

long before this time, as his interne in the Woman's Hospital, I had assisted him in the first vaginal ovariectomy and ventro-fixation, operations which were original with him, as he knew little of German surgery and less of pathology. It was only a step to the diagnosis and operative treatment of ectopic gestation, hitherto regarded as a condition to be treated by electricity before rupture and "expectantly" afterward. Then came the *furor operandi*, which swept over the United States and Canada, until he who could not report a series of laparotomies (with a mortality of 25 per cent.!) could not lay claim to be even a local gynecologist. Strangely enough, at this very time puerperal sepsis was still regarded as a "visitation of Providence," and Thomas himself was advocating intra-uterine douches at intervals of two or three hours (!)—also with a high mortality—and we knew practically nothing about the prevention of the dread scourge of the lying-in room. Conservatism was most unpopular in those days, and thousands of prolapsed, slightly cystic ovaries were sacrificed, which to-day would not be touched, with dismal psychical sequela, even when the patient recovered from the operation. Pathology and exact clinical diagnosis were lost sight of in the face of the prevailing dictum: "When in doubt, open the belly and find out."

Having early learned the truth of the old saying, "In *mediis tutissimus ibis*," I felt that a reaction was bound to come and that surgeons would realize that "recovery" was not synonymous with "cure," and took my stand firmly against the unreasoning and indiscriminate spaying of women in the absence of proper indications. I have lived to see the pendulum swing so far in the direction of ultra-conservatism that I have written several papers protesting against attempts to save portions of organs that were hopelessly diseased. With the visit of each foreign surgeon, we Americans (who excel even the French in the adoption of passing fads) have in turn extirpated the uterus in every case of adnexal disease. We have gone wild over the crude clamp-operation of Jacobs and Segond, have tried to improve on the normal ovary, à la Pozzi, by ignipuncture and partial resection, and have even abused such a reasonable operation as myomectomy by exsecting a few visible fibroids and leaving scores of smaller nodules to give future trouble. We have fixed every palpable kidney, removed the appendix on the single indication of local pain, shortened the round ligaments in cases of complete procedentia—in fact, have jumped from one extreme to another. I do not spare my countrymen, "*quorum pars fui*."