nal surgeon who makes no mistakes in diagnosis is either the one who has no practice or the one who has given up the scalpel.

In recent years, business men have been greatly aided by economy or efficiency experts. Strangers come in, look over the business and see where, by more efficient methods, more may be accomplished, often with diminished labor. If we called in such an expert, what would he say? In the first place, he would point out that it is not necessary for two classes of surgeons to work in one abdomen — a space the confines of which nature has so well defined. In the second place, he would say to both the surgeon of the upper abdomen and to the surgeon of the lower abdomen: "You have spent long years in preparing yourselves for doing abdominal surgery, you have mastered the fundamentals of medicine, you have a good knowledge of bacteriology and pathology and have perfected yourselves in the methods of operation; and yet, because one pelvis happens to contain a small round muscular body with two smaller bodies on the sides, one of you confines your work in large measure to men, the other to women. You are only running half capacity. There is absolutely no reason whatsoever why you should not both do abdominal surgery in the two sexes. It is practically the same, the only difference being that there is no operation in abdominal surgery that can compare in difficulty with a complicated Wertheim operation for cancer of the cervix." After seventeen years' experience in abdominal surgery in men and women, I myself am absolutely convinced that pelvic surgery offers many more difficulties and is harder of execution than is the surgery of the upper abdomen.

THE TRAINING OF THE ABDOMINAL SURGEON

Every man who aims to make abdominal surgery his life work should have a most thorough training in general medicine. He will then not forget that pain in the right iliac fossa does not always mean appendicitis. He will know that occasionally this soreness is present in an early stage of typhoid fever. He will remember that there is such a thing as lead colic and that in children severe abdominal pain may be the precursor of a pneumonia. A thorough knowledge of this most