

tion of my chief that the lipomata always suppurated, though the operation was usually very speedy. This suppuration, he said, was due to the loose connective tissue capsule of the lipoma.

I am often asked by young men whether I advise them to take a medical or a surgical service in a hospital—by young men who are in doubt whether they will undertake medicine, surgery, or general practice. I dare say that many physicians are asked the same question. My reply is that, on the whole, a man will get a broader training in a surgical service than he will in a medical one, because he will get surgery—itself now a very broad field—and he will get a certain amount of medicine also, especially cases of pneumonia and other post-operative complications. Moreover, he will see in the surgical wards patients with many diseases essentially medical, especially abdominal. He will get also a surgical training in abdominal diagnosis, which I think is more effective than the medical training in diagnosis, because he will see in the operative cases at least the connection between cause and effect and the demonstration of the mechanical causes of symptoms. He will have the inestimable advantage of control over his diagnosis.

At a recent borderland clinic, between Richard Cabot and myself, there were brought from the medical wards six cases of supposed tubercular peritonitis. The diagnosis was disputed by the surgeon in three. All were operated upon, and three only were tuberculosis—the honors were even. But the good to the patient, to the assistants, and to the chiefs, was great, because each patient had the benefit of a wide experience, both medical and surgical; each assistant saw the reasons for or against the symptoms put to the final test, and saw, therefore, most vividly the error or the truth; and, finally, the chiefs beheld, in unquestionable demonstration, the accuracy or falsity of their observations, the reliability of their conclusions, and the real value of their experience.

Now the assistants, both medical and surgical, see such demonstration in a combined clinic, but they do not, as a rule, see transferred cases. Medical men make their diagnosis, and that is the end of it. To be sure, surgeons, in transferring their patients to the medical side, lose track of them, and they never know the facts unless the patient dies.

A knowledge of surgery can be gained only in a hospital: a