

been said, the past two years have, with possibly the two exceptions noted, not been productive of any startling discoveries, they have been years of activity in the line of medical research.

Progress in surgery depends, to a large extent, upon the earliest possible recognition of the surgical lesion and the technique of its treatment. The early recognition of the surgical lesion is really more of a medical problem than it is surgical. This, in itself, constitutes a problem of no small magnitude, inasmuch as it includes the education of the public. The laity must be informed, to a certain extent, in regard to the signs and symptoms of those diseases for which at the present time they do not seek the advice of their family physician, the general practitioner. The results obtained by associations organized for the study and prevention of tuberculosis show the value of a propaganda for public instruction along these lines. The surgical diseases about which the public should receive instruction are numerous. The first dressing of a wound is one of the most important factors in the prevention of infection. Incipient cancerous lesions, especially when located upon exposed mucous membranes of the skin, are apparently insignificant—so much so that very few persons seek professional advice before the lesion has grown and has reached a stage of lymphatic involvement. Women should be educated in regard to the possible significance of uterine hemorrhage, if the results of operation for cancer of the uterus are to be improved. Side by side with this education of the public must progress the education of the general practitioner in the recognition of the earlier signs and symptoms of surgical lesions.

The technique of treatment has been designated the second factor in the progress of surgery. The surgical treatment which promises the best immediate and permanent results in the largest number of cases must be undertaken earlier, and must depend upon a more accurate diagnosis. The earlier the treatment is instituted the more difficult is the subject of diagnosis. In order to attain the requisite skill in diagnosis the surgeon must study not only his own results but the results of his colleagues throughout the world. A fortuitous trend of the times is the greater tendency for surgeons as well as physicians to spend time at post-graduate work and in attending upon the clinics held in the larger centres of population. This tendency is bound to lead to better days in both medicine and surgery.

I wish to emphasize the importance of greater solidarity in the organization of the Ontario Medical Association. I am firm in the belief that this association should preserve its autonomy. There should be a more intimate relation between the provincial association and the county associations. A requirement for membership in the provincial organization should be membership in good standing in the local society.