

tion in Ottawa and spoke among other things of the surgery of the abdomen and the information given below is extracted from that address: "It was strongly advised that all cases of intestinal obstruction be handed over to the surgeon and not kept on medical treatment by the physician until it was too late to operate." Surgical treatment was recommended in all cases of suppurative appendicitis and a few advanced surgeons advocated early operations. Typhoid perforations were being occasionally operated upon, always with fatal results. It was found out accidentally when operating for tumor in a mistaken diagnosis that tubercular peritonitis could be cured by opening the peritoneal cavity. Perforating gunshot wounds of the abdomen were being immediately operated upon. Radical cure of hernia was becoming a safe and fashionable operation. The surgery of the gall bladder was looming up as an accepted and successful fact. Lawson Tait reported thirty cases of cholecystostomy with one death. Crede of Dresden had had only five cases with one death, and Langenbuch of Berlin had collected 75 cases of cholecystotomy with 2 relapses, 11 deaths, and 16 cases with fistula resulting. He advised against operation when the stones were in the common duct.

Occasionally cases of operations on the stomach, intestines, spleen and pancreas were reported but with few successes. The operations of nephrectomy and nephro-lithotomy had become well established. In 1888 prostatic surgery was yet in its fatal infancy, though tumors of the bladder were being operated on. In other departments of surgery, the brain and spinal cord were fields of operation just becoming known through the work of Victor Horsley, Keen, Macewen, Weir and others.

Surgery is still advancing and is enlisting more votaries than ever, nearly every new graduate wishes to become a surgeon. Every small place has now a well-equipped hospital with excellent facilities and every opportunity is offered for the prosecution of the art of surgery. I am afraid there is often more art than science and much unnecessary operating because now most operations are comparatively safe. There is something more than mere mechanical skill needed by surgeons. The most important attributes of a surgeon are judgment and knowledge when to operate and when not to operate and when to stop—mechanical knowledge of surgery can never teach this. I remember some years ago visiting a small town west of Montreal and operating in a well-appointed little hospital and afterwards was shown no less than four cases of extirpation of