

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 riedicatrix 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 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