

The study of the non-successful cases is perhaps the most instructive, and from them we can derive lessons that will, I feel sure, tend to diminish the mortality very considerably. This is already occurring materially in my own practice, for the statistics of the cases up to December, 1899, show the mortality as 16.4 per cent., whereas those since January 1st, 1900, though equally serious, have only had a mortality of 14.2 per cent., but in the choledochotomies the difference is as 14.5 to 7.4 per cent. To what is this difference due?

First, I think, to increased experience; and, as a consequence, a greater accuracy in diagnosis and a better selection of cases.

Secondly, to knowing where to stop in a case where, after exploration, it is manifest that neither cure nor even material relief can result from operation.

Thirdly, to improved technique in operating, and in the preliminary and subsequent treatment of cases operated on; and

Fourthly, to increased practice enabling the operations to be accomplished in little over half the time they once required.

In the heroic employment of calcium chloride we have a very efficient means of modifying the coagulating power of the blood, but to be efficient it must be administered for at least two days before operation, and along with nutrient enemata for three or four days, or longer if necessary afterwards. Adhesions should be ligatured where possible, and all bleeding points both in the parietes and inside the abdomen should be clamped and ligatured; or if that be impracticable owing to general oozing, pressure by means of sterilized gauze affords a useful and safe means of hemostasis.

In preventing shock, the envelopment of the patient in a suit of cotton wool, operating on a heated table, administering 10 minims of liq. strychnine *B.P.* before beginning the operation, and giving a large normal saline enema with or without brandy half an hour before operating and immediately after, and repeating it if necessary, we have very efficient means of treatment. But quite as important as any of these measures, or perhaps even of greater importance, is the cultivation of the habit of operating expeditiously, for it stands to reason that, in any patient so ill as chronic jaundice cases always are, every minute's prolongation of manipulations in the abdomen and of anesthetization is adding to the risk, and I know that it is often possible to perform even a choledochotomy in half to three-quarters of an hour. Even in the most complicated cases the operation ought not to occupy much longer than an hour, though I have heard of these operations occupying three or four hours. A simple exploratory operation should