previous treatment on the part of the public and the physician respectively account for an infinitely larger number of victims than do the errors of the surgeon. The surgeon's task is hard enough, and his difficulties ought to be lessened as much as possible—indeed, we consider it justifiable to raise the question: What particular considerations are due to the surgeon from physicians and from the public? I wish to call special attention to these in the interest of the patients.

1. In every case where there is any question of operation the surgeon ought to be summoned in the first instance for the purposes of examination and consultation. Surely the time will come when cases of ileus will receive operative treatment at once, and will not be left until gangrene of the intestine and perforation make it impossible to deal successfully with the cause of the condition. Every ileus ought to be examined at the beginning by both the physician and the surgeon. If two consultants are unnecessary, it is the surgeon who is indispensable.

A case of acute appendicitis can be easily and entirely cured by an operation on the first day, but without an operation the life of the patient may be very seriously endangered by the rapid supervention of perforative peritonitis. The relations of the patient should therefore be informed at once of the possibility of a cure by operation: it is unwarrantable to omit to call in the surgeon until peritonitis has become advanced. In cases in which carcinoma is suspected, a succession of specialists should not allow the best time for a radical cure to slip away by wasting weeks and months in establishing a diagnosis. The statistics which we shall produce in this book clearly prove that if patients suffering from malignant mischief receive operative treatment at an earlier stage of the disease, an important addition to the number of permanent cures would certainly be obtained.

If suspicious symptoms appear in a case of brain-tumour the general health of the patient should not be reduced by preparations of mercury for several months on the assumption that syphilis exists: it is no use handing the patient over to the surgeon when the operative treatment is certain to fail.

These are all experiences I have had, and I could easily add to them.

2. The choice of where the operation is to be done, as well as the manner of its performance, should be left entirely to the surgeon.

It is no easy matter to arrange all the preparations for an operation so as to ensure complete asepsis. We have made such strides since the days when sepsis prevailed, that when a patient inquires if the operation is serious, we can assure him there is no danger. In the days of sepsis such an assertion would not have been strictly true, even with small operations.