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terrible sufferings in the Russian prisons and by the long and severe transportation to Siberia, and the wonder grows that there are any Catholic survivors at all. Many of the priests are forced to lead a nomadic life in order to be able to visit the members of their flock, even once a year. Frequently these missionaries succumb to the burden of their toil, although the Government is good enough to refund the expenses of their journey and to grant them 600 roubles and about 80 acres of land for their support. Owing to the great distances to be traversed it was only in 1909 that

#### A Canonical Visit by a Bishop

was at all possible. In that year Bishop John Cieplak, Coadjutor of Mohileff, traversed all Siberia and the island of Saghalien, the northern half of which remains Russian territory by the recent treaty with Japan. This and a missionary tour of the Redemptorists in 1908, to whose services Catholics came from great distances, served greatly to quicken the faith in the Catholic communities.

It is the desire of the Holy See that an independent diocese for the Catholics of Siberia should be established, with its See at Irkutsk or Tomsk. The plan cannot be carried out at present on account of the attitude of the Russian Government towards the Catholic Church.

## METHODS OF SURGEONS

### DEAN DARBY WARNS HIS CONGREGATION

The methods of modern surgeons came under review by Very Rev. Dean Darby at the Church of Our Lady of the Rosary, Hamilton, on Sunday, September 28, when he made a vigorous appeal to the congregation to guard against operations. He said that, however much one would like to feel money was not the principal determining factor in operations, the fact was that the way of the operating theatre was paved with gold. The doctor of old was thoughtful, cautious, and observant. The present-day medical man, like the prospector, was armed with tools to bore inside his fellow man, while women went to the operating theatres as to a bijou show. The result was that to-day it was difficult to find a woman who had not been operated on, while 20 years ago it was equally difficult to find one who had had an operation. In many cases an operation was an admission of ignorance, as if diagnoses were more exact there would be fewer operations and less human suffering. Doctors knew that once the knife had been in a patient the patient would return.

Several of the leading surgeons in Auckland who were asked to express an opinion on Dean Darby's sermon had a ready reply to his indictment. His remarks upon the disparity between the methods of to-day and those of 20 years ago were answered by the statement that the value of surgical treatment had been tremendously increased by the advancement of the science in that period. Only palliative treatment by medicine was possible 20 years ago for diseases which can now be cured by surgical methods. Attention was directed particularly to the treatment of diseases of women, especially cancer, the worst scourge of the sex. The development of this disease internally was so insidious that in some countries, notably Germany, campaigns were being conducted with a view to persuading every woman who had the slightest suspicion that she was suffering from the disease to obtain reliable advice. In Germany the assistance of midwives had been enlisted in giving instruction to women regarding the earliest symptoms of the disease, which were usually so innocent that many cases were far advanced before medical assistance was sought. Cancer specialists throughout the world were agreed that only by an early and radical operation could the disease be cured, and in cancer of the stomach or intestines, for instance, an exact diagnosis could not be made except by operation. The greatest obstacle in the fight

against this disease was the popular idea that it was painful. The fact was that when a cancer became painful it was almost certainly incurable.

The risks of surgery by modern methods were described during the interviews as negligible. A few years ago a doctor who proposed to explore a patient's abdomen in the manner that was practised to-day would have been considered a madman, but now the operation had no terrors, so great had been the advances in the use of antiseptics and anæsthetics. It was so safe that its temporary inconvenience was counted as fully compensated for by the exact diagnosis which it permitted. An important factor in the success of modern surgery was the knowledge which it had given of the early stages of diseases. Twenty years ago many internal diseases were known only by the researches of the post-mortem table. Step by step the surgeon had advanced until he could actually examine any internal organ of the body without fear of the consequences, and it is this ability to make a positive diagnosis by direct observation that was claimed as the triumph of surgery in its effort to save human lives and to alleviate the sufferings of mankind.

Addressing the congregation on the same subject on Sunday, October 5, Very Rev. Dean Darby said: I wish to make it plain that I bear no animosity to the surgeon or even to the physician. For years I have gone in and out the same door with them that opened to trouble and sorrow and even to death, and have always been treated as a gentleman and acted always, I trust, as one. If, therefore, I have said aught that has wounded either the physician or surgeon, I did not directly intend to wound. However, I owe a duty to my people, and if after mature deliberation I find it necessary to sound a note of warning, if I neglect to cry out will I not be like the hireling whom our Lord said saw the wolf coming, but fled and left the sheep. When the doctors proclaim the wonders of modern surgery I am with them. I wish with all my heart that these wonders could be wrought even at our own doors; but facts are stubborn things, and the fact is that these wonders cannot be performed in the Dominion of New Zealand—no, not even in Australia. It is a grand thing to know the high flights to which surgery has attained in the hands of its most skilled exponents, but to come to the conclusion that every surgeon who sticks a knife in a live body can perform all the wonders of modern surgery is nothing less than an hallucination. The fact is that the number of surgeons who are admittedly up to the high level of their art are admittedly few and far between. It must always be so, for we see the same thing in every other walk of life. We have many financiers, but very few kings of finance, many politicians but few statesmen, many electricians but few Edisons, many painters but one Raphael, many sculptors but only one Michael Angelo, many surgeons but very few 'King's surgeons'—very few surgeons out of the multitude of surgeons who can show the world what the highest reaches of their art can do. The bulk of the surgeons are moderately knowing and moderately skilful, and most of them practise mostly as physicians and occasionally as surgeons; the result is they are not profound in either branch. The result is a considerable number of surgeons and surgeons only occasionally and by way of exception, and they stick in the knife in search of information. There are very few surgeons with first-class skill and first-class knowledge, many with moderate skill and moderate knowledge, and some with very little of either skill or knowledge, and the poor have to put up with the last two classes and take their chances. No doubt every surgeon will do his best, but his very best is something vastly different from the very best that surgical art can do in the hands of its ablest and most skilful exponents. These thoughts, I trust, will tend to show that there are solid grounds for the cry I have raised against the 'operation fad.' It must also be borne in mind that the operators, skilled or unskilled, are insured against the trouble of the law. Certainly these thoughts make me an advocate of simple life and simple remedies, and of the necessity of looking before you leap on to the operating table.

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