

slender provision of science in distinction from practical skill, he may be a useful and acceptable member of the profession to which the health of the community is entrusted."

On November 6, 1861, Oliver Wendell Holmes delivered an introductory lecture to the incoming class at the Harvard Medical School on "Border Lines in Medical Sciences." "Science," he said, "is the topography of ignorance. From a few elevated points we triangulate vast spaces, inclosing infinite unknown details." . . . "The best part of our knowledge is that which teaches us where knowledge leaves off and ignorance begins."

From this point of view Dr. Holmes considered the border line of progress between the known and the unknown. Dr. Fitz a few years ago delivered an admirable address on the "Border Line Between Medicine and Surgery" considered from the point of view of the historian and physician. In this address he considered not so much the interval separating truth from ignorance as the border line case between the surgeon and the physician.

My effort is a consideration of the patient as viewed by the surgeon rather than by the physician; a consideration of the patient for his own best interests from the standpoint of proved truth as admitted by the physician from his side of the borderline and by the surgeon from his. Our greatest endeavor should be to approach the borderline between ignorance and knowledge with a full realization of the limitations of our knowledge. In the past, surely, the borderline between medicine and surgery has been that between demonstrated truth and demonstrated ignorance; and the best part of our knowledge has been that which, as Holmes says, has taught us "where knowledge ends and where ignorance begins." We consider the patient's best interests in the light of established facts, and are, therefore, at the borderline of progress, restrained by our ignorance of what exists beyond that line. And is it not true that the borderline between medicine and surgery is the borderline of ignorance? I do not mean the ignorance of medicine or the ignorance of surgery as to what in the borderline pertains to each, but rather the ignorance of those vast fields which lie beyond the possibility even of an imagination. In those fields we must necessarily explore with extreme care, making sure of one step before taking another, and, with each advance, considering the difficulties and dangers of the next.

My teaching at the bedside has been, the past few years, a delightful experience, in that I have been able to hold, with Fitz, what are called borderland clinics—he presenting the medical side and I the surgical. With the retirement of Fitz last year, Richard Cabot and I have taken up the fight which has been interesting and inspiring to the students and to ourselves. Moreover, it has been of incalculable value to the