two types, all of those on the lip and nearly all of those on the neck (7-2) and hand (8-1) were squamous, but eleven out of the thirteen on the nose were basal cell. Among the other tumors, the total of each variety was so small and the location so diverse that it seemed sufficient to condense the many regions into four broad divisions of Head and Neck, Trunk, Upper Extremity and Lower Extremity.

Papillomas.—The papillomas of this series stand next in number to, and have clinically been confused more often with, epitheliomas than have any of the other tumors.

Of 41 papillomas whose location was given, 20 were on the head and neck. Fourteen (10 of which occupied the hand) were from the upper extremity, 3 from the trunk, and three from the lower extremity—the location of choice was the hand (10). In other words, 49 per cent. were above the clavicles and 75 per cent. in all were on the unclothed surfaces of the body.

Fibromas.—The location of 35 fibromas was given as follows: 11 on the head and neck; 15 on the upper extremity; 2 on the trunk and 7 on the lower extremity. Thus only 31 per cent. were above the clavicle and 40 per cent. on unclothed surfaces.

Sarcoma.—The little series of sarcomas was still more evenly distributed, 5 sarcomas having been found on the head and neck (four of them on the forehead), 6 on the upper extremity, 3 on the trunk and 7 on the lower extremity; 24 per cent. were above the clavicles and 33 per cent. on unclothed surfaces.

Angioma.—The angiomas, on the other hand, show a decided preference for the upper portion of the body, 12 out of 22 coming from the head or neck and 7 from the upper extremity. Of these, 57 per cent. were above the clavicle and 81 per cent. on unclothed surfaces.

Pigmented Moles.—It is difficult to imagine pigmented moles being removed simply as such, and therefore I have grouped them with melanotic carcinomas with which they were most probably confused. Of these two varieties of tumors there were removed, in all, 13 from the head and neck (only one of which was carcinomatous); 5 from the upper extremity (of which, also, 1 was malignant); 8 from the trunk (of which 2 were malignant), and 7 from the lower extremity (5 of which proved to be melanocarcinomas). Four moles and 2 melanocarcinomas were from unknown locations. Only 11 per cent., then, of the melanocarcinomas whose sites were stated were located above the clavicles, and the same percentage were from unclothed surfaces. The far higher percentage of pigmented moles (54 per cent.) removed from unclothed surfaces suggested that some may possibly have been excised for cosmetic reasons.

On combining these results, it appears that, of malignant tumors, the epitheliomas alone show a distinct preference for the head and neck while the sarcomas and melanocarcinomas prefer the trunk and extremities, particularly the lower. Moreover, the epitheliomas are overwhelmingly in favor of unclothed surfaces of the body, while sarcomas and melanocarcinomas generally choose covered parts.

It is interesting to find also that the large majority of epiblastic type of tumors, irrespective of malignancy, occur on unclothed surfaces while those of doubtful or frankly mesoblastic type occur preponderantly on the covered parts.

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ARTIFICIAL PNEUMOTHORAX FOR PULMONARY HEMORRHAGE

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Man, aged 33, physician, with a large tuberculous cavity of the right lung, lost over a pint of blood, Oct. 7, 1915, but refused artificial pneumothorax. Ten c.c. of normal horse serum were given, and three-eighths grain of morphin. At 5 p. m. another hemorrhage occurred about as copious as the preceding one.

Horse serum and morphin were repeated October 8; at 3 p. m. there was a still more copious hemorrhage. Two injections of horse serum, 10 c.c. each were administered. At 11 p. m. another hemorrhage occurred, and it was thought that the patient could not survive. One-fourth grain of morphin and one-fiftieth grain of atropin sulphate were administered.

October 9 at 5 p. m. and again at 10:30 p. m., hemorrhages recurred. The patient was then persuaded to submit to an artificial pneumothorax.

A 2-inch needle was connected with the atomizer bulb of a blood-pressure apparatus. The skin was sterilized with tincture of iodine, and cocaine in the sixth interspace in the posterior axillary line. Before puncture, the skin was slid aside so that it would have somewhat of a valvelike effect in preventing the escape of air. Several thicknesses of gauze were placed over the air inlet valve of the atomizer bulb.

As the needle entered the skin, air pressure was made and continued until the patient showed the first signs of dyspnea, which required complete compression of the atomizer bulb seventeen times. The bleeding immediately ceased, and the patient stated that he was far more comfortable, as he had a feeling of support in that lung. Half an hour after compression, a soft clot half the size of a hen's egg was coughed up. For the next eighteen hours the sputum was blood streaked. The patient was admitted to the tuberculosis sanatorium October 25, and is growing stronger and bleeding has not returned. The singular part of his history is that he did not suspect tuberculosis until the first hemorrhage occurred.

SHORTENING OF THE SUSPENSORY LIGAMENT OF THE LIVER FOR PTOSIS BY THE "ROUND LIGAMENT" METHOD

GASTON TORRANCE, M.D., BIRMINGHAM, ALA.

In doing Rovsing's operation for visceral ptosis, it is often necessary to elevate the liver also.

It occurred to me, while operating in a case in which the liver was very low, that the suspensory ligament might be treated as the round ligament is done in shortening the uterine supports.

A long curved forceps is pushed through the posterior layer of fascia just below the tip of the ensiform cartilage; the suspensory ligament is caught and pulled back through this small opening, and drawn down tight enough to bring the liver up snugly against the diaphragm, and is sutured to the fascia and muscles.

In a series of sixteen cases in which I have done Rovsing's operation, modified, I have done the "round ligament" operation four times, with most excellent results.

In one case in which the left lobe was very long, I passed sutures through the liver and attached it to the diaphragm also.

Cruelty and Research.—The experimenter, even if he were really cruel, would usually defeat his own ends by the infliction of pain (a) because the pain impulses would cause disturbance of the normal functions which he seeks to discover, and (b) because the struggles of a suffering animal would disturb the adjustment of apparatus and prevent the desired observation. It is the total ignorance of the real situation that causes so much emphasis to be laid on this point by the opponents of research.—Samuel S. Maxwell, *Science*.