

gone so far cannot have many great conquests still before it; but when we review recent progress it would seem hazardous to deny the possibility of still more interesting advances. The extensive use of local anesthesia since the introduction of cocaine in 1884 has led to striking modifications in surgical technique. The general narcosis produced by ether and chloroform together with perfected hemostatic methods had a tendency to encourage slow operations. With cocaine anesthesia and infiltration of the tissues with nearly indifferent fluids surgeons have again been compelled to operate more quickly and with greater efforts at precision. The discovery of the X-ray has made bone surgery much more accurate work than it could ever have been before. Most noteworthy, perhaps, in modern surgery, are the operations which are now undertaken upon the liver, gall-bladder and bile ducts. These together with gastro-intestinal surgery have elevated abdominal surgery to even a higher rank than that attained by pelvic surgery through the activity of the gynecologists. Progress can certainly be expected still in the treatment of surgical diseases. Max Broedel in Kelley's service has just shown us by a study of its blood vessels the safest way to cut into the pelvis of the kidney. The sharp line between medicine and surgery is breaking down. The two domains overlap at their boundaries, and the importance of medical men and surgeons working together is becoming more and more appreciated. The establishment of a journal, the *Mittheilungen aus den Grenzgebiete der Chirurgie und Medizin*, is an indication of the feeling which exists. The surgery of the future aside from emergency cases will be largely done in hospitals. Surgeons, to attain the necessary technical skill and familiarity with normal and pathological living tissues must stand for years over an operating table. A trained corps of assistants and nurses is essential for the more difficult problems which now fall to the lot of the surgical specialist.

Compared with the brilliant achievements of the surgeon, the therapeutic efforts of the physician are felt by most medical men as well as by the laity to be somewhat disappointing. In spite of the extraordinary keenness of diagnostic power which has been developed in internal medicine, the painfully exact studies in pathological histology and in physiological and pathological chemistry, the widespread activity in pharmacological andarmacodynamical experiment and the indefatigable efforts of the manufacturing chemist to supply new drugs, the view is prevalent and rightly so, that in the treatment of internal disease "we have more to hope for the future than to entrust to the present." The explanation is obvious. The age is one of doubt. Authority now less than ever before counts