

THE VAGINAL ROUTE FOR OPERATIONS ON THE UTERUS AND APPENDAGES.

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Removal of diseased uteri or appendages by an opening in the vaginal roof has been practised very generally in Europe since three or four years, but at first received very little favorable consideration from American operators. Last year, however, Jacobs, of Brussels, reported four hundred major operations by this route at the meeting of the American Gynaecological Association at Baltimore, and his report was not only well received, but several American operators testified that they had employed this method of operation with very satisfactory results. In Canada our feeling was one of general abhorrence of removal of the uterus in every case in which the appendages were diseased. At the last meeting of the American Gynaecological Society, in New York, this year, Dr. Paul Segond, of Paris, gave a great impetus to vaginal hysterectomy for diseases of the appendages, by not only reporting six hundred cases with a mortality of four per cent., but by performing nine operations in the presence of many of the leading gynaecologists of this continent. The discussion which followed the reading of Segond's paper, which was very well received, showed that during the last two years the vaginal route had gained very much in favor. Although I was shocked three years ago at the idea of removing the uterus whenever the tubes and ovaries are taken away, I must admit that in at least three cases in which I have removed pus tubes and ovaries, and left the uterus, I have had reason to regret my conservatism, for these patients still have a large, heavy and infected uterus, which has continued to pour forth an acrid and profuse discharge, which excoriates the thighs. In their cases I would have no hesitation in removing the pus uterus as well as the pus tubes. After witnessing Segond's skillful procedure, I became satisfied that in certain cases at least the vaginal method has many advantages over the abdominal route, but I still believe that in certain other cases the abdominal route is still far preferable.

The procedure carried out by Segond was as follows: A vertical incision was made on each side of the cervix