

investigators have now been able to transplant kidneys, thyroids, etc., and it is difficult to say to what extent these experiments may benefit the human being. Arteries are now sutured when injured, and it is found that they heal quite readily. In January, 1903, I closed a small transverse wound of the femoral artery with fine silk sutures, and it healed perfectly, with apparently no thrombus, as the tibials pulsated normally afterwards. The patient, a farmer, lived for about two and a half years, doing his ordinary work, and died from a lightning stroke.

The improved method of treating aneurism by opening the sack, removing the fibrin and clots, closing the vessel openings by sutures, and then obliterating the sack, is now generally employed by surgeons. The sacciform aneurism may be cured by this, the Matas operation, without destroying the usefulness of the vessel. In fusiform aneurism, Halsted has devised a silver band with which he contracts the lumen of the vessel, without completely cutting off the circulation. His experience with this method has been encouraging.

For many years, only the simplest operations were attempted in the thoracic cavity. Now, however, if there is a wound of the heart or lungs, the injured part is exposed and the wound sutured.

We have learned that these tissues heal readily, provided that there be no infection, or infection of a mild grade only. During the last few years numerous cases have been reported where the heart has been successfully sutured, and indeed in many of these cases the patient was in a very dangerous state before the operation.

With Sauerbruch's pneumatic chamber, the chest may be opened without shock due to collapse of the lung, and I believe the time is not far distant when every well regulated hospital will be provided with a special room for operating on lung cases. Even at the present time many cases of gangrene and abscess of the lung are cured by an early operation. It is difficult to distinguish between abscess and gangrene of the lung, yet for all practical purposes the diagnosis is unimportant as the treatment is the same in both conditions. The main point is to open early, before extensive changes have taken place. If one waits until the abscess wall becomes very thick, with infiltration and induration of the surrounding parts, or where, through aspiration, other parts of the lung become involved, the prognosis is not nearly so good. An X-ray examination will aid very much in the localization of