

once where there was a luetic infection of the liver; and in the remaining cases on account of constant retching under the anæsthetic. Kehr re-cites the following reasons for performing cystostomy as seldom as possible:

- (a) Cystostomy does not give any security that the cure is permanent.
- (b) Even if further stone formation does not take place, subsequent inflammation of the damaged gall bladder is likely to occur (17 per cent of the author's earlier cases).
- (c) Fixation of the gall bladder to the abdominal wall and the formation of permanent adhesions frequently give rise to unpleasant dragging sensations.
- (d) Small stones in the cystic duct are readily overlooked in cystostomy.
- (e) The death rate in cystostomy is hardly one per cent less than in cystectomy.

II. Carcinoma.

III. Errors in diagnosis, etc., including appendicitis, pyloric obstruction following cholecystostomy, mistaken diagnosis of hysteria, persistent fistula and the results of a forgotten tampon.

IV. A series of sixteen cases in which simple cystectomy was performed.

V. Eleven cases in which, in addition to cholecystectomy, appendectomy, gastroenterostomy, or excision of an echinococcus cyst was carried out, and which are from the point of view of differential diagnosis especially interesting.

This paper, together with that by Körte reviewed in this issue, is a valuable contribution to the literature on this subject.

E. M. VON E.

G. W. CRILE, Cleveland. "Further Observations on Transfusion, with a Note on Hæmolysis." *Surgery, Gynecology, and Obstetrics*, July, 1909.

Dr. Crile in this short report reaffirms the conclusions to which previous work had led him with regard to the value of direct transfusion of blood, discusses at some length the behaviour of the heart during the procedure, brings out prominently certain points in the technique, and adds a short note upon the question of hæmolysis in the blood of the recipient.

"As to clinical results," he says, "there has been no recent evidence which justifies any material modification of the conclusion previously given:—that, in pernicious anæmia, toxæmia, certain drug poisonings, leukæmia, Hodgkin's disease, carcinoma, and uræmia, no benefit has