new, with almost immediate relief of pain, the avoidance of general peritoneal infection, rapid convalescence and full diet in ten days or a fortnight.

A priori, it would seem that a tuberculous peritonitis with effusion should be as amenable to purely medical treatment as a pleurisy with effusion (which is, in the vast majority of cases, a tuberculous lesion) both being localizations of tuberculous infection to serous membranes, and yet we know such is not the case. It is certainly proved by statistics that opening the abdomen and draining the effusion, not simple tapping, is more likely to be followed by a favourable result than if a purely expectant treatment, perhaps with paracentesis, be adopted.

Cholelithiasis is another affection that the surgeon has laid claim to and in which the most brilliant results have been achieved. Unquestionably it is better that the surgeon should incise the common bile-duct, remove the obstructing stone and neatly sew up the duct, than that the physician should make a "mayonnaise" of the contents of his patient's duodenum by the administration of massive doses of olive oil, in the futile hope of washing out or dissolving, in some mysterious way, the offending foreign body. And if the stone be in the cystic duct, how much more rational it is for the surgeon to perform a cholecystotomy, than to trust to luck that the stone will slip back, or to administer drugs in the hope that by their neans a body measuring half an inch in diameter will be forced through a corkscrew-like tube the size of a crow-quill. A comparison between the size of the average gall-stone and the diameter of the cystic duct is not calculated to inspire one with a blind belief in Providence.

Still more recently surgery has stepped into realms that were once the undisputed territory of the physician.

Ulcer of the stomach, at least in its two most formidable events, hæmorrhage and perforation, has benefited largely from surgical intervention. In the case of cancer of the stomach the surgeon sarcastically remarks that if the physician would only make an early diagnosis he would cure the patient, and in any case he is willing to help the patient—and the physician—by easing the downward path of the patient by a gastro-enterostomy.

One might extend the list by mentioning simple gastrectasis and gastroptosis, and enteroptosis, all of which may at least be alleviated by surgical procedures.