

ity and inefficiency stop short of legitimate bounds, cry for help, and failing, cry out, "Peccavi—let us stop." Thus it is we see men constantly reversing their opinions and shifting ground, and trying something new, simply because they have failed in the old, and not because the old is a failure. If we look over the field of gynecology, with which we have now especially to deal, we shall see that the continual shifting and varying of opinion and method, is the characteristic of these two classes of workers, those who first rashly dogmatized, and those who, in spite of some experience, have failed to reach results above criticism. It is obvious that we must follow the teachings of such as these afar off, and utilize their dogmas by avoiding them. Do not for a moment consider that in this category are to be placed the pioneer workers of the field.

Their efforts are above criticism. Their labors have made possible our advances, and the rich harvest of their experience is ours by inheritance, not at least often by genius. Their wisdom has become our knowledge.

"Wisdom is humble that she knows no more.
Knowledge is proud that she learned so much."

In dealing with these matters, let us be glad we are able to learn, humble that we cannot know it all, and proud only to be worthy successors of those brave pioneers who have preceded us.

Unfortunately for the progress of gynecology, scientific emulation has too often been replaced by personal conflict, so that men, who, had they gone on in the ranks, might have added much to the sum total of advancement, became only obstructionists, and their influence, if not totally lost, was in an extreme degree negated.

Personal antagonism as heretofore existing, has its counterpart at present in an entirely unnecessary conflict as to the pathology of pelvic and abdominal disease. Pelvic cellulitis, the universal pelvic affection of the ante-bellum days, is once more being resurrected and made to play its part as a factor in pelvic pathology. True it is that it is oftenest brought in now-a-days as a puerperal affection, but scarcely so frankly as one might wish, and often with a careless disregard of the fact that its existence in isolated puerperal cases has long ago been demonstrated, and that in pelvic disease it has been argued and demonstrated out of the field. Let it be remembered that in

order to prove the existence of any given trouble, no half-way proof is to be accepted as final, and that we are not to stop when a point is apparently conclusive, unless it is just as evident that nothing else can put a different phase on our supposed fact.

Puerperal cellulitis, apart from disease of the tubes and ovaries, concomitant with the presence of pus, is sufficiently rare to make us question the rather too frequent finding of it altogether confined to a very few observers. Operators of the widest experience have discovered it almost not at all. The pathology broadly considered, must point to, and demonstrate distinct lesions in, the pelvic viscera, in order to justify their removal. Pathology in a measure, after it has demonstrated the presence of a lesion, together with its probable complications, ought to put us on the track of the most probably logical line of attacking a given lesion. But at the present time there is an unfortunate clash of methods in the attack of pelvic disease. There is a tendency to assume various points as proven, which, in the light of the experience of skilful operators, whose success is not questioned, can at best be only extremely doubtful. Such for instance is the assumption that in pelvic disease, in most cases the entire ablation of the uterus, together with the appendages, is indicated.

The arguments by which such conclusions are reached, certainly do not come from anything approaching a majority of cases hitherto operated on. That here and there, or even in a considerable number of cases, there is after-disturbance consequent upon pelvic operations, all the nervous phenomena of a pre-systolic menopause does not prove or even suggest the fact that uterine disease has co-existed with the pelvic disorder. The facts are distinctly on the other side, for it is well known that operations for pus in the tubes and ovarian abscess, have given the most satisfactory results, and have yielded probably by far the greater amount of permanent cures. Notwithstanding all this, in certain quarters, we are hearing the operation of morcellation heralded as the coming procedure, of its great safety and of the brilliant results in the hands of certain operators. The reasons for all this cannot be obvious to the thoughtful surgeon, when we consider the arguments for vaginal attack upon pelvic disease, as suggested by this operation, are