

exists who, in every case of pelvic suppuration, believe in the necessity of always removing the uterus with the appendages, and who prefer doing the operation by the abdomen rather than by the vagina. These I deem to be absolutely wrong; they jeopardize without great advantages the life of the patients. But the other laparotomists, are they right? Those, for instance, who claim that the abdomen should be cut open, the adhesions separated, the purulent sacs removed, but the uterus left *in situ*? "It is not diseased," they say; "it does no harm; and this," they add, "cannot be done when the purulent collections are treated through the vagina, because when once engaged that way the surgeon must go to the end and remove the uterus, which procedure is a useless mutilation." They contend, moreover, that the purulent sacs themselves cannot be entirely extirpated in many cases, owing to the operator being unable to see what he is doing, whereas, with the Trendelenberg position, the laparotomist operates all the time under the control of sight.

To this the vaginal hysterectomists answer thus: "If you leave the uterus behind after having removed the appendages destroyed by suppuration, you do an incomplete operation, and you are exposing your patient to further sufferings, as the fact has often been demonstrated by patients upon whom we have been compelled to perform a secondary vaginal hysterectomy to relieve the symptoms, which continued in spite of the laparotomy they had undergone;" and again, they add, "You are mistaken in pretending that we are doing blind work in operating by the vagina; in the majority of cases, owing to certain artifices of technique, we see very well what we are doing. It occurs, it is true, in certain cases, that we cannot succeed in extirpating everything; but does not the same thing happen the laparotomist who many times has failed also to remove diseased tissues held on by adhesions which it would have been impossible and dangerous to sever entirely? And in both cases these operations that you call incomplete do nevertheless end in total cure, the appendages becoming atrophied later on and the patient ceasing to complain. At last vaginal hysterectomy opens to the pus a dependent issue, and the risks of contaminating the peritonæum are consequently a great deal less than the removal of purulent appendages without hysterectomy by the abdomen."

You see, gentlemen, the principal point in contest is the following: must we, or must we not extirpate the uterus when we are