

of 100. And of the four per cent., where it is not caused by inflammation of the vermiform, it is caused by malignant growths, or perforation of the bowel, which require an abdominal section just as much as an inflammation of the appendix. Only recently has the profession recognized the fact that hernias, which often become strangulated, can be best treated by an operation and with almost no danger.

Only within the last few years have operations of colotomy for cancer of the rectum, or gastro-enterostomy for cancer of the stomach been employed, not for the purpose of curing the disease and saving the patient's life, but for the simple purpose of relieving suffering and prolonging life.

So have diseases of the kidney, and especially renal calculi, been attacked by the abdominal surgeon, nor has the latter failed occasionally to remove the diseased spleen or cut off a slice of the liver when occasion demanded it.

To-day, abdominal surgery is recognized as a specialty, and its claims that all pathological conditions in the abdomen are surgical as well as medical has been accepted by the mass of the profession—the moss backs and the fossils are always excepted. Many cases which formerly were treated by internal and external medication are now recognized to be purely surgical.

Furthermore, the sooner that surgical interference takes place the better it is for the patient, not only for his or her life, but for perfect cure and absolute recovery.

The wonderful success of abdominal surgery is due to modern aseptic and antiseptic surgery. With the frightful mortality of the past, success could never have been accomplished. The general practitioner would never tolerate surgical interference when the mortality was so frightful as it was in the past, and very justly so. It is the success of to-day, the death rate being reduced to 1 in 100, and not higher than 15 in 100, according to the class of cases.

Both the abdominal and the general practitioner have grown step by step. When the surgeon has proven to the general practitioner that he could operate safely, the general practitioner has asked for his assistance.

Abdominal surgery, with the success of the past,

naturally plunges forward, and it is not satisfied simply with operating on cases where there is palpable morbid conditions, but insists that in complicated and obscure troubles, an abdominal section for diagnostic purposes only is indicated. In other words, that abdominal surgery should be used, like the thermometer or the stethoscope, for the purpose of diagnosing cases. Of course not those simple, ordinary, every-day cases, which can be correctly diagnosed and treated, but in all the complicated and obscure and serious cases. By serious cases I mean those where the patient has some abdominal ailment and becomes anæmic, weak, and steadily grows worse in spite of treatment.

The vast majority of cases can be diagnosed with the ordinary methods generally employed, but occasionally we come across some abdominal trouble which causes the patient a great deal of distress, often threatens life by steady progress, and we cannot diagnose the case. Here, abdominal section is indicated. When the patient is subjected to an ordinary course of treatment, has been seen, and perhaps treated, by a number of able practitioners, without success, then an exploratory operation will clear up the diagnosis. Sometimes even, an operation can be performed at the same time and the patient be relieved. There is generally some particular point of severe pain where the seat of trouble is, and an incision should be made, as near to this point as possible.

I have now a young man, 17 years old, in Harper Hospital, operated on 10 days ago. He has been suffering for six years with abdominal pain to such an extent that he was often obliged to leave school; and since he has been learning a trade, he has frequently been obliged to stop work at any time during the day and go home. In a day or two he would be better and resume work, to be soon again disabled. For some months he has been unable to do any work; he lost flesh and became weaker. He has been treated by a number of able practitioners with only temporary benefit. A year ago he had an acute attack of jaundice, which, however, only lasted about ten days. The pain was principally noticed on the right side from the region of the liver down to the right inguinal region. What was it? I could not tell. It might