

Even ascites from cirrhosis of the liver has found its surgical enthusiasts, and now pulmonary tuberculosis is to be arrested and even cured by a surgical procedure, the production of an artificial pneumothorax by pumping an innocuous gas into the pleural sac. There are some who think that a year or two in the Adirondacks, the Laurentians or Colorado is a less hazardous method of arriving at a similar result.

Aneurism of the aorta is undoubtedly in some comparatively rare cases influenced for good by the insertion of gold wire into the sac, combined with the passage of an electric current through the wire, but I confess I read with some surprise the sweeping statement made quite recently in the journal of a very celebrated institution, to the effect (I quote textually) that "this dreadful malady is usually a surgical disease."

It is true the author of this remarkable statement is a gynæcologist, and we know that gynæcologists are particularly sanguine in regard to operations. The results actually given by the writer do not, however, bear out his contention. In 23 cases treated by the combined wire and electrolysis method, relief of pain and other symptoms occurred in nine cases, or 39 per cent, and possibly life was prolonged, but in 10 cases, 43 per cent., "death was probably hastened." Four cases, three thoracic and one abdominal, were cured, but, says the writer, "here we must speak with reserve, for knowledge of the living patient or proof gained by autopsy are at our command for but two of these cases." No doubt aneurism of the aorta is in the vast majority of instances a hopelessly fatal disease, but cannot many of us point to cases in which the symptoms have been markedly alleviated and life prolonged for many months, even of comparative usefulness, by periods of rest in bed, restriction of diet and drink, and possibly the use of iodide of potassium? Such measures at least have no tendency to shorten life.

It would not need a great stretch of the imagination to conceive that in the not distant future, some daring surgeon should devise a "valvulotome" by means of which a button-hole mitral valve might be safely incised and then dilated, or taking the opposite condition, an instrument for "taking in the slack" and shortening up the *chordæ tendinæ*.

We have long since ceased to be surprised at anything. One might well ask if there is anything else left for the physician. The infections?