

will have relinquished all claim on the territory of the abdomen. Our prophetic eye does not carry us so far into the future as the time predicted by "A General Surgeon," when the male special organs will be given over to any distinct class. Seeing "that the testicles are much easier to remove than the ovaries," it will be safe to leave their extirpation to the general surgeons. Our correspondent reminds us that the first ovariologists were general surgeons. We would remind him that all great men were babies once.—ED.]

NOTES AND COMMENTS.

More and more, as the years go by, the surgeon invades regions regarded as the special province of the physician, and with remarkable success. This is particularly the case with diseases of the liver. Mr. Tait's report to the last meeting of the British Medical Association of his operations performed in cases of abscess, hydatids and gall-stones shows the success which may attend a bold and at the same time skillful surgery. In recent numbers (Feb. 19th and 26th) of the *Medical News* Dr. Ohage of St. Paul reports two interesting cases, one of cholecystotomy (incision) and the other cholecystectomy (removal), and gives a very useful practical account of these operations. It is to be hoped that these reports will stimulate surgeons on this side of the Atlantic to greater activity in this department. Recently Langenbeck of Berlin, who devised the operation, has published additional cases of removal of the gall-bladder, and urges this operation in preference to cholecystotomy.

A few weeks ago I saw a case with Dr. Bolling of Chestnut Hill which illustrates some of the difficulties in the way of successful hepatic surgery. A woman, aged about 50, well nourished and previously healthy, had had jaundice since Christmas, with great pain, often paroxysmal, in region of liver. She had had two attacks of hepatic colic, and gall-stones had been found in the stools. She had lost flesh and had had for about two weeks well-marked attacks of hepatic intermittent fever—rigors, hot stage, and sweats. The liver was not enlarged; gall-bladder not to be felt, though the abdominal walls were too thick for satisfactory palpation. The condition was becoming serious; tongue dry, pulse rapid, and there was abdominal tenderness, with slight swelling. Dr. Agnew opened the abdomen and found a stone in the common duct, with great dilation of the gall-bladder, from which 18 ozs. of bile was aspirated. The distension was entirely below the edge of the liver, and only the tip of the enormous sac