

I am rather unfortunately placed. The readers of addresses two years ago were allowed the liberty of reviewing a century of progress, and one year ago the same gentlemen were allowed to speculate on what our new century might reasonably be expected to accomplish. This year neither the historian nor the imaginative speculator have place. I find myself more in the position of the business man—required to take stock, as it were, and to estimate the position of Surgery to-day as compared with that of twelve months ago.

During this time Surgery has not stood still. Progress has been made in many directions and the future never looked more promising. Our relations with the physicians continue to be friendly. We are able to render them aid in the treatment of some of their cases of epilepsy, and even in exophthalmic goitre.

The Surgery of pulmonary abscesses and pulmonary gangrene is, with improved technique and increased experience, accomplishing results most satisfactory to both the physician and the patient, although to this subject Hippocrates' first aphorism is particularly applicable. "Life is short, and the art long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals co-operate." Eisendrath in a recent monograph has shown the results obtained in recent years to be most encouraging, and also the slow development of the idea of treating these cases surgically. Although it was first attempted in the days of Hippocrates, and was a live question 200 years ago, it is only during the past 30 years that Surgery has really established a position in this field.

It may be said that abscess follows croupous pneumonia in 1.2 to 1.5 per cent., and that gangrene is a more frequent sequel of influenza pneumonia, occurring according to Fränkel in 7.5 per cent. of all cases. It must be admitted that the medical treatment of these cases is often most unsatisfactory to all concerned. It is the more pleasing then to find Eisendrath has been "able to demonstrate the value of surgical interference in pulmonary lesions following pneumonia" in 93 cases. In detail, there were—25 cases of acute simple abscess, 24 recovered, one improved and no deaths; 28 cases of acute gangrene, 20 recovered, 2 improved, 6 died; 14 cases of chronic simple abscess with bronchiectasis, 6 recovered, 3 improved and 5 died; 26 cases of chronic putrid abscess with bronchiectasis, 13 recovered, 4 improved and 9 died.

The results of surgical interference in acute cases have been so much better than in chronic that it suggests a very careful enquiry into the