

without saying, but I should have preferred to come as an appreciative listener, rather than to attempt to interest you with an address the inadequacy of which I keenly feel and regret.

The choice of a subject that would interest the largest number of my hearers was not the least difficulty to be met, for on such an occasion one must not on the one hand be satisfied with glittering generalities, much less platitudes, nor on the other, treat a particular subject with a detail that might become wearisome, or at least would not be in keeping with the general purpose of an address in the broad field of Medicine. And herein precisely lies the difficulty; for the larger the subject the harder it is to present it in an acceptable and intelligible form.

As the old rhetoricians were wont to say—the greater the extension the less the intention. Many subjects of the greatest professional interest, moreover, which were formerly in the sphere of thought and action of the physician (using the term in its restricted sense), are now claimed as their own by the specialist or the general surgeon. In medical and surgical practice, as in international politics, there are “spheres of influence,” which are more or less constantly changing, and fields of thought and action are “gerrymandered” not less than political constituencies. Consider for a moment the inroads that the general surgeon and the specialist have made, and are making, into the “sphere of influence” of the physician. Perhaps the earliest, and to my mind an unjustifiable, transference has been that of syphilis, first to the province of the general surgeon, and then to that of the genito-urinary specialist. In nearly all of its manifestations, certainly in its later and more serious ones, syphilis is essentially a medical disease, amenable to our two best-known specifics, and not requiring operative intervention or instrumentation of any kind. I know that on this side of the water, physicians commonly treat syphilis, but it is not so everywhere, and there is less excuse for an extensive article on syphilis in a text-book of surgery, than for an article on appendicitis in a text-book of medicine. In the case of appendicitis the change of allegiance, so to speak, has undoubtedly been for the well-being of the patient and the good name of the profession, and it cannot be denied that there is a satisfactory contrast between the new style of patient and the old—the old so often with sunken cheeks and eyeballs, thready pulse and distended abdomen, succumbing to general peritonitis under a double poisoning by toxins and heroic doses of opium—and the