ORIGINAL. CONTRIBUTIONS.

THE BORDERLAND OF MEDICINE AND SURGERY.*

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I N selecting a subject of interest to physicians as well as to surgeons, to specialists as well as to general practitioners, none seemed more suitable than that of the relations between the different bodies of clinical workers. In dealing with this subject we have to consider the borderland which separates the fields of medicine, surgery, and the specialties. My address, therefore, concerns chiefly those whose work is practical rather than theoretical, at the bedside rather than in the laboratory. Not that I would leave out of consideration the laboratory, for there better than anywhere else can be tested the results of clinical work; but v hat I have to say deals chiefly with the selection of methods of treatment in groups of diseases; with the results of these different methods; and with such deductions as I have been able to draw from many years' experience, at the bedside and in the operating-room.

The progress of medicine and surgery since I entered the Harvard Medical School has been, of course, prodigious. I have been permitted to see for myself that wonderful advance of medicine and surgery which has made our profession brilliam among human occupations. I have seen with my own eyes what the late Henry I. Bowditch used to say he wished he might live to see with his: the marvellous strides which were made in the last part of the nineteenth century in the fight against disease. The field of medicine has been freely invaded by surgery, until it has seemed that perhaps nothing would be left for medicine. The line of attack has advanced and retreated, retreated and advanced, but the ground gained by surgery has always been greater than that lost, until the borderline between medicine and surgery has been carried far into what was once the domain of medicine.

It is well for us at times to pause and consider, not only the things that we have accomplished, but the things that we have failed in; to take account of stock and to open a fresh ledger; to balance old accounts and to start new ones; to claim as surgeout the achievements of surgery, but to admit as candid and fair-minded men our failures and disappointments, and, in thus admitting our failures, to strive with our medical confrères to indicate the lines along which progress is to be made.

Our duty to our students and to our readers is to present an impartial account of our work, and particularly of our failures, lest they find, when they first encounter the responsibilities of practice results very dif-

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