DISCUSSION.—Dr. Paul W. Sanger, Charlotte, N. C.: I rise to support Dr. Hamilton's direct attack on the bleeding esophageal varices. I think such a case is comparable to that of a bleeding, wounded soldier, and the issue at hand demands the blood loss be reconstituted as quickly and adequately as possible, and that he be operated upon to stanch the bleeding by ligating the distended ulcerated bleeding intraluminal esophageal varices. These vessels become ulcerated and bleed in almost all instances at the lower third of the esophagus, usually at the cardia, because this is the site in which they are most dilated, and are subjected to trauma from food. Then, if the patient is in any condition to tolerate a minimal amount of additional surgery, I think the diaphragm should be opened, as the enlarged spleen virtually oozes into the chest cavity and is easily and quickly removed. This will greatly reduce the portal pressure, as 35 to 45 per cent of the circulation to the portal system will be eliminated. We have so treated five patients with esophageal varices, and I believe it was a lifesaving measure in all instances.