

a daughter bleeding to death from gastric ulcer, a strangulated hernia, acute bowel obstruction, urinary obstruction, rupture of the bladder, perforating typhoid or other ulcers, extra-uterine pregnancy, and many other conditions too tedious to mention, but we must not forget acute inflammation of that small anatomical vestige, the vermiform appendix, that has probably caused more acute suffering and deaths than that of all abdominal organs combined. Appendicitis may well be looked upon, from a surgical standpoint, as an accident that needs a prompt operation, except in its very mildest forms, when delay may be safe for a convenient day and hour for the appendectomy. One may suffer with gall stone colic and jaundice for weeks, months and years, from renal colic for days and weeks, but from appendicular colic and pain only for hours, without imminent danger to life.

The indications for a gastro-enterostomy are in advance of any one method that can be pointed out as superior to the many practised. Bone plates and bobbins have had their day, but the anastomosis button is still in active competition with the needle and thread. The elastic ligature is the quickest, easiest and safest in its application, and experimental clinical evidences are so convincing that it is sufficiently prompt and thoroughly reliable in establishing an anastomosis between the stomach and the intestine.

In establishing end to end intestinal union, the anastomosis button has the advantage that it can be used where sewing cannot be done, and it is quickly inserted. It is not necessary to mention the objections to it, but be they what they may, the button is a good thing to have along when emergently called upon to treat intestinal obstruction. Of all the methods of suturing devised, some thirty-six in all, that which is intra-intestinal has recently gained most favor, and preferably by continuous to the interrupted suture. With a little practice it can be as rapidly applied as the extra-intestinal suture. A new procedure, known as "The Single Cuff Method of Circular Enterorrhaphy" has been devised. It is founded on extensive experimentation on dogs, and has been used twice on man. The treatment of carcinoma of the rectum, except that near the anus, has recently undergone a complete change. The abdominal route is eagerly accepted as more satisfactory and safer than the resection of the coccyx and a portion of the sacrum to reach it from below.

More conservative efforts are being put forth in young women, in the surgery of the uterus, tubes and ovaries. Myomectomies instead of hysterectomies; bisection of ovaries and removal of the pathological portion, instead of oophorectomies; and salpingostomy and hysterosalpingostomy instead of salpingectomy, are praiseworthy and sufficient.