

curs when the appendix is tied off in the usual way. I have always been especially opposed to Edebohl's method of inverting the appendix without removing it, for it is bound to slough because it is cut off from its blood supply from the meso-appendix, and during this process it is apt to infect the rest of the cæcum.

*The surgical importance of jaundice.*—In the course of an able and exhaustive article by Dr. McLaren on this subject, he states that, out of thirteen operations on the gall bladder and bile ducts in 1899, no disease was found in two; in one adhesions existed between the gall bladder and pylorus. The remaining ten all showed gall stones in greater or less numbers, and all of these with one exception showed evidence of cholecystitis, yet in not one of them had jaundice ever been present at any time during the course of the disease. When we come to well-marked and persistent jaundice, he says we find the great majority of these cases to be suffering from carcinoma of the liver. This is a fairly common disease, as appears from the *post mortem* records of Guy's Hospital, namely, 126 cases in 8 years out of 4,200 autopsies or 3 per cent. The surgery of cancer of the liver is very unsatisfactory, the end being hastened even by an exploratory incision. His conclusions are interesting: (1) That slight attacks of jaundice are of comparatively little surgical importance and that the majority of surgical diseases of the biliary passages have no jaundice at all. (2) That persistent jaundice, especially if progressing, is usually a contra-indication. (3) While on the other hand intermittent deep jaundice, especially if associated with chills and a rise in temperature, denotes a stone in the common duct which urgently demands removal.

*Vaginal morcellation of the myomatous uterus.*—Thienhaus, of Milwaukee, in an elaborate article in the American Journal of Obstetrics for Oct., 1900, strongly advocates this method of dealing with fibroid tumours of the uterus, a method which I have always opposed even after having seen it performed by two of its greatest exponents, Landau, of Berlin, and Segond, of Paris, the latter of whom has since abandoned it in order to adopt Kelly's method. Thienhaus' reasons for preferring the vaginal method are: 1st, He claims that there is more