

thus, when an operation is being undertaken for gastric ulcer, the appendix should be examined if possible.

The treatment of disease of the gall bladder is now on a firm basis, and as time goes on I feel sure that we will meet with fewer cases of common duct stones, for the cases will be operated on before the stones get into the common duct, though, of course, there will be some cases where the stones form in the hepatic or common duct.

In cirrhosis of the liver the Thalm operation has been found of great value. In at least 50 per cent. of cases operated on, the symptoms are either entirely relieved, or markedly improved. With a mortality of 35 per cent., great judgment should be shown in the selection of the patients. If this be done, the death rate will undoubtedly be diminished. I believe it is wiser not to employ drainage, as the danger of infection is thereby lessened. Where it is necessary to excise portions of the liver for neoplasms, the hemorrhage is usually effectually checked by sutures of catgut carefully applied with large blunt needles. Only the largest vessels need be ligated. The liver heals quickly.

During the last year exception has been taken by many of the English surgeons to the removal of an apparently normal appendix during an abdominal operation, and I was amused to see opposite views expressed on this point by the Editors of the London *Lancet* and the *Edinburgh Medical Journal*. I agree with the Scot, and would be very much disappointed if a surgeon closed my abdomen without removing the appendix. That some of the Germans favor this view may be gathered from an article of Pankow's, who in referring to the work of Kronig's clinic, says, "Wir bei unseren operationen die appendektomic nicht nur für erlaubt, sondern auch für geboten halten." Of course the appendix is useful in cases of mucous and ulcerative colitis. When brought through the abdominal wall it provides an excellent means of irrigating the colon. I have used it also as a safety valve in a case of obstruction of the transverse colon due to a band where the caecum and ascending colon were tremendously distended.

A number of cases of chronic sigmoiditis causing symptoms of obstruction, and closely resembling carcinoma, have been reported. Mayo considers his cases due to an acquired diverticulitis.

Last spring I operated on a case of acute obstruction due to an acute streptococcic infection of a segment of the sigmoid. An