

far from defensible. Why is it assumed that life to a poor man in a crowded tenement is not as sweet as to the rich man in his palace?

Attempted extirpation of extensive disease of the stomach, with a grave prognosis, in which there are but few chances of immediate recovery and still less of permanent recovery, hurts surgery in the community: it has an evil effect upon other patients and it hurts the art of surgery. Under such circumstances it is necessary for us to protect from procedures so unreasonable as these, the patient, the friends, the community, and the art of surgery, even if the patient himself is clamoring for operation, because he does not know as well as we do what, on the whole, is best for him. He does not realize that his last state will be vastly worse than his first.

But it is hard for a hopeful and enthusiastic surgeon, especially in the beginning of his career, tamely to yield to an aggressive foe; we cannot learn always by the experience of others, and it is a pity that we cannot. Franklin says, "Experience keeps a dear school, but fools can learn in no other, and scarcely in that." Yet it is just that experience and hope which makes most for progress. Had I in my younger days heeded the warnings of R. M. Hodges, I should have given up all hope in operating for cancer, for he had himself been led to the gloomiest prognostications.

The line of demarcation in 1875 between medicine, surgery, and the specialties was very sharply defined; between medicine and surgery it was especially clear. At that time surgery included the modern specialties of orthopedics, gynecology, and genito-urinary diseases. Orthopedics meant club-foot chiefly; gynecology, ruptured perineum; and genito-urinary diseases meant clap, syphilis, stricture, and stone in the bladder.

Bigelow did all these things, more or less, as well as operations on the eye. His chief pleasure was in genito-urinary surgery, and his influence first stimulated in Boston our best specialists in genito-urinary diseases. We had no idea what G. U. would mean, or what gynecology would claim. We little thought that the time would come when kidneys would be extirpated, or extra-uterine pregnancy diagnosticated and remedied. What the surgeons of that time would have said of the specialty of gynecology, we cannot even guess. Indeed, at the present time it would be hard to say, when we are called, as I have been, by a gynecologist, to help decide between a paratyphoid fever and an appendicitis in a male!

In 1875, however, the visiting surgeons at the Massachusetts General Hospital had to do everything. The operation for club foot was a common one. To this day, gynecology is done by the staff, medical and surgical.