

In many ways this simplicity of assignment of everything to the physician, to the surgeon, or to the then established specialties of eye, ear, throat, skin, and nervous diseases was commendable. I am not so sure that we should commend even now the splitting up of general surgery into specialties that are not practised by specialists—into highly specialized groupings presided over by general surgeons.

Bigelow was a surgeon with a predilection for genito-urinary work; Cabot, a general surgeon who enjoyed the gynecology of that day. Porter was more at home in hare-lip, cleft palate, and in fine plastic workmanship.

To-day this arrangement of cases which demand special skill is admirable, provided that in a hospital staff certain unusual diseases are all referred to one or two men who take special interest in them. But it is to my mind a question whether a great specialty can be best practised by one who does not devote his whole time to it.

The genito-urinary specialty includes diseases of the kidney like stone and neoplasms, just as gynecology takes in the diseases of the female pelvis. But no surgeon is fitted to open the abdomen unless he knows the surgery of the kidney and of the pelvis, as well as of every other possible abdominal lesion. Furthermore, a specialist is not a specialist if he is also a general man, whether in medicine or surgery.

The borderland in 1875 was, broadly speaking, the human anatomy separating the accessible from the inaccessible anatomical regions. Surgical diagnosis was, therefore, the recognition of external pathology—of diseases and conditions that could be tested by the senses.

The great advance in surgery which safety of operation has made rapid, is not due altogether to safety either. It has been partly the result of improved diagnosis, so that the surgeon could foresee what problem was before him.

The real reason why abdominal surgery was so slow in starting was the danger of it. Those of us who think that modern surgery is really modern must remember that "There is no new thing under the sun" (Eccl. 1:9). Had it been possible safely to perform even what are now regarded as the simplest abdominal operations, there was not wanting the skill to perform them. Indeed, I do not believe that we see to-day the skill, rapidity and anatomical knowledge which made the brilliant operators of preanaesthetic days. I have read the details as to operations of that time, told by Warren in 1828 in the *Boston Medical and Surgical Journal*, and I do not believe that the leisurely methods of to-day, under anaesthesia, can possibly educate the modern surgeon to such a high degree of swiftness and skill. Surgeons of that day, however, did perform some of the difficult operations of to-day. In 1828-30, in the *Boston Medical and Surgical Journal*, were published descriptions of vaginal