

deductions no less erroneous than the deductions that gave rise to what we call superstition in the ignorant. When something strange happened which was beyond their knowledge, our ancestors attributed it to spirits—usually malignant. An attack of colic was the working of an evil spirit. Nowadays we have discovered the location of certain of our viscera, so when the colic is felt somewhere in the neighborhood of a viscus, we unhesitatingly refer the pain to that viscus—a method of reasoning not much removed from that of our superstitious ancestors. What I want to impress upon you is, never to record anything beyond what the actual facts warrant. If a pain is felt in a given region, note that fact first. If your knowledge tells you an organ is in the neighborhood, do not assert the connection between the organ and the pain until you have evidence of their direct connection. The search for such a connection will reveal to you things of which you have never dreamt. Let me recur to the so-called tender liver again. If the size of the liver can be mapped out, it will be found that the tenderness to pressure extends to parts beyond the liver, and that the same tenderness can be found in the tissues superficial to the liver, when no pressure is exerted on the liver. This result should immediately cause the observer to pause and consider things, and when he begins to think of the meaning of these things, there is hope for him and he will work out his own salvation. The failure to observe accurately is not limited to the physician. You will find surgeons describing how tender and sensitive an organ is before they cut down upon it, and when it is reached they can cut it, tear it and stretch it, and no pain is felt. Some surgeons have no difficulty in palpating from the outside an appendix, and yet have the greatest difficulty in finding it when the belly is opened. I have repeatedly seen the abdominal cavity opened to remove a tumour that had palpated but which had no existence in the abdominal cavity. Some little time ago I saw a patient with gall-stones. A celebrated physician also saw her, and found a tumour which he said was due to a thickening around a duodinal ulcer. An equally eminent surgeon said the tumor was an enlarged pancreas. When the abdomen was opened there was no tumour or enlargement of any kind. Do you think that the surgeon would pause and consider