

tions is a bad surgeon, worse than one who has a high mortality," and we would add that it shows an unfitness for the work. Besides increased experience and manual dexterity in reducing the number of unfinished operations and death-rate, Mr. Tait adduces as a prominent cause the fact that the mind of the general profession is now rapidly freeing itself from the shackles of the ancient authorities on abdominal surgery, and is opening itself to the new rules of progress. Mr. Tait here states that it is only within his own particular little halo (Birmingham and the Midland district) that the surgeons are not in this respect a disgrace to our art, and that the day for plain speaking has arrived. Surgeons should not be permitted to treat a pelvic abscess with a pessary any more than a mammary abscess with a splint, instances of which nonsense, he states, he experiences every week. If this sort of thing obtains outside of Birmingham, it is certainly a disgrace to the profession in England, as Mr. Tait says, but we do not think it does any more than we do in regard to our own country, where such a thing could not possibly happen owing to the manner in which our men are taught.

In speaking of the advisability of operating early, instead of following Sir Spencer Wells' advice to keep the patient on her feet as long as you can, Mr. Tait says that it is far better to open the abdomen a few times unnecessarily than that we should deliberately limit the powers of our art in this foolish way. Mr. Tait records fifty-three exploratory incisions in his second series as against ninety-four in his first. He says that these incisions take the place of tappings, which latter he never practices. A very remarkable result often follows these exploratory incisions when drainage has been employed; ascetic fluid has disappeared permanently and tumors of the liver, spleen, and of other kinds, have also disappeared and the patients cured.

In the group of operations for chronic inflammatory disease of the uterine appendages, Mr. Tait records a mortality of 3.4 per cent. (263 cases) as against a mortality of five per cent. in his former series, a diminution largely due, he says, to increased experience. In this group there was not a single case of incomplete operation, and when we remember that these operations