

geons, encouraged by the results of ovariectomy, were performing abdominal operations for other conditions. As far back as 1863, Charles Clay performed the first successful hysterectomy for fibroids by the intra-peritoneal method; and in the same year Koeberlé, of Strasbourg, carried out the first hysterectomy by means of the *serre-neud* and the extra-peritoneal treatment of the stump. In 1879, Lawson Tait performed the first operation for the removal of inflamed tubes, and the same year witnessed the performance of Battey's first operation, in which healthy ovaries and tubes were removed for dysmenorrhea. In 1883 Lawson Tait established another record by operating successfully in a case of ruptured tubal pregnancy. But the conservative spirits in the medical profession twenty-five years ago opposed the performance of these operations, although they admitted the justifiability of ovariectomy; just as their predecessors of a generation previously had opposed the performance of ovariectomy; they said that fibroids and inflammatory conditions of the tubes did not endanger life, and that, consequently, it was not justifiable to operate for the relief of these conditions. Their opposition appeared, at the time, to be justified by the high rate of mortality, which then ranged from 20 to 30 per cent., whilst the mortality of ovariectomy had become reduced to from 10 to 15 per cent. But, happily for the race, there were surgeons who had the courage to persevere, believing that the mortality of these operations could be brought down, even as had happened with ovariectomy.

Thus the field of abdominal surgery became further extended; to enumerate only a few instances, we may mention the surgery of the appendix and gall-bladder, intestinal surgery, the operative treatment of gun-shot wounds of the abdomen, and operations for intestinal obstruction. Even the field of obstetrics was encroached upon; for while obstetricians were discussing the relative value of craniotomy and induction of labor in cases of contracted pelvis and other forms of obstructed labor, the advance of abdominal surgery made Cesarean section a safe and satisfactory alternative procedure. At the present time the destruction of a living child, on the ground that there is an obstacle to its birth in Nature's appointed way, is viewed with increasing repugnance; and we may look forward confidently to the time when the performance of craniotomy on a living child will be considered, save in very exceptional circumstances, as a relic of barbarism, stamping its perpetrator as an ignorant bungler.