

of obstruction from gall-stones, the gall bladder is shrunk and can be with difficulty brought to the surface. It is often difficult to say whether a case of obstruction of the common duct is due to impacted calculus or malignant disease; when the cystic duct alone is obstructed there is no jaundice. In doubtful cases an exploratory incision is now considered justifiable. When the gall-stone has escaped from the common duct it may still prove a source of danger. Obstruction of the intestine due to gall-stone is more common than is supposed; a small stone may cause symptoms of complete obstruction and consequent death. Such cases should be treated by early laparotomy. It is not necessary to incise the bowel to free the stone, for it may be passed on through the ileo-cæcal opening by external manipulation, as has been done by Mr. Clutton of London, or broken up *in situ* with a needle, as recommended by Mr. Tait.

The *stomach* has been frequently successfully opened for the removal of foreign bodies, or the performance of Loretta's operation of dilating a contracted pylorus; operations of excision of malignant growths of the stomach are not growing in favor, the game, as a rule, is not worth the candle. The *pancreas* has been successfully operated on for cystic disease, and the *spleen* has been so frequently successfully excised that the subject is no longer a matter for wonderment.

We come now to the *surgery of the kidney*. Since Simon first extirpated a kidney in 1869, great advances have been made. The surgery of no other abdominal organ has been so rapidly developed and perfected. No doubt many kidneys have been removed unnecessarily, and too often, unfortunately, with a fatal result; but surgeons are now beginning to see their way more clearly in this, until recently, little known branch of surgery. It is now a well established rule that no kidney should be removed without a previous nephrotomy or exploratory incision. Again, no kidney should be removed until the condition of its fellow is ascertained. Several cases are on record where the surgeon has removed the only kidney in the patient's possession. A preliminary nephrotomy enables the surgeon to avoid this fatal mistake. The most brilliant results have been obtained