way complete.

*Gynecology and Abdominal Surgery.*—In the early days in this country travel was confined to the seaboard and rivers. If one wished to go from Baltimore to New York, the journey was made almost exclusively by water, and was one extending over several days. Gradually paths were carried back into the wilderness for a short distance, and later primitive roads were built and finally good stage roads. It was then possible to travel by fast relaying from Baltimore to New York in a few days. Now our express trains require four hours between these two points.

The progress in abdominal surgery and gynecology bears a striking resemblance to the gradual evolution in travel. In the beginning, only the outer surface of the abdomen and the vagina could be operated on. At a later date an occasional excursion was made to the abdomen, as successfully carried out by McDowell. With the epoch-making discovery of asepsis, the motive power was furnished, enabling us to traverse all parts of the abdomen. Since that date the "civilizing" influences have been gradually extended until the abdomen and its contents are fairly well understood. There still remain, however, a certain number of dismal swamps and everglades.

The greater part of gynecology deals with the surgery of the lower abdomen. Sometimes the operation is entirely confined to an exploration of the abdomen, but frequently, as in prolapsus cases, in order that a satisfactory result may be obtained, it is also necessary to carry out some vaginal operation in connection with that in the pelvis. Where large tumors exist, the confines of the pelvis are temporarily carried far up into the abdomen, occasionally as high as the liver, and now and then the intestines are densely adherent and may require resection.

In a no mean percentage of the cases, digestive disturbances are associated with a pelvic lesion, and naturally require investigation at the time of operation. The surgeon, who largely confines his labors to the upper abdomen, not infrequently finds pelvic lesions