

older surgeons were all of the pre-anaesthetic period and one was amazed at their dexterity and celerity in operating, for time was an object when they learned to operate. Of course the range of operations was limited to amputations, lithotomy (lateral), the removal of external tumours, the ligation of arteries, and occasionally the trephining of depressed fractures of the skull. Not only were these men most skilful and rapid operators but they were first-class practical anatomists and were never uncertain in the use of the knife: the timid and ignorant operator was eliminated by the conditions which then existed.

How different is the surgery of to-day; no cavity is free from the successful intrusion of the surgeon and many purely medical regions have been transferred to him entirely. What rapid strides surgery has made and how difficult it is for the ordinary man to keep abreast of its rapid progress! No one can now, as formerly, be efficient in the whole range of surgery, so there are many subdivisions and specialties. This does not always make for the broadening of the surgeon but it makes him perhaps more efficient in special lines. I see a large book has been published lately on the diseases of the umbilicus.

The advent of x-rays was another most important and epoch-making discovery, and how useful it has been in the present war!

This war has brought antiseptic as contrasted with aseptic surgery to its own again, and how much more efficient has the army medical service been as compared with previous wars, even though in this great Armageddon high explosive shells, liquid fire, and poisonous gas are used! How complete the arrangements for removing the wounded, getting them rapidly to operating centres, etc., etc. I have of late seen several cases of multiple wounds of the intestines from shrapnel returned to the military convalescent hospitals here in good health and able to do ordinary work. It is remarkable what comparatively good results have been obtained in the field of abdominal surgery. For a good many years it has been the custom of surgeons in civil hospitals to operate without delay in penetrating wounds of the abdomen, but until the present war gunshot wounds of the abdomen received in the field of battle were treated expectantly; now army surgeons are advocating, where possible, immediate operation. Dr. Abadie has published a book on this subject called "Les Blessures de l'Abdomen", and has collected 713 cases treated by expectant treatment with 77 per cent. of a mortality, and 688 cases treated by operation with a mortality of 64 per cent. He advocates early laparotomy in penetrating wounds of the abdomen