

patra's needle,—reduced, for therapeutic purposes, diseases of the skin to *four* clearly and easily understood heads. The whole was contained in a few duodecimo pages. Eczema was grouped naturally under one of them, and I much doubt if any of the octavo volumes on that disease alone have contained more matter for the practising physician than the few lines in question. No one is still doing more to harmonize medicine and surgery than Sir James Paget, who draws from pathological anatomy and from clinical pathology, whether for the use of the experimentalist, the chemist, or the microscopist.

Great advances have been made in the diagnosis of diseases of the different cavities of the body; but in the exploration of mucous inlets, as the nose, larynx, trachea, urethra, bladder or vagina, I failed to notice any advantages not within the *portée* of practitioners twenty years ago.

The *principles* of treatment are not now much better understood, although *diagnosis* may have outstripped its former self by many a stride. With the greatly increased facilities for the investigation of disease, with the improvements in the methods of diagnosis, and with the application of direct methods of treatment, initiation is sometimes shrouded in well-intentioned mystery. For instance, in a specular examination of one of the mucous inlets, there was an arrangement of mirrors, which reflected the electric light *four* times before it reached the mucous membrane. The green baized drapery completed the illusion; and the fee was larger, possibly, than if the examination had been gone through with direct light or with light once reflected.

The separation of medicine, as a whole, from surgery, as a whole, seemed destined to be complete and irreparable. But it is not so. Handmaids of each other they must ever remain; again a tendency is noticeable of an *approchement*, and this time by the invasion by the surgeon of the domain of medicine.

The lines which separate specialties are, as I have said, narrow, short, yet well defined. They are steadily becoming narrower, shorter, and still more defined as between specialties, and especially surgical specialties. That the public is a gainer is much doubted. But while the lines which confine specialism within steadily narrowing limits are becoming more defined, the lines which separate medicine, as a whole, from surgery, as a whole,—even in those departments in which, till recently,

the physician tolerated not the aid or intervention of the surgeon,—the latter has dared to enter, and with advantage, the domain of the physician. Not many years ago, for instance, in all affections of the chest or abdomen requiring manual interference, the surgeon was sent for, and the operation was performed at the request and under the guidance and direction of the physician whose diagnosis was followed, and who had called in the surgeon to do that which required a cooler nerve or a more dexterous hand than that possessed by himself. How is it now? The surgeon's knowledge of *internal* derangements within the skull, chest or abdomen requires to be so precise that skill in operating must wait upon, and be preceded by great accuracy in diagnosis. The surgeon who trephines the skull, cuts through its membranes, and removes a tumor from the brain; or who sends a bistoury through its substance to an abscess, does that which requires no extraordinary manual skill or dexterity—a butcher or a butcher's boy could do it as well. But the exact, the precise localizing of disease within the brain, by the correct interpretation of disturbance of function *at a distance*, is one of the greatest triumphs of modern surgery, and is a step towards its recognition as a science as well as an art. The domain of the surgeon is, therefore, steadily extending, and fractures, dislocations and excisions of tumors no longer limit the field of his labors.

It would be inconsistent with the time at my disposal to traverse the field of practical surgery, to point out what might be considered encroachments upon the territory of the physician. I shall only allude to those instances where, till recently, medicine, and medicine alone, was relied upon for relief.

In chest affections requiring surgical interference, diagnosis must be clear and precise. In empyema, for instance, not alone must the quantity and situation, but even the quality of the fluid be made out before proceeding to operation. In bronchiectasis of the lung, where the difficulty of diagnosis is admittedly great, it must be precise before resorting to any operative procedure. Here, again, the surgeon, although he may receive aid in determining the exact site and nature of the disease, must rely upon his own diagnosis chiefly, if not entirely.

In local peritonitis, what could be more daring, more surprising, and yet more satisfactory, than Mr. Lawson Tait's thrusting a bistoury into the