

surgeon, may mean an elaborate ritual, and with another simple cleanliness. It would be a great improvement if, when reporting cases of remarkable recoveries from astonishing operations, the reporter would state exactly the method of treatment employed to which he attributes his great success. The patient gets but little credit for the part he plays in bringing about a favorable result, and nature gets still less.

In the *surgery of the abdomen* much progress has been made. In ovariectomies and extirpations of the uterus, the mortality is being steadily diminished, chiefly by the simplification of the methods of performing the operation. Rapidity of operation and a not too elaborate "*toilette* of the peritoneum," with drainage if there be bleeding, have been most successful in reducing the mortality in these operations. Following the lead of such men as Tait, Bantock, etc., antiseptic solutions are being discarded for plain water.

In cases of *acute intestinal obstruction* it is now becoming a recognized custom for the physician to call a surgeon in consultation, and the result has been that many lives have been saved. In my opinion these cases should be placed in the hands of the surgeon from the first, as in the great majority of cases there is little hope of relief being afforded by medical means alone. Not a few cases of *intussusception* have been cured by early operations, and also many cases of strangulation due to bands, twists, etc. It is now an axiom of surgery not to let any case of acute intestinal obstruction die without at least an exploratory incision. Soon patients will be as anxious for operations in these cases as they are now in cases of strangulated herniæ. Physicians still procrastinate in cases of intestinal obstruction. They often do not advise operation until all hope of recovery has been abandoned, and operation is looked upon as a *dernier ressort*. The treatment by rest, starvation and opium has still charms for most practitioners, who are always hoping that "something will turn up." Cases of operation are reported where no cause could be found for the obstruction, and where an opening was made in the distended bowel with the best results. The artificial anus which resulted being, after some time, spontaneously closed. This