

the guidance and direction of the physician whose diagnosis was followed, and who had called in the surgeon to do that which required a cooler nerve or a more dexterous hand than that possessed by himself. How is it now? The surgeon's knowledge of *internal* derangements within the skull, chest or abdomen requires to be so precise that skill in operating must wait upon, and be preceded by great accuracy in diagnosis.

The surgeon who trephines the skull, cuts through its membranes, and removes a tumor from the brain; or who sends a bistoury through its substance to an abscess, does that which requires no extraordinary manual skill or dexterity—a butcher, or a butcher's boy could do it as well. But the exact, the precise localizing of disease within the brain, by the correct interpretation of disturbance of function *at a distance*, is one of the greatest triumphs of modern surgery, and is a step towards its recognition as a science as well as an art.

The domain of the surgeon is, therefore, steadily extending, and fractures, dislocations and excisions of tumours no longer limit the field of his labours.

It would be inconsistent with the time at my disposal to traverse the field of practical surgery, to point out what might be considered encroachments upon the territory of the physician. I shall only allude to those instances, where, till recently, medicine, and medicine alone, was relied upon for relief:

In chest affections requiring surgical interference, diagnosis must be clear and precise. In empyema, for instance, not alone must the quantity and situation, but even the quality of the fluid be made out before proceeding to operation. In bronchiectasis of the lung, where the difficulty of diagnosis is admittedly great, it must be precise before resorting to any operative procedure. Here, again, the surgeon, although he may receive aid in determining the exact site and nature of the disease, must rely upon his own diagnosis, chiefly, if not entirely.

In local peritonitis what could be more daring, more surprising, yet more satisfactory than Mr. Lawson Tait's thrusting a bistoury into the groin of a woman labouring under all the symptoms of puerperal fever, where he suspected pus by the symptoms alone, but where, as he told me, there were no outward signs of its presence; no swelling, and no local tenderness. From a condition, almost of collapse, recovery took place. The operation was not, 't is true, a difficult one. Anyone could have performed it; but the diagnosis was prophetic.

The case of Dr. Leslie Phillips, operated upon by John W. Taylor, F. R. C. S., is of like character, and now that attention has been directed to the subject, and that surgery has taught a means of escape, deaths from supposed puerperal fever will, it is hoped, be less frequent than formerly. Here, as you will see, surgery comes to the relief of the obstetric physician in cases which are peculiarly within the province of the latter.

In diseases of the abdominal organs how much has lately been done by surgery. Hepatitis, with all its train of sufferings, was claimed by medicine as its own; but surgery of the liver has suddenly leaped into importance lately. A painful, inflamed, and enlarged liver is now relieved by Harley and others, and the patient cured by the insertion into it, at its upper and convex part, of a long trocar, and by the drawing directly therefrom as large a quantity of blood as was considered prudent to be taken from the arm in the days of venesection. Operation for draining hepatic abscesses or removing hepatic cysts; cholecystotomy for crushing or taking calculi from the gall bladder; laparotomy for purulent or persistent peritonitis; abdominal sections for internal hemorrhage, etc., are all of recent date, and open a field, not of brilliant operative procedures, but of more brilliant diagnosis, and what is of greater moment, of far more beneficent results.

The considerable degree of immunity from danger which has attended abdominal sections, has led to the spaying of females—married and unmarried—for sometimes real—sometimes, it is believed, unreal sufferings. This operation has been performed for objective disturbances, and for disturbances purely subjective: Prolapsus of the ovary, a common affection; atrophy of the ovary, not easily diagnosed; œdematous ovary; a pultaceous condition of the ovary; cirrhotic ovary; hydrosalpinx; in pyosalpinx *pur et simple*, often guessed at by raised temperature alone; in pyosalpinx resulting from gonorrhœa; in that condition of neurosis whose shapes are endless, and whose outward hysterical manifestations are innumerable; in localized peritonitis where the intestines, omentum, etc., are glued together, etc., etc., etc.; in inflammatory conditions after confinement, especially in the acute and subacute stage; in deformity, where the birth of a living child might be *reasonably* expected to prove fatal to the mother; in uterine myomata where the size of the growth is inconvenient; in bleeding myomata; in (who would believe