

until the spleen can be entirely separated and delivered outside the wound. If extirpation is the object of the operation, the pedicle can be secured at any time after the application of the elastic clamp, which is applied as close to the root as possible, so as to leave distal to it ample space for ligation. If partial resection is to be done, temporary compression of the pedicle seems harmless, if there are no gross vessel-wall changes, and after the use of the clamp the desired amount can be resected and the hemorrhage controlled by buttonhole catgut suturing with a round needle, as in liver resection. "It has been shown experimentally that reduction of the artificial supply by ligation results in atrophy of the spleen, and so long as the veins are left intact, necrosis does not occur. If the splenic artery divides in the hilum, ligation of branches would appear to be an active competitor of partial splenectomy. We have not found the marked alterations in the walls of the blood vessels which have been shown to be often present at post-mortem, and which probably represent a terminal condition." Mayo analyzes his experience with thirteen cases, three conservative operations and ten splenectomies. Brief histories of all these cases are given. The article is illustrated.