

Then again we find surgery stepping in to the aid of medicine in the treatment of that very frequent and dangerous disease, appendicitis. Many claim that it should be under the care of a surgeon from the start, as at any moment it may be considered desirable to resort to the knife to save the patient. It is only in recent years that we have been able even to diagnose this affection, which formerly was classed under the general name of peritonitis.

In addition to this we have made great advance in the diagnosis and treatment of various other abdominal diseases, such as tubercular peritonitis, acute or chronic intestinal obstruction, perforative peritonitis, gall stones, surgical diseases of the kidney, enlargements of the spleen, inflammatory affections of the tubes and ovaries, and tumors of all kinds and in all parts of the abdominal cavity. To the removal of the ovaries and uterus we have now added extirpation of the kidney and spleen as well as the excision of several feet of the intestine, and more recently the removal of the whole stomach.

One is inclined to ask if we have not reached the limit of our surgical procedures in the line of abdominal surgery at least, and some may be tempted to say that we have already exceeded the line of prudence, but time and experience must be left to settle the question. In any case we have great reason to be proud of what has been accomplished. In no other field of work has the surgeon scored so many triumphs as in this.

Turning our attention to another large cavity of the body, the chest, we find that until about thirty years ago, little or no attempt was made to meddle with its contents, unless forced to do so because of some injury received, and even then we were very careful in dealing with it. To the late H. I. Bowditch, of Harvard University, is due chiefly the credit of first advocating the tapping of the pleura for fluid effusions there. I well recollect the first operation I witnessed as done by him. In a few years this practice became almost universal, and now it is a frequent occurrence in the hands of all practitioners. To simple tapping was soon added a permanent opening for the more effectual treatment of purulent collections, and now even the lung itself is more or less successfully treated by incision for the drainage and cure of pus cavities there. The pericardium too is both tapped and drained for collections of serum or pus in it. Even the wall of the heart has been subjected to suture for wounds, and with some measure of success.

Dr. J. B. Murphy, of Chicago, claims that he obtains good results in tuberculosis of one lung by establishing a fistula in the chest so as to produce collapse of the lung and thus give it complete rest.