that the kidney hung from it. The fibrous capsule was also split on the convexity of the kidney and its free edges sutured to the fascia. Gauze was lightly packed against the kidney and the wound closed to its lateral angle. A good fixation of the organ was thus obtained. Histological examination showed that the periosteum healed firmly to the capsule and kidney without any change in the structure of the kidney.

A Study of Malignant Tumors of the Testicle, Especially of the Epithelial Variety.—SÉKAGUCHI (*Archiv. gen. d. Chir.*, 1914, viii, 641) made a study of malignant tumors of the testicle based upon 32 tumors. The large-celled variety was the most frequent, 23 out of the 32 tumors being of this kind. The typical large-celled tumors of the testicle are epithelial and peculiar to the testicle. He believes that they are derived from the adult epithelium of the canals. The presence of cartilaginous tissue (existing in 2 cases) is explained easily by a metaplasia of the inflamed connective tissue with the appearance of hyaline tissue which presents all the forms of transition into cartilaginous tissue. Sarcoma of the testicle is rare (only one case among those of Sékaguchi). Simultaneous existence in the same testicle of carcinoma and tuberculosis was found in one case. There was no relationship between the two except that the tuberculosis may have developed secondarily to the carcinoma. The large-celled tumors developed usually between the thirtieth and fortieth years and between the fortieth and fiftieth years. The malignant epithelial tumors which resemble the adenoma in structure develop in infancy as well as in adult life. In 1 case this tumor developed in an old man. In 4 cases the tumor seemed to follow a traumatism. In 1 case it was related to an ectopic testicle.

The Treatment of Surgical Tuberculosis with Tuberculumucin (Wileminsky).—GOETZ and SPARMANN (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1914, xxviii, 53) discusses his results with the use of this new specific preparation in 54 cases of ambulatory tuberculosis. These included 17 cases of lymphoma, 12 of caries, 11 of fungus, 10 of multiple foci, 1 of tuberculous epididymitis, and 3 cases in which the differential diagnosis between tuberculosis and leuc was doubtful. He regards the tuberculumucin as an efficient aid in surgical forms of tuberculosis. Of 44 cases, of which only one showed a lung involvement of mild grade, in 22 the results varied from improvement to cure. In all, the first puncture reaction was considerable. One case healed after the first reaction but recurred nine and one-half months later. Of the remaining 26 cases, 11 remained uninfluenced and of these 3 showed only a slight first reaction. The others grew worse and of these only 2 showed a slight first reaction. One died a long time after the beginning of the treatment. The first reaction has a prognostic importance. Mild or absent reaction from the initial dose of 3 to 6 mg. of the tuberculumucin appeared in such cases as were therapeutically uninfluenced or succumbed to the tuberculosis within the next four months. A considerable or strong first reaction is observed in cases in which are favorably influenced by the treatment, although it may be seen in cases unfavorably influenced. Of the various forms, those with localization of the

tuberculous process in bones have the best prospect of healing. Tuberculous lymph nodes with apparently the same clinical symptoms, differ so much in response to the treatment that it is difficult to estimate clearly the value of this specific therapy in connection with this form of surgical tuberculosis.

Gastric Ulcers Remote from the Pylorus.—FAULHABER and REDWAY (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1914, xxxviii, 150) discuss this subject on the basis of 52 cases operated on by Enderlens. Gastro-enterostomy was performed in 10 cases with one death; wedge-shaped resection in 3 cases without mortality; the Billroth II operation in 9 cases with one death; and circular resection in 30 cases with two deaths. In the histories of patients with gastric ulcers remote from the pylorus, the long duration and periodicity of the trouble is striking. Neither the history nor the clinical examination suffices for the localization of the ulcer, although the so-called "late pain," *i. e.*, a pain coming on three to five hours after eating, in a general way, speaks against a gastric ulcer remote from the pylorus. At times the Röntgen ray examination for a topographical diagnosis of a deep ulcer of the body of the stomach, is of much importance. Gastro-enterostomy does not guarantee a sure cure of the ulcer nor a protection against dangerous complications, as perforations, hemorrhages, or jejunal peptic ulcers. The danger of carcinomatous change is not important and according to the writers' experience is not frequent. The radical resection methods deserve the preference in the treatment of these ulcers. Excisions or wedge-shaped resections are to be considered only when the more radical operation is prevented and are most successful when combined with gastro-enterostomy. Resection of the middle of the stomach gives especially favorable results and provides good physiological relations. The chemical conditions in the stomach are to be considered in the choice of the operation to be done. When the percentage of acids is high a considerable portion of the stomach should be removed. The Billroth II resection probably deserves the preference in these cases.

Tarsalgia.—MERRILL (*Surg., Gynec., and Obst.*, 1914, xix, 67) says that depression in power and tone of muscles combined with abnormal poise of the body in weight-bearing, results in strain of muscles, or groups of muscles, under greatest stress, produces relaxation of such muscles, and may cause spasm of opposing muscles or group of muscles. Under this condition of spasm the stress exerted on the os calcis by virtue of the relationship of the posterior tibial tendon to it, this bone is tilted upward relatively, producing a subluxation at the calcaneo-cuboid and the astragaloscaphoid articulations, and the angle at the juncture of the tarsus and antitarsus is increased, producing a higher arch of the foot than normal. The pain resulting from this condition is due to the irritation in the muscle, it being manifested in the muscle and referred to the insertion of its tendons; it is also due to the strain produced in ligaments which enter into the composition of the mediotarsal joint. He concludes: that such a condition is of static origin, generally combined with a systemic disturbance; that the condition of static subluxation of the mediotarsal joint has for its principal factor a contraction and shortening of the posterior tibial muscle, and is