to control, as one at first sight would think. Ascites due to cirrhosis of the liver is now cleared away through a collateral circulation, established by stitching the omentum to the abdominal wall or spleen.

It is only thirty-five years, 1867, since the first cholecystotomy was performed for gall stones; and seventeen years, 1886, since the relation of typhoid fever to cholelithiasis was first pointed out. That bacterial infection is the cause of gall stones is now accepted. Early gall bladder surgery is easy and safe. While late operations, where complications have arisen, are difficult, and dangerous. The irritation of gall stones is surely an etiologic factor in cancer of the gall bladder. Cholecystotomy has the widest range of usefulness. Cholecystectomy, commonly performed, is an operation that should be seldom indicated, if the attending physicians only realized the importance of early surgical treatment.

The symptoms and signs of active cholelithiasis are sometimes obscure, but usually they are so clear as to make a diagnosis easy. It is much wiser to face one per cent. mortality in immediate, than about ten times that risk in remote, operation. The conditions when the gall bladder should be removed are pretty well defined. It is the operation of choice in (a) complete stricture of the cystic duct, (b) thickened contracted gall bladder, already almost obliterated by inflammation, (c) septic gangrenous condition, (d) hydrops, and (e) in cancer.

Choledochotomy, like cholecystectomy, is an operation of necessity in neglected cholelithiasis. When it is performed and the stones removed from the common or hepatic duct, hepatic drainage is most likely indicated, whether the gall bladder and cystic duct are removed or not, for additional calculi may come away later. It is not necessary to suture the common duct.

I fail to see the necessity of long transverse or oblique incisions of the obdominal wall in order to expose the gall bladder and ducts. Unless the operator is clumsy, and inexperienced, or has large hands, the vertical incision to manage the gall bladder, and a curve inwards and upwards towards the ensiform cartilage when the stone or stones are in the common duct, is all sufficient.

The surgery of the pancreas, spleen and kidneys has enjoyed a new and substantial impetus the last few years. Acute and chronic pancreatitis have come under the knife, and a calculus has been diagnosed and removed from the pancreatic duct, the patient making a good recovery. The surgical treatment of chronic nephritis is quite beyond the experimental stage. Decortication of the kidney is an easy and safe operation, and although we cannot as yet definitely account for the