

from the nature of external pathology. Its extension to where it is to-day became a problem of safety. Safety in the first expansion was owing entirely to Lister; safety to-day is owing to technical skill and to a knowledge of pathology. Progress at first was owing to anesthesia; later, to asepsis through bacteriology; to-day further expansion goes hand in hand with physiology. An intimate knowledge of anatomy, with mechanical skill, was, up to 1846, the surgeon's great reliance. To-day, through good asepsis, even the most bungling operations are usually successful; and a bungler, that in the old days would not have been tolerated a moment, now invades with confidence the most forbidding areas. Moreover, while he is doing it, he is watched by the physician with a complacency which is—to those who know skill from the want of it—extraordinary.

Fortunately, as I say, a familiarity with bacteriology makes possible, through asepsis and the *vis medicatrix naturae*, the healing of almost any wound. And the difference in results between the good and the bad operator, in the average case, is not very great. And yet I suppose that in such an operation as that for chronic appendicitis there is a difference of from three to five per cent. in mortality, or from no mortality to five per cent.

In operations of great magnitude and difficult dissections in dangerous anatomical surroundings—like the removal of the uterus from between the bladder, rectum, and ureters, or the common duct stone from between the portal vein and the inferior cava, the duodenum, and the pancreas—swiftness and precision in dissecting make all the difference in the world.

For some reason, and probably a sound one, though I am unable to see it, an intimate knowledge of anatomy is not now regarded as essential for the surgeon. We have indeed drifted far from the old days, when the student had on the tongue's end and in his mind's eye, the great and important facts of surgical anatomy.

It seems to me that the anatomy of the neck is simplicity itself, compared with that of the parts about the Foramen of Winslow or the uterine cervix, and that familiarity with the ureters is vastly more important than familiarity with the recurrent laryngeal nerve. And yet the man who does not hesitate to remove a uterus will shrink from a thyroidectomy, a