

ly result in that chain of symptoms which mark the pelvic diseases of women may, I think, be fairly tabulated in the following manner:

1. Injuries received during parturition.
 2. Natural or acquired imperfections of the uterus and ovaries.
 3. Displacements of the uterus.
 4. Benign neoplasms in the uterus, ovaries or annexa.
 5. Tubal and ovarian diseases.
 6. Uterine catarrh.
 7. Hyperplastic development of the endometrium.
 8. Neuroses, such as vaginismus.
 9. Inflammatory disease of the pelvic areolar tissue and peritoneum.
 10. Malignant disease of the uterus or ovaries.
- It may safely be said that in almost all of these a resort to surgical interference is often an essential to cure, while in most of them it is absolutely so.

No surgical procedure has more profoundly excited the interest of gynecologists during the last decade, and I may add that none has done more good, than the operation of trachelorrhaphy. That its future sphere of usefulness is a large and brilliant one, no one who has studied its results without prejudice, at the bedside, can for a moment doubt. May its originator long live to enjoy the evidence of the good which his labors have accomplished, and will continue for all time to effect.

Extirpation of the ovaries for three purposes; 1. For effecting a premature menopause; 2. For checking the growth of large fibroids; 3. For removal of ovaries and Fallopian tubes for hydro- and pyo-salpinx, and resulting pelvic inflammation—has now become a well-recognized and accepted resource in gynecology. The originators of these operations, for they really differ from each other in many essential respects, are Battey, Hegar and Tait. So great are the benefits resulting from these procedures in the various conditions for which they are practised that nothing can now stop their advance.

Nevertheless, as I look to-day into the future of any operation for removal of the ovaries, I see it the instrument of great abuse; I see it performed in numerous cases of mental disorder aggravated by the menstrual molimen in which it will fail of result; in many of uterine disease which could without its aid have been cured by care, patience and skill; and in a great many cases in which diagnosis is obscure, and in which a resort to it is, to say the least, empirical. But I see opening before it, in the future, also a wide, very wide field of usefulness; I see cases of women, doomed not only to misery themselves, but dooming whole families to life-long discomfort and anxiety, entirely relieved by it; and I see many instances in which, without it the curses of opium-eating and dipsomania which frequently ingraft themselves upon the monthly recurring dysmenorrhœa, lifted by it from

moral death to lives of happiness. Are we to reject agents capable of great good because by misdirection they are likewise capable of great evil? No; let us hail the good and apply it to man's wants, and let us strive as best we may to limit and control the evil which we cannot wholly avoid. No one can doubt that numberless evils have attended upon the discovery of gunpowder, yet no one can be blind to the fact that that discovery has done a vast deal for advancement of civilization and the best good of mankind.

Even as early as the year 1560 Andreas à Cruce is said to have removed the uterus *per vaginam* for carcinoma uteri, and it is probable that even before his time Soranus had performed this desperate operation, which taxes in our day the skill, boldness, and resources of the surgeon. During the eighteenth century the operation was several times performed, and in 1813 Langenbeck had a successful case. In 1829 Recamier made improvements in it, and in 1878 Czerney revived the operation and placed it upon a firm basis. In 1883 Langier published the following statistics of the procedure:

Vaginal extirpation of cancerous uterus,....	133
Recoveries,.....	95
Deaths,.....	38
The percentage of deaths being,.....	28

In 1884 P. F. Mundé published statistics of 256 cases, with a mortality of 24 $\frac{1}{2}$ per cent.

Freund, in 1878, revived the operation of the removal of the uterus by abdominal section, a procedure put in practice by Gutberlat as early as 1825. Freund's operation has now been performed 106 times, with a result of 72 deaths and 34 recoveries.

Not to detain you longer upon the present status of these two heroic procedures for desperate conditions, I would sum up the matter by the statement that Freund's operation, by reason of the great difficulties and dangers which attend its accomplishment, is now relegated to disuse; while vaginal extirpation of the uterus, although acknowledged to be a procedure of great danger, of undoubted difficulties, and of questionable results, has conquered for itself the position of a recognized, legitimate, and even valuable procedure.

An operation which ends fatally in one-quarter of all the cases submitted to it is a procedure of questionable character, of course; but let him who feels disposed to question the justice of the estimate here given remember the terrible future which inevitably attends upon the progress of uterine cancer—the physical suffering, the mental distress, the disgusting concomitant circumstances—and he must admit that any operation which has the power, even at the imminent risk of death, to lessen or remove these, should be hailed as a precious resource!

Uterine extirpation for cancer, however, is one of the most difficult and dangerous of the resources of surgery. As a compromise measure, removal