It is refreshing to note that the day of surgical fads has given place to psychological isms, in which, at any rate, less physical harm is done. I confess to an excusable sense of pride when I think what gynecology has done for abdominal surgery, though I admit frankly that the general surgeons have just cause for complaint because of the rapid extension of pelvic surgery to the abdomen. My conscience does not trouble me, for while I hold that every gynecologist should be prepared to deal intelligently with any complication that he may encounter in the course of an ovariotomy or hysterectomy, he has no right to deliberately perform an operation upon the gastro-intestinal tract which he has not done more than a dozen times. Gynecologists will learn in time to respect the old saying of Æsop, "Let the cobbler stick to his last."

On the other hand, our friends, the general surgeons, are not always at home in the pelvis. This is delicate ground, but "I speak that I do know." How often have I seen successful appendectomies fail to cure the patient because the surgeon was content to remove the offending organ alone, and did not discover accompanying disease of the right tube and ovary! So firmly has this been impressed on my mind that, even in an acute case, I usually explore the pelvis before searching for the appendix.

We have quite enough to do to perfect the arts of obstetrics and gynecology, between which there can be no legitimate divorce. If the medicine of the future is to justify the dictum that "prevention is better than cure," even though our pockets suffer at the expense of increased scientific knowledge, every practitioner who attends a case of labor must possess what Tyndall called the scientific imagination. "Fifty per cent. of my income is furnished by the obstetrician," said Dr. Emmet to me at the outset of my professional career, and we still count on the active co-operation of the accoucheur in that respect. It ought not to be so. Watch your obstetric cases throughout the entire period of gestation; know before labor begins when to expect dystocia. I abhor "meddlesome midwifery" as much as did the wise old English masters of obstetrics, and have little sympathy with the advanced (?) school, who would prepare every lying-in room as if for a laparotomy, and carry to an ordinary case of labor all the paraphernalia necessary for a Caesarian section. Nature is a tricky jade, but let us give her a chance. I doubt not that in large lying-in hospitals the latter operation and pubiotomy have become unduly popular, to the exclusion of the premature induction of labor and skilful manual and instrumental delivery. Granted that the neurotic women of this generation are