

enthusiastic upholder of the novelty; he may be disposed to run too fast on the new line. The second is that of the obstructive who, merely a believer in the times that are past, can see no possibility of their improvement. For the first danger the remedy is a wholesome scepticism, leading into just and careful criticism; the remedy for the second is more difficult, for it involves the patient endurance of much misrepresentation, and a protracted combat upon the points of criticism which have no weight in themselves, and have an importance gained only by persistent reiteration. In the line of practice of which I am about to speak, the point most persistently urged against our new line of practice is that unnecessary operations are performed. Now, this is an argument which it is extremely difficult to argue upon, because those who speak on the two sides of the question start from altogether different standpoints. Those of a past generation, like Sir Spencer Wells, apparently regard it as justifiable to perform operations in this department of surgery only when life is pronouncedly in danger; we, on the contrary, of the younger school, believe we are justified in extending our practice for the relief of suffering, and we regard this as a higher function than that of the mere saving of life. To end the discussion on this point, I would point out that our critics endeavor to apply an arbitrary rule for the repression of abdominal surgery which has never yet been applied in any department of the art. Let me ask, if we find a man suffering slightly with the early symptoms of a small calculus, do we not at once proceed to relieve him by removing it from his bladder? In fact, in the domain of what is called general surgery, has it not become the established practice to perform operations which are accompanied by very considerable risk of life merely for the rectification of deformities, such as bowed-legs and knock-knees, which have not the remotest risk of life attached to them and which involve no kind of suffering. The ultimate court of appeal comes then to be the patient's own decision, and I do not find that persons prefer to go on suffering pain and the disabling effects of profuse loss of blood rather than submit to a surgical operation, the details and effects and ascertained risks of which are completely and candidly placed before them.

In the treatment of uterine myoma two alternatives occur, and these are both the subject of very

hot discussion on my own side of the Atlantic; they are the removal of the uterine appendages, and the removal of the uterine tumor itself by the so-called supra-vaginal hysterectomy. No one in Europe, at least only one so far as I know of any importance, doubts that removal of the uterine appendages arrests menstruation completely in the great majority of cases, arrests the growth of uterine myoma generally, and in many instances causes it to entirely disappear. Mr. Knowsley Thornton, Dr. Savage, Professor Hegar, myself and others, have reported numerous cases in detail. I have published a long series in the *Am. Jour. of Med. Science*, but Sir Spencer Wells dismisses us all in the brief sentence: "Vague, unsupported assertions have little influence upon the opinion of a thoughtful or a sceptical profession." Sir Spencer Wells must pass his retirement in some other occupation than in perusing the modern literature of his specialty, and therefore his criticism need hardly engage our attention.

The great majority of cases of uterine myoma, which come to us for surgical treatment, can be quite satisfactorily dealt with, and it is an operation having a small and steadily diminishing mortality. Since 1878 I have performed it many times with few deaths, but am unable to give the exact figures just now. The arguments used against it are, first, that of its mortality, but this mortality is the inevitable result of early work, and is therefore not a permanent objection. It was an objection urged twenty-five years ago against ovariectomy, but it no longer holds good against that operation. The second objection is that myoma itself is not a fatal disease, but this argument is not in harmony with my own experience. Even if it were a just one, however, it is admirably met by the plea entered at Ryde by Dr. —, of —, in the discussion of my paper on the subject, to the effect that it is to the rights and relief of the majority that we must have regard, and that the function of our profession does not end with the saving of life, but is chiefly that of relieving suffering.

Two other objections have been urged generally against the removal of the uterine appendages—that it sterilizes and destroys the patient's sexual appetite. Of course, a woman is completely sterilized by a uterine myoma ninety-nine times out of a hundred, so that the process of complete destruction of fertility is a matter of little moment. The other ob-