

the diseased and disintegrated structures. Moreover, we all know that throughout this broad land every year women perish of this condition of disease for want of operative treatment, and that no other treatment known will cure this class of patients. Yet, under a plea of *conservatism*, this great advance in pelvic surgery, this brilliant improvement in our resources for saving life and restoring health, has been denounced from the rostrum and ridiculed in the medical press. That some rash enthusiasts, or some injudicious operators should misapply an operation of great worth is not new. The same has obtained with other great improvements in both general and surgical therapeutics. Surely it does not justify inveighing against the operative treatment of such a grave form of disease without discrimination. To allude flippantly to the "castration of women," to "removal of the ovaries," "spaying," etc., is to convey an idea of a great advance in pelvic surgery, by which hundreds and thousands of lives are saved, as erroneous as it is unjust. I wish to record here that no gynecologist, so far as I am aware, advocates or approves the removal of ovaries and tubes except for lesions which destroy the health and usefulness of the individual, impair and destroy the functions, and which are incurable by non-operative treatment. To counsel delay and palliative methods in the treatment of a sac of pus within the peritoneum, enclosed in friable walls growing thinner each day, is as far from a conservative method of treatment, in the correct acceptation of that term, as one can conceive. To open, evacuate, remove disintegrated structures, and drain, is the application of sound surgical principles, "having power to preserve in a safe or entire state, or from loss, waste, or injury," according to Webster's definition of conservatism.

I would not be understood for one moment to declare that operations for removal of the uterine appendages have not been done unnecessarily. On the contrary, this operation, like many others, has been abused in many quarters. Eager desire for the eclat of a successful laparotomy has led many, who have never seen or recognised by touch a pus tube, to remove the appendages. This abuse has oftentimes thrown discredit upon pelvic surgery. But we must protest against the wholesale condemnation of a great life-

saving procedure, and a large and respectable body of earnest practitioners, on account of the recklessness of others. Those who are most prominently identified with this work and who observe the utmost circumspection in the selection of cases are made the target of criticism.

The operations upon the uterine appendages are the most difficult in the entire field of pelvic surgery. Indeed, when the tissues have been subjected to long-standing inflammation, when the pelvic organs are matted together by organized exudate, and degenerative changes are advanced in ovary and tube, no operation in surgery more severely taxes the resources and endurance of the operator. Normal landmarks are destroyed, intestines are readily torn, and large blood-vessels are opened; all requiring prompt and decisive action on the part of the operator while the parts lie fixed deep in the pelvis.

It seems incomprehensible that one who has performed such an operation for such a serious condition of disease, or who has seen it performed, could characterize the procedure by the expression, "removal of the ovaries." Hence we must conclude that many who criticise in wholesale terms operations upon the uterine appendages are unfamiliar with the lesions which obtain in those structures, and in consequence of which the operations should be performed. It is to be regretted too that many who operate upon the pelvic organs have not given more attention to the pathological conditions to which the uterus and its appendages are exposed before resorting to operative treatment. It is a want of appreciation of the character and variety of lesions to which these organs are subject, and unfamiliarity with the indications for operative interference, which have led to abuse of the operations and sweeping criticism of most valuable improvements in pelvic surgery.

Fortunately for science and humanity, no amount of misrepresentation and unjust criticism can permanently obscure the truth or obstruct the progress of science. Every great improvement in surgery must pass through the fierce ordeal of criticism before emerging into the fixed position of established acceptance. It has been our lot to see during the past decade the greatest achievements of modern times in surgery firmly established, despite the fierce criti-