

no serious attempt has been made even to indicate what such points may be. It may be, for instance, that one particular method of flap-making will suit primary amputations better than another, and a point so important could be settled in twelve months by a simple agreement amongst a group of hospitals and their surgeons. Let one set of men work steadily at one method for one class of cases, and another set at another method, and the statistical laws will be found faithful to the truth, as they ever are when the figures are large enough. Instead of adopting a method like this, our present method is that when such a point is raised for discussion surgeon after surgeon rises and gives vent to vague impressions, which he is pleased to elevate into the name of opinions. The fact is that everyone has been trying all the plans in a disconnected, illogical way, from which truth never can be evolved. One of the many things I admired about Tom Keith was the religious way he stuck to the cauterity in treating the ovarian pedicle. Nothing could shake him. I was equally obstinate in my adhesion to the silk ligature. The result was that when we came to compare notes after many hundreds of ovariectomies, we found that, so long as the bleeding from the pedicle is effectually stopped, and the pedicle carefully dropped back into the peritoneal cavity, it does not matter a pin how it has been treated; and that, I venture to say, is a surgical conclusion, not only of the utmost importance, but one which never can be controverted. The so called discussion on special subjects which are now fashionable at our annual gatherings illustrate well how utterly futile our present method of research is. Take the case of the kidney. We have half a dozen men discussing such a question as that of removing a suppurating kidney as a primary operation or subjecting it to a primary drainage, and when you have heard all that they have to say, you are no wiser on the subject. But if four men would subject all their cases to one method, and four others would confine all their work to the second method, within five or six years the question would be definitely and finally settled. The latest instance of this kind is the question of lumbar *versus* inguinal colotomy, concerning which I am certain that the shield has a silver as well as a golden side, and that our present method will never enable us to differentiate the two methods.

It may be urged against my proposal that such a plan of research would hamper liberty of action, but I answer that our present liberty of action is not wise; indeed, it is not liberty at all, but licence. Let me take a personal case. It is well known that I adopt a special method of treating uterine myoma, and that there is a rival in the field in the shape of the electrolytic method. It is a charge also against me that I will not try the electrolytic method—a charge to which I readily plead guilty—and for this conduct my defence is simple.