taking vantage of the present known, and he who wilfully puts aside the golden flower of opportunity, fails in his chiefest privilege and most sacred obligation.

In a recent contribution the question is asked, "What constitutes a complete surgical cure?" And the answer, immediately following, avers "the psychical, the physiological and the anatomical—any one of which will, if neglected, mean a measure of failure for the operation."

Following the advent of antisepsis it was not strange that radicalism held sway for many years, and that, as Duboise states, "surgeons did not hesitate to act with a confidence in the efficiency of their weapons that may, perhaps, have been exaggerated." But, however great the harm resulting from unwise aggressiveness, the evils done were counterbalanced by the value of the lessons learned; the knowledge acquired of structure and the tolerance of organs and parts to manipulation, and most important of all, the desire inspired to learn the secret of both normal and diseased.

In the surgery of the pelvic organs of woman in spite of constructive experience and improved technique, results have not always proved those sought for or expected; anatomical cure might be perhaps attained and physiological benefits seem altogether adequate, but the psychic end has often proved disastrous.

To the effects on the nervous system resulting from the precipitation of a premature menopause brought about by ablation of the ovaries was first ascribed the failure of many of these operations, and efforts were put forth to obviate the distressing symptoms.

Schroeder advanced the idea that by removing the diseased portion only of the ovary, leaving behind a remnant of healthy tissue, the untoward manifestations might be wholly prevented, or at least so mitigated as to become endurable. Moreover, some functioning parts of ovary still retained made possible hopes of future pregnancy. The idea was welcome, received universal attention, and in this country was taken up by Polk, the late Palmer Dudley, Burrage, myself and many others with the happiest outcome. From work on the appendages A. Martin essayed conservative operations on the uterus, especially in fibromyomatous conditions, and in this, too, success was equally pronounced.

The nervous theory of cessation symptoms did not, however, prove quite adequate, and later, from laboratory findings, experiments on animals and an exacter study of patients following operation, a more rational explanation was developed and is largely held to-day.

Investigations into the physiology and habits of the thyroid gland opened up new lines of research, prompted a closer scrutiny of the natural history of other glands, and in the end determined that the ovaries produced an unknown stuff related, not only to the symptoms manifested