... operation. At the discussion on the subject, reported in the *Proceedings of the Royal Society of Medicine*, June, 1913, 6 cases of splenectomy were reported; in all six the patient recovered and the anæmia disappeared. The great majority of successful splenectomies have been in young subjects. In 3 recent cases under the care of one of us which were all at the stage of large spleen with commencing cachexia, with no ascites and no other contra-indication, splenectomy was performed. The operation was fatal in each case. But in another case operated on six years ago there has been complete return to health.

In dealing with cases of splenic anæmia it should be remembered that the course is usually extremely chronic. Little change may be manifested for years. Even a downward tendency is seldom progressive. Exacerbations may be followed by long remissions, and the patient may continue to show little change. The standard of health after an exacerbation is likely to be lower, but lost ground is sometimes recovered. The number of leucocytes per c.mm. serves as a rough prognostic indication. It is always diminished, but as long as it does not drop below 4000 the case is usually doing well. We have seen it drop to 240 shortly before death.

The greatest danger lies in the possibility of intercurrent disease, and this is the usual cause of death. The possibility of sudden hæmorrhage, too, is always a source of danger. Hæmatemesis, ascites, and ... complete the normal history of the disease.

The risk of hæmorrhage increases with increasing anæmia, and therefore, in cases where splenectomy is thought desirable, the operation should not be too long delayed.

Another risk of delay is that the result of an intercurrent affection may diminish or abolish the feasibility of surgical aid. We have seen one such case, where fibrosis of the lung followed an attack of pneumonia and rendered the performance of splenectomy out of the question.

When operation is contemplated, and the presence of ascites might be regarded as a bar, the effect of a preliminary tapping might be tried. We have one case, a boy of sixteen, suffering from splenic anæmia of the Gaucher type, in whom a single tapping kept the patient free from ascites for two years. It ultimately returned, and the patient died of cardiac failure: he suffered also from mitral stenosis. In the later stages of Banti's disease, splenectomy combined with a Talma or Drummond-Morison operation might offer the chance of amelioration. One success has been recorded by Tansini.[1]

In the early stages the best treatment is probably the prolonged administration of arsenic, with careful attention to the gastro-intestinal tract, and the use of x rays. If no good result is obtained operation should probably be considered at an earlier stage than has hitherto been the case. But one must always warn the patient and ... that the operation is in itself a serious one, and it should ... performed by an experienced surgeon.