SURGERY

UNDER THE CHARGE OF

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Report of the Committee on the Treatment of Structural Scoliosis to the American Orthopedic Association, June, 1914.—(*Amer. Jour. of Orthop. Surg.*, 1914, xii, 5). The committee reached the following conclusions: Overcorrection of the deformity is apparently possible by means of Abbott's method in cases of severity corresponding to grade B and perhaps occasionally of grade A. If sufficient overcorrection is not secured or is not maintained long enough, partial or complete relapse usually follows, rather rapidly, the release from the corrected position. The period of retention in overcorrection, necessary for a cure is longer than formerly claimed; just how long cannot now be stated. Abbott's method has apparently given much better results in his own hands than in others although his technique appears to have been carefully followed. Forbes' method is apparently successful in overcoming rotation in some cases; the effect on the lateral bend has not yet been determined nor has it been shown that the improvement as regards rotation can be maintained. The method of Lovett and Sever shows no decided gain over older methods. A longer period of study and the inspection of a larger series of cases by the committee is desirable in order to determine accurately the value of the newer methods.

Concerning the Symptomatology and Treatment of Fracture of the Patella.—HAEHERLIN (*Zentralbl. f. Chir.*, 1914, xlii, 1585) reports a case in which he applied the observation of Dreyer (*Zentralbl. f. Chir.*, 1911, No. 22; for abstract see *AMER. JOURN. MED. SCI.*, September, 1911, p. 448). By the application of an extension apparatus to the thigh and excluding the effect of the quadriceps femoris, Dreyer determined whether the lateral expansions of the quadriceps at the knee were completely torn or not. Haeberlin confirmed the value of Dreyer's observation. In Dreyer's case the quadriceps was not completely torn and he obtained bony union without operation. In Haeberlin's case the quadriceps was completely torn and after the application of the extension apparatus the patient could not extend the knee and raise the leg as in Dreyer's case. The separation of the fragments in Dreyer's case was 1 cm. (less than $\frac{1}{2}$ in.) and by the extension this was reduced to 2 mm. In Haeberlin's case the fragments were separated about one and a half fingers' breadth, and the fragments and torn

margins of the quadriceps were approximated by strong iodine catgut sutures. The extension apparatus was applied and 12 pounds weight employed. Primary union occurred. On the sixth day, with only 4 pounds weight extension, careful attempts at flexion of the knee were begun. Nine days after operation, 120 degrees of flexion could be obtained. Eighteen days after operation, the patient walked with a cane and at the end of twenty-eight days walked much better without a cane. Thirty-three days after operation there was still some thickening at the site of operation, the scar moved freely on the underlying tissues, the union of the fragments was apparently bony, according to the Roentgen rays, the patella was freely movable and there was no fluid in the knee-joint. The leg could be raised from the bed by the quadriceps.

Disappearance of Recurrent Mammary Sarcoma after the Removal of the Ovaries.—Toreck (*Annals of Surgery*, 1914, ix, 476) says that about ten years ago he reported a series of 7 cases in which he had done Beatson's operation, for the removal of the ovaries for mammary cancer. As a rule, the improvement, though striking, was but temporary; but in a few cases cures have been obtained. He now reports a case with cancerous nodes in the skin and subcutaneous tissue of the region of the operation for the removal of an advanced cancer of the breast which had been performed about four and a half years previously. The woman, aged fifty-seven years, returned more than five years after the operation, suffering from a fibromyoma of the uterus. A panhysterectomy was performed by Dr. Seeligman, after which the patient made an uninterrupted recovery. Toreck saw her about eight and a half months later when not a trace of the cancerous nodes could be found. At least a dozen of these had been counted before the last operation. The larger ones were slightly reddened, the smaller ones had not changed color. In his former series of cases there was improvement in every case; in one of them the tumor had disappeared almost entirely. The tumors, however, began to grow again after the lapse of six or seven months, sometimes sooner, in every case except one. In that case it had been firmly fixed to the chest wall, and became so loose after the removal of the ovaries that, about two months after this operation, he performed the radical breast operation. Fifteen months later, no signs of recurrence of the cancer could be detected. She was then suffering from severe headaches and died suddenly a few months later. It is possible that this case was cured. Toreck considers that the operation should not be entirely relegated to the heap of therapeutic rubbish, where most of us have placed it, but should be remembered in cases where we are unable to do anything better.

Linear Osteotomy.—BUDFORD (*Amer. Jour. Orthop. Surg.*, 1914, xii, 169) reports his results with linear osteotomy for ballus valgus, forward bending of the tibia, flexed knee, midtarsal deformity, operative dislocation of the hip-joint disease, weak ankles, multiple deformities, and round shoulders. He does not dissect down to the bone before inserting the osteotome but makes the instrument cut its way down through the soft tissues as well as the bone. He emphasizes the