OPERATIONS FOR TUBAL DISEASE.

Years.	No of Operations.	No. of Deaths.	Percentage Mortality.
1886—1890	12	4	33.3
1891—1895	22	3	13.6
1896—1900	198	7	3.5
1901—1905	302	10	3.3
1906—1910	363	5	1.3

HYSTERECTOMY FOR FIBROIDS OF THE UTERUS.

Years.	No of Operations.	No. of Deaths.	Percentage Mortality.
1886—1890	14	5	35.7
1891—1895	12	5	41.6
1896—1900	150	16	10.6
1901—1905	345	18	5.2
1906—1910	487	9	1.8

These figures show that, for tubal disease, the number of operations was thirty times greater in the last five years, compared with the first five, and the percentage mortality was twenty-six times less. In the case of hysterectomy for fibroids, the number of operations was thirty-five times greater and the mortality twenty times less.

I doubt if the whole range of surgery could show any other two operations that presented such an extension of scope and such a rapidly diminishing mortality within a space of twenty-five years. Surgery has long held an honored place as the saviour of those doomed otherwise to die; the work of the last quarter of a century has given her an equally just and an even wider claim to be regarded as the restorer of those who are otherwise sentenced to what many feel to be worse than death, and that is, chronic invalidism and disablement.

A remarkable feature of this transition has been the corresponding change in the attitude of the general public towards surgical intervention. Formerly, an operation was regarded as a necessarily desperate remedy involving a perilous descent into the valley of the shadow of death; and it was only the power of a Christian faith or a stoical fatalism that enabled them, as Milton was taught by his Heavenly Muse,