

under medical, under surgical, and under no treatment. The prognosis of pneumonia, for example, depends upon its own attributes, influenced a little by medical attention and a good deal by the patient's powers of resistance, and none at all, conceivably, by mechanical (surgical) treatment.

Peritonitis — always till recently purely medical — got, through its own lethal tendencies, the most evil of prognoses, influenced but little if at all by medicine. As soon as its mechanical nature began to be recognized, and as soon as the effect of mechanical treatment upon these causes was apparent, it became clear that prognosis was directly dependent upon "time and judgment"; upon diagnosis and immediate intervention. The prognosis of peritonitis in the perforation of gastric ulcer under medical treatment, was as bad as it could be; under late surgery, it was bad; under early, good; under the earliest possible, brilliant. Hence prognosis has given to surgery the emergencies of gastric ulcer. So it is in appendicitis, extra-uterine pregnancy, tumor torsions, and many other emergencies.

In some, on the other hand, prognosis, as determined by experience, has not so definitely placed the borderline between medicine and surgery. Take the acute conditions of the pancreas described by Fitz (*Acute Pancreatitis: Boston Medical and Surgical Journal*, Vol. CXX., No. 8). I have never seen a recovery after operation for acute hemorrhagic pancreatitis, and I am inclined to think that few surgeons have. I have seen what I regarded as the scars of healed fat necrosis, scattered throughout the peritoneum, and I once opened with success an abscess which possibly was caused by an acute pancreatic infection.

Prognosis in this very serious condition leads me to hesitate before operating, in the hope, though not perhaps the conviction as yet, that if there is any chance, it comes through the powers of Nature, aided by the physician's art. But unfortunately for accuracy of assignment, the emergencies of surgery are so varied within the abdomen that he is a skilful diagnostician who can say that *this* is pancreatitis, *that* appendicitis; *this* gastric perforation, and *that* an internal strangulation. Hence accurate diagnosis promotes accurate prognosis; and, in the mere recognition of an emergency of some kind, the hopeless prognosis of acute pancreatitis is buried up by the hopeful one of acute emergencies in general. The surgeon is unwilling, upon so difficult