

early interference. In the Montreal General Hospital, of the cases operated on during the first 12 hours, 40 per cent. recovered, and of those operated on during the second 12 hours, only 10 per cent. recovered. It is therefore quite natural for me to advocate the early operation—operate before shock has time to develop—and while the infection is localised. Operations for general diffuse septic peritonitis are not likely to give better results here than elsewhere.

Surgery is coming to the aid of the physician in one field which is distinctly new, viz.: in the treatment of certain conditions of the kidney. Reginald Harrison and Edebohls are the pioneers of this new departure. The work of these two men must not, however, be confounded. Harrison has done service in two distinct conditions, first, in separating adhesions around the kidney he has relieved painful conditions, and secondly, by incising the capsule of the kidney he claims to have relieved a pressure amounting to almost strangulation, in acute inflammatory conditions, and by so doing saved the life of the patients.

Edebohls' work is in a totally different class and on an entirely new theory. In certain chronic conditions, by stripping off the capsule and anchoring the kidney, he claims to force the establishment of a new forced circulation with a resuming of the normal secreting and excreting functions of the kidneys.

It is too soon to pass judgment either on Harrison's incision of the capsule in acute congestive conditions of the kidney, or on Edebohls' decapsulation in chronic Bright's disease, but both suggestions are worthy of consideration and may bear good fruit in the future. They at any rate established a new borderland subject for the mutual study of the physician and surgeon, and form a new link for the closer drawing together of these two great departments, Medicine and Surgery.

The relation of general surgery to gynaecology in Canada is still friendly and likely to remain so as long as the Canadian gynaecologists maintain their present high character and scientific excellence. In the great republic to the south of us it would almost seem as if gynaecology was being slowly but surely absorbed by the general surgeon.

Although it is 140 years since Lambert, of Newcastle, first sutured successfully a wound of the common carotid artery, the practice has only recently been brought prominently before the profession. A. E. Halstead, of Chicago, in a recent article of great interest, has put before us a record of the work done on arteries. It is clearly established that large arteries may be successfully sutured. After a wound, involving half the circumference of the vessel, the sutured vessel remains perfectly patent. If the wound involves the whole circumference, the vessel gradually contracts, as the result of endothelial proliferation,