

who is known as a leader among the conservative operators. There seems, then, something in this operation that appeals to those of conservative tendencies. At first thought this would appear somewhat paradoxical, but upon further consideration it becomes evident that the operation is really conservative; for true conservatism does not consist, as some seem to think, in incompletely doing a large number of unnecessary operations, but in thoroughly doing those operations that are necessary. More careful diagnosis, more judicious consideration of the pathology and causation, and greater familiarity with the clinical history of diseases of the female pelvic organs, will result naturally in limiting the sphere of operative intervention in the course of these diseases.

There is at the present day little doubt that the large majority of cases of tubal and ovarian suppuration depend primarily upon gonorrhœal infection of the vaginal and uterine mucosa, and these cases are generally found associated with suppurative endometrial inflammation, no matter how remote the date of the original infection. It is, perhaps, possible that a gonorrhœal endometritis may be cured by properly directed local treatment, but few will be willing to admit that this is a common occurrence, even in cases where the specific inflammation is limited to the endometrium. In cases, on the other hand, where the tubes and ovaries and the pelvic peritoneum are involved, the restoration of the uterine mucosa alone is not considered probable\*. Hence advanced gynæcologists have rightly abandoned topical treatment of the interior of the uterus in cases where the adnexa are the seat of suppurative inflammation. Many of you know likewise, from experience, the barrenness of results of such intra-uterine therapy after the removal of the appendages. How many cases can you not recall where dilatation, curetting, and antiseptic applications, even destructive cauterizations, failed to change permanently the purulent character of the discharges and arrest the hæmorrhages from the uterus after ablation of the adnexa. In these cases the uterus itself must be regarded as a *corpus delicti*; not only troublesome to the medical attendant, but a source of anxiety, of complaint, and even of danger, to the patient, for there can be no doubt of the greater liability of a womb in such a morbid condition to septic or tubercular infection and cancerous degeneration.

In cases of puerperal endometritis where there is a tubal involvement, the removal of all the affected organs would seem to be indicated. Indeed, in these cases the uterus is the source of greater danger from the large surface infected. From some personal experience, not altogether of a consoling character, I am led to the opinion that the removal of suppurating tubes and ovaries in a puerperal case is of little avail unless the uterus be removed at the same time.