

predictions seem to indicate that it will, many thousands of pessary pestered women will rise up and call great and blessed the fortunate discoverer of this most valuable surgical procedure."

Others again, while recognizing the uselessness of the pessary, are not quite so ready to advocate operative procedure. They hold that the weight of the organ can be reduced by favoring involution and activating the general and local circulation by appropriate treatment, while the uterine supports can be made to do their duty by exercising the abdominal and pelvic muscles, and by building up the general health. Their method is perhaps the most rational one. Formerly their treatment consisted in the introduction of glycerine of tannin tampons, alternately with the hot douche, in the vagina, and the application of Churchill's iodine to the endometrium and cervix. This treatment though tedious is fairly successful in cases of slight or medium severity. But in severe cases Apostoli's discovery of the wonderful trophic influence of the galvanic current in causing the absorption of fibro-plastic exudation, by which involution can be rapidly artificially produced, and his application of Tripier's method of toning up relaxed muscular tissue with the Faradic current of low tension has already begun to work a revolution in gynecological treatment. Veit, Wyder, and Martin consider the mucous membrane as the starting point of uterine disease, and they remove it in nearly every case with the semi sharp curette. Apostoli removes it with the galvano-chemical cautery, which at the same time renders the uterus more able to form a new and healthy lining membrane. It is remarkable to see how much interference the uterus can bear on condition of a rigorous antiseptis. One sees many times a day in Berlin the uterus dilated, the mucous membrane scraped away until one hears the steel scratching on the raw muscle beneath, and then injected with tincture of iodine, and irrigated with sublimate or carbolic solution, without the slightest risk. And yet without antiseptic precautions, the mere passing of the sound alone has often proved fatal. It is thus that Goodell practises rapid dilatation of the uterus to one and a half inches, with the vagina full of antiseptic solution, while some honest country doctor sends for his instrument and soon has a fatal case of peritonitis. The first lesson for everyone to learn who intends to practice gynecology is the thorough appreciation of the importance of keeping himself, his instru-

ments, and his patient *clean*, with or without antiseptics.

The treatment of cancer of the uterus has also made much progress, principally through the labors of Freund, Schreder, Martin, Olshausen, and Gusserow in Germany, in perfecting the method of total extirpation of the uterus per vaginam or vaginal hysterectomy, as it is called. The mortality which was 29 per cent. in 1881 has now been reduced to 15 per cent. in 1886.

The following is Martin's method: The bowels are thoroughly emptied, the vagina thoroughly disinfected by an antiseptic irrigation, the patient placed on her back and anæsthetized. The vault of the vagina is exposed by means of a Simons speculum and side pieces; the cervix is seized by bullet forceps on its posterior border, and drawn forward as much as possible toward the symphysis pubis. This stretches the posterior arch of the vagina and the insertion of the vagina can be nicely determined. He then makes an incision along the whole length of this insertion so as to get into Douglas' cul de sac as quickly as possible. This is frequently attained with the first cut. This accomplished he enlarges the cut so that the forefinger of the left hand can enter, and then with a small needle very much curved he sews the peritoneum and vagina together all along the cut, thereby arresting hæmorrhage. The cervix is then drawn forcibly backwards, and the anterior vaginal vault is cut through in the same way, the bladder is peeled back from the cervix with the thumb nail, and the peritoneum sewed to the vagina as behind. The fundus is then grasped with the bullet forceps and retroverted little by little until it is dragged into the vagina. The left broad ligament is then sewed with strong thread in a double row of stitches and the tissue is cut between them. The uterus is then further dragged down, being only held by the right broad ligament which is tied in several segments and divided. During the operation a weak warm solution of carbolic acid plays constantly on the field, doing away with sponges, except when the operation is over to dry out Douglas' pouch, into which he then introduces a thick aseptic drainage tube which is held in place by a cross piece; and the other end of which is turned into the vagina which is filled with iodoform gauze. Of course vaginal hysterectomy will be followed by recurrence, unless it is performed at the beginning of the disease before the neighboring tissues have become infiltrated. When this has