

deep dissection of the subclavian triangle, or an excision of the sternum and first rib.

If it has been a great satisfaction to me to live through the wonderful progress of medicine, it has been a chagrin to see the gradual disappearance of the skilled anatomist and the brilliant dissector. But I have little doubt that the pendulum will again swing toward the old ideas, abandoning some at least of the new, and to the advantage, I am sure, of surgery as a technical art.

There is one theme upon which the surgeon is continually harping, and upon which I now must say a word of warning. And I say it, not in the aggressive, know-it-all way, without giving the other man the credit either of wisdom or experience, but with the full consciousness of my own imperfections in diagnosis and in prognosis. This theme is the *importance of early and precise prognosis*. I am not unaware, of course, that prognosis is always difficult. What saith the preacher? "A wise man's heart discerneth both time and judgment. Because to every purpose there is time and judgment, therefore the misery of man is great upon him. For he knoweth not that which shall be: for who can tell him when it shall be." (Ecc. viii., 5-7.)

The suffering of patients is great upon them unless time and judgment (diagnosis and prognosis) are wisely discerned.

What I have seen in the development of abdominal, and, for that matter, cerebral surgery, has been the opposition, first, of the majority and then of the minority to early surgery in the borderland case. And I have been myself one of the hesitating majority. I well remember the rules which I laid down, definitely and forcibly, and based upon a small experience, as to the selection of cases in appendicitis—this one for operation; that one for palliation. And have I learned wisdom as to time and judgment? A little, I hope, but not all there is to learn. As I write these words, I fear evil tidings from a patient with acute appendicitis, in whose case operation was delayed by the physician from Friday to Monday night, and by myself over Monday night to Tuesday noon. To be sure, the patient had had many attacks from which she had recovered. None as severe as this, however. She was 58 years of age, and stout—a bad subject for operation, as well as a bad one for the disease unoperated