

cies that the student learns quickly self-possession and self-reliance. Not that there are lacking abundant opportunities for the medical interne to learn surgery, but the young men are so overwhelmed with their own work that they have little time to follow the work of their colleagues. I have often thought that the best service is the all-round service in a small hospital, where one sees medicine, surgery, obstetrics, and the specialties. The objection to this is, of course, that in none can he get highly specialized teaching.

One of the great satisfactions of my professional work has been the realization that I have lived through these wonderful advancements that our profession has made since I was a student. Thirty years ago there was no borderland between medicine and surgery; or, if there was, it was almost too narrow to be recognizable. The least invasion of medicine was enough at times to raise a storm of protest. Henry I. Bowditch met with tremendous opposition in first performing thoracentesis for pleurisy. To be sure, this procedure, though seemingly a very simple operation, had, and has to this day, dangers of the gravest sort, when performed by one ignorant of the far-reaching effect of emptying, under atmospheric pressure, a rigid cavity, the viscera of which have been violently displaced by one-sided pleural effusions. But apparently the operation was of the simplest sort. It was not a violent overstepping of the borderline, like McDowell's ovariectomy; but it was nevertheless a surgical operation encroaching upon the domain of medicine. And yet I do not believe that the opposition to the aspirating needle was jealousy. It was that conservatism which is characteristic of our profession, and which is one of our best attributes when not carried to bigotry and intolerance. Even to-day we meet just such opposition in the invasion of new fields, and to justify such invasion we must show to our opponents that progress is real and justified by its benefits to the patient. It is the expression of a determined minority—the crystallization of opposition which, when overcome by the truth, makes that truth conspicuous and beneficial.

In 1875, the borderland was, as I say, a clearly defined one, 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