that each has its advantages. I have seen too many disasters follow a blind adherence to vaginal hysterectomy in complicated cases to desire to practise that method except in certain cases of sepsis and malignant disease. Now that the fierce controversies have ceased, it must be apparent to the candid observer that surgeons in general prefer to work with the aid of the eye, as well as the fingers, with the patient in Trendelenburg's posture, and the intestines carefully walled off with gauze. The question of the propriety of removing the appendix in every abdominal operation as a routine measure has always found favor with me (of course, under proper conditions), and I have had no untoward result in upwards of five hundred cases.

The questions of flushing the pelvic or abdominal cavity and drainage have been the battleground of abdominal surgeons during the past twenty-five years. Thanks to our present knowledge of phagocytosis and the wonderful absorptive power of the healthy peritoneum, we have learned that irrigation (except perhaps in desperate cases of diffuse septic peritonitis, or visceral wounds, with the escape of stomach or intestinal contents) is likely to do more harm than good, and we have reversed the former dictum: "When in doubt, drain." Our old teachers would turn in their graves to see the apparent recklessness with which we simply mop out pus and close the wound without drainage. It seems strange that the natural method of drainage per vaginam was not adopted earlier, though I know personally that Marion Sims tried it when I was a student. When he advocated laparotomy for gunshot wounds at the time of President Garfield's assassination he was regarded as a dreamer, but I remember the night in the old Chambers Street Hospital when William T. Bull —then a young and rising surgeon—had the courage to carry out this suggestion with brilliant success, and, like Byron, "awoke the next morning to find himself famous." Our modern methods are, after all, not new discoveries, but simply accretions of knowledge.

We can cast no reliable horoscope of the obstetrics and gynecology of the future which does not take into consideration the problem of medical education. When we recall the pompous lecturers of the old days, the dramatic surgical clinics, with their "gallery-plays" (and "cleaning up" behind the scenes), we can only compare them with the spectacular warfare of the Napoleonic era as contrasted with the cold, business-like, long-range annihilation of thousands which will mark future wars.

The substitution of recitations and demonstrations for formal didactic lectures, personal instruction of small sections of stu-