

recital or accentuation. It has fallen to our lot to witness the realization of the hopes of our predecessors who have toiled in these fields in years ago, and to see in many instances the perfection of methods hitherto incomplete and inefficient. The highest attained science is established truth; the greatest perfection in art is efficient simplicity. Both are reached only through a long process of evolution, wherein the essential truth is often overlooked and the pioneer work frequently overdone. Neither is it my purpose to recite the influence of the optimist and the pessimist, so often found in the ranks of our profession; those who have, as it were, discovered a panacea in some new method or remedy, and those who decry all advancement and find inefficiency and imperfection in everything. I desire to direct your attention to an abuse of terms, as it appears to me, by which great improvements in our work are obstructed, and injustice done both to surgery and surgeons. I wish to make a plea for progressive surgery.

Webster defines the word *conservative* as follows: "Having power to preserve in a safe or entire state, or from loss, waste, or injury." All will concede at once that in time of peril to health or life this word embodies the purpose uppermost in the surgeon's endeavors, and the object of all his labors. This term is a conspicuous one in surgery, and has been used to indicate and classify certain surgical procedures known as "*conservative* surgery." But of late this term has been made to have a very wide and altogether arbitrary significance, and is often used in antithesis to *progressive* surgery. Indeed it has come to be used by certain surgical writers and speakers as synonymous with the word *expectant*, to mark methods wherein nature is left unaided in her efforts to resist disease and injury. The word is very winning to the popular professional mind, as well as to the laity, and in its perverted sense is misleading and deceptive. We should enter a protest against the perversion of the word *conservatism* when that word is used to oppose and retard *progress* in surgery the supreme purpose and object of which is "to preserve in a safe or entire state, or from loss, waste, or injury."

Not many years have elapsed since it was the established usage of surgeons to defer operation

in cases of ovarian cystoma until the patient's general health was impaired and she was reduced by emaciation. This was pronounced *conservative*. When under the leadership of Bantock it was urged that the time for ovariectomy was as soon as the tumor was discovered, before complications arose and before the health was impaired, it was regarded as an expression of "the modern craze for operative interference." With the mortality of the two courses before us, which, I would ask, is *conservative*?

There are certain abnormal conditions of various organs and structures in which the individual can only be rescued from impending death by prompt surgical aid; such, for example, is a ruptured tubal pregnancy. Here delay and opium and palliatives have been advocated under the misleading plea of conservatism. Is it not the part of conservative surgery to tie the bleeding vessels and remove the disintegrated embryonic structures? In other conditions, wherein safety lies only in surgical interference, it is claimed that surgical aid should be invoked only after a prolonged treatment by palliative measures, when the medical attendant has been convinced that he is leading a forlorn hope, and that relief will come, provided it comes at all, from operative treatment. This course, whereby operations are performed upon dying patients, is commonly called conservatism.

One of the great advances of modern times is in the knowledge we have acquired of the inflammatory diseases of the uterine appendages. Almost thirty years ago two able French surgeons discovered and described these lesions and their deadly effects, but the profession did not heed them. When modern surgery opened the peritoneum to frequent exploration, the truth and importance of the researches of Bernutz and Goupil were realized and accepted.

A large proportion of the Fellows of this Association devote themselves exclusively to gynecology and pelvic surgery. These gentlemen are constantly removing suppurating masses (pyosalpinx and ovarian abscess) from the pelvis. All of us have seen women dragging out a miserable existence with chronic inflammatory disease of the uterine appendages and associated recurrent attacks of peritonitis. We have also seen these women restored to health and activity, after years of invalidism, by removal of