

vestigations lead to the surmise that many of the anemias and associated blood states may ultimately be best treated by operative procedure on the spleen and other blood-forming organs. He describes the anatomy and known functions of the spleen, before birth and during life, and says that its protected situation, overlain by the other important organs, makes it exceedingly difficult to ascertain moderate enlargements. He questions our ability to mark out accurately any moderate enlargements by percussion, but he believes that surgeons can do a great deal to increase our understanding of conditions by routine examinations of the organ during abdominal operations, when an altered blood state exists. He puts the classification of splenic enlargements into three classes: First, leukemias, in which the spleen produces white corpuscles of the ancestral type, a probable reversion to the fetal form of blood. Second, splenic anemia, with a diminution and change of character of the red blood corpuscles, which are pathologically destroyed to some extent. Third, splenomegaly, an enlargement without blood changes, and only mechanically affecting the general health. In addition to these classes there are two conservative types of enlargement of the spleen. One, the compensatory splenic hypertrophy, and second, the enlargements after infectious diseases. Unless the spleen is more or less movable its surgical approach is difficult. The Mayos have usually used an incision through the left semilunar line, carrying, if necessary, the upper end along the costal margin to the ensiform cartilage. He has not found Myer's procedure of cutting the costal cartilages necessary as yet, but in some cases a left transversal incision joining the longitudinal is convenient. In advanced disease, adhesions, especially to the diaphragm, are occasionally difficult to separate until after the splenic pedicle has been secured. To grasp this vascular pedicle temporarily in rubber-covered elastic clamps is the most important step in the operation if the vessels are fairly sound. This must be very carefully done on account of the delicacy of the splenic vein. To grasp the pedicle securely, the organ should be turned over, at least enough to grasp the vessels in the hand. With the fingers and blunt dissection, a passageway is made around the pedicle, and a clamp applied and tightened enough to control the circulation