

dition to the therapy of leukæmia of all kinds. Its institution, however, is so recent, and clinical experience still so scanty, that definite conclusions as to its intrinsic value should be held in abeyance."

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### INTESTINAL STASIS.

Sir Arbuthnot Lane has been in the limelight for some time. So it has always and will ever be with the man who breaks away from the traditional pathway and strikes out for himself. But such men are those who make other men think, and this leads to discovery. Some of Sir A. Lane's teachings may not stand the test of time, but enough will to place him among the leaders of medical men, thought and surgical advance.

In the *New York Medical Journal* of recent date three articles appeared on chronic intestinal stasis. These were by William Seaman Bainbridge, A. Judson Quimby, and W. Van Valzah Hayes. These contributors approached the subject from a study and observation of Lane's cases, from the report of the work of other men, and from their own study and actual experience.

Dr. Bainbridge starts by quoting Lane's definition of stasis, and points out the evil effects of faulty intestinal drainage. The prevention of the condition of prime importance and remarks that with proper medical treatment, at the proper time, nineteen out of twenty cases should never reach the surgeon's table. He also lays emphasis on the fact that too great delay in trying medical measures may lead to the need for a very severe operation. In other words, may mean the difference between short-circuiting or a colectomy. Dr. Bainbridge does not hesitate to perform either of these operations if milder measures fail. He speaks of intestinal cases under three heads—those yielding to medical treatment, those relieved or cured by such an operation as gastro-enterostomy, and those of the advanced class where short-circuiting or colectomy become necessary.

Just how far the work of Lane may lead us, time alone can determine. There is now no longer any doubt as to the value of Lane's operations. This method of treatment opens the door of hope to many a person who would be otherwise condemned to chronic invalidism.

Dr. Quimby in his article states that all cathartics, laxatives, oils and enemata should be avoided prior to the examination, and remarks that the effect of these may last for 36 hours. He then goes fully into the mechanics of intestinal stasis and its diagnosis. He divides the cases into simple mechanical obstructions, simple obstructions combined with organic changes, and organic obstructions without mechanical