

It is our sad duty at this time humbly to acknowledge that "the art whose province it is to heal and to save cannot protect its own ranks from the inroads of disease and the waste of the Destroyer." Since we last met one of our best known and most highly esteemed Fellows and a member of Council has been called from his labors. Dr. Bruce L. Riordan was a big-hearted, generous friend, devoted to his calling, and his early death, at the height of his professional career, is a great loss to our ranks and to the community he served so faithfully. To the widow and son we all join in expression of our deepest sympathy.

The medical profession of Toronto and the Province of Ontario since its foundations were laid a century ago by the old army surgeons, has exercised an influence on our political, educational and social development which stands as a lasting monument to the character, capacity and influence of its members. We have a noble heritage and it is our duty to see that it is transmitted to those who follow us, unimpaired in dignity, honor and usefulness.

SOME INTERESTING SURGICAL CASES: FROM A DIAGNOSTIC STANDPOINT.

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IF definite symptoms were always produced by, and the result of, definite pathological lesions, diagnosis would be readily reduced to an exact science, but this is far from being the case. It is but too often we find that a definite pathological lesion in one patient will produce a certain train of symptoms, only to find in another patient with the same lesion a chain of symptoms of a very different character altogether. This it what makes the art of diagnosis so peculiarly difficult. When a scientific diagnosis has been definitely arrived at, treatment is a comparatively easy matter. The mechanical act of removing a portion of the stomach because it is affected by carcinoma is a much easier task than arriving at the diagnosis at a sufficiently early period to make such action productive of the best results.

For the purpose of studying intimately the differential diagnosis of surgical disease in the upper abdomen, I have selected a few cases of recent date which have been peculiarly difficult to diagnose. Each one of these cases has presented serious difficulties, and I have endeavored to show by what method, and by what reasoning a diagnosis was arrived at. In each case the result is also shown.