

can stop specialism. As long as the mind of man remains as limited as it is, no one brain can contain or master the whole art and science of medicine. To attempt to do it would be folly; to profess to have done it would be dishonest.

No satisfactory progress can be made except by devotion and special attention to one particular subject, and this method of study should not be discouraged, but promoted in every possible way for the honor of our profession and the benefit of mankind. Opposition, after all, is not always to be condemned. It is frequently a healthy stimulant. It has certainly proved so in England, as the British Gynecological Society was an outcome of the snubbings the gynecologists received at the hands of the Obstetrical Society, and the former is now one of the most flourishing and useful societies of the profession in England.

The most marked success and advance in abdominal surgery is due to men becoming specialists in the work, and being thus enabled to devote their whole time and energies to it, without being hampered by the incessant toil and worry that falls to the lot of the general practitioner.

To the gynecologist is due the credit of causing a general shaking up of the bones of the general practitioners of the present day to an earnest desire for further knowledge and information of this interesting branch.

Does not the adverse critic incur a fearful responsibility when he, by active opposition, retards the progress of our art, and robs humanity for years of the means, by which thousands might have been restored to health and friends, and relieved from months of painful existence and protracted misery. Individual workers should not be discouraged by opposition even from the highest quarters, but should work on honestly and fearlessly, indifferent to ignorant and captious criticism, caring more for their own self-respect than the blame or praise of others, and always confident that honest work must in the end benefit our fellow-creatures, whose health and happiness are the end and aim of all our labors.

It is not long since operation for ovarian tumors was deferred until the patient's life was in danger, whereas experience teaches the

earlier they are recognized and removed the better. Undoubtedly many a life has been sacrificed under the old rule of procedure.

I am far from advocating promiscuous surgical interference in all classes of abdominal disease where the diagnosis is clear without an exploratory incision, especially cancer of the uterus, or extra-peritoneal ectopic pregnancy, where the rupture is from the tube into the broad ligament, unless urgent symptoms occur in the latter, etc.; but when a doubt exists, and an abdominal incision will be the means of dispelling that doubt, I contend it amounts, "in the light of the present knowledge on the subject," to criminal neglect, if the patient is permitted to die, or suffer life-long misery, when by a simple procedure either event might have been prevented. There is undoubtedly more experience gained by operative failures and mistakes than by uninterrupted successes, and if the profession in general could be induced to record their failures and mistakes in conjunction with their brilliant successes, the advance would indeed be by giant strides.

In Parliamentary parlance, if I have some what digressed from the original motion, I can only offer the plea that the points I have alluded to have been very forcibly impressed upon me while in Birmingham. Tracing, as I can, the restraining influence that adverse and carping criticism has had on the efforts of the gynecologist in the past, I cannot withhold my protest. I can only suggest that if any one takes issue with my conclusions, let him come here for a few months to the fountain-head of gynecology, and I believe he will, if possible, become even a greater enthusiast in the work than myself, and fully agree with the conclusions I have arrived at.

But to return to the question—I have seen here many cases where an early exploratory incision, followed by a simple operation, would have saved the patient months of suffering and the grave risks of a very difficult operation.

Take, for instance, the large uterine myoma (I do not refer to the cedematous myoma) where simply removing the appendages in the early stage effects a cure in eight cases out of ten; but, if it is permitted to assume such proportions that that procedure is impossible, hysterectomy