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Original Communications.

RETROSPECT OF GYNECOLOGY.

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The past year has been an eventful one in the history of the medical sciences, but in no department of them have the workers been more active than in Gynecology. The reason for this is not difficult to find; the field is large, almost unlimited; the workers are comparatively few; and the rewards won by success are larger than in almost any other branch. Such being the case, it has attracted to the ranks a considerable number of very able men, with the result that it has rapidly advanced from the position of an uncertain and indefinite science to that of one of the most exact. In the limits of this article we can only attempt to give a very brief outline of the most important improvements in treatment. One of the most remarkable changes which have lately taken place in gynecological practice is the almost complete abandonment of the pessary, and the substitution for it of operative procedure. This is due to the more rational comprehension of the causes which lead to displacements of the uterus. So that instead of trying to bolster up a too heavy organ with a hard mechanical and unnatural support, such as a pessary, the modern gynecologist takes immediate steps to reduce its size and weight, and then to tighten up the weak and relaxed ligaments. This result is obtained in various ways by different operators. Thus Martin of Berlin and Soleris

of Paris at a single sitting perform partial amputation of the cervix, then anterior and then posterior colporrhaphy. The three operations are generally completed in one hour, for being performed under constant irrigation with weak antiseptic solutions, no time is lost in sponging; while for the colporrhaphies the running catgut suture is used in one, two, or three layers, according to the size of denudation, and this saves the time which would be spent in tying the knots in the interrupted suture. Others, such as Alexander of Liverpool, make use of the round ligament, which they shorten to drag the uterus upwards and forwards. Kellog of Battle Creek combines Alexander's operation with Lefort's operation of medium colporrhaphy, which consists in making a bridge or raphé in the vagina by uniting the anterior and posterior walls for such a distance as the case may require. A strip of surface from three-fourths of an inch to an inch in width is denuded from each wall, from a point about an inch below the utero-vaginal junction, as low as may be necessary to turn in completely both the rectocele and the cystocele present. The edges are properly brought together with sutures. Dr. Kellog, in speaking on this subject before the International Congress, said: "A woman who is dependent upon a pessary is almost equally dependent upon a doctor to inspect the appliance at stated intervals, and substitute a new one as each successive ring or lever or other device loses its efficiency by the stretching of the vaginal walls, or other injurious modification of the parts, and has little or no hope of radical cure, even after years of treatment." And he added: "If this operation succeeds half as well as present