

performed under most unfavorable surroundings, but the results were very gratifying. Over 500 inoculations were made.

At Martin, Tenn., on May 2, Dr. L. E. McKay was seriously injured by the crushing of his buggy under a backing freight car. His wife was only

slightly hurt. It is claimed that there was no light on the car, no brakeman near, no whistle blew, and no bell rang, yet the train was backing through the town and across used streets. Dr. McKay developed concussion of the brain.

SURGICAL DIGESTS

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Arthroplasty—John M. Murphy in *Annals of Surgery*, May, 1913:

An exceedingly interesting article dealing with the author's own work, his operative technique and his special instruments, and illustrated by concrete case histories, illuminated by X-ray photographs and actual photographs of the patients. Each of the more important joints is taken up and discussed and the special operative technique for each laid down. Extra care in surgical technique is essential and the prognosis, to quote the author, is as follows:

1. Perfectly movable, normally functioning joints with sliding and rotary motion of the normal type can be, and have been, reproduced.
2. A new synovialoid membrane is produced with fluid not synovial, but resembling synovial fluid, and lining cells identical with those lining the hygomata, and closely resembling the endothelial cells of normal synovial membrane.
3. These joints support full weight and traction.
4. They are painless once the progress of repair is complete.
5. A fibrous-cartilage structure develops on the end of the bone and the latitude of motion increases with time up to the full anatomic limitations in the uncomplicated cases.

The Surgical Significance of the Accessory Pancreas—Cowardine and Short in the *Annals of Surgery*, May, 1913:

These authors show the most common positions for the accessory pancreas to be:

1. In the stomach wall.
2. In the duodenal wall.
3. In the first eight inches of jejunum.
4. In the lower jejunum and ileum.

Most commonly, they state, the situation is in the upper jejunum. The dangers in its presence in the wall of the alimentary tract are tabulated thus:

1. Mechanical alterations in the walls.
2. Possibility of acute pancreatitis.
3. Possibility of chronic pancreatitis.
4. May complicate the diagnosis of acute abdominal conditions.

The history of a case operated on by one of the writers is very instructive and the findings of

acute pancreatitis in an accessory pancreas situated in the upper jejunum is interesting. Diarrhoea, bilious vomiting, 97.6 temperature, pulse 80, no distention nor tenderness, history of hemorrhage from bowels suggested the diagnosis of high obstruction.

G. W. Kosmak, in the *Bulletin of the Lying-In Hospital* (March 10) writes on the Treatment of Depressed Fractures in the New Born:

He describes a simple instrument by which such fractures, not necessarily associated with instrumentation, may be replaced and the cerebral hemorrhage and edema absorbed with no effect. Kosmak states: "It has been claimed that the brain will accommodate itself to the depression produced by a birth fracture of this kind without any essential injury to the child. In view of the frequent aberrations met with later in life, it would seem advisable to remove the possibility of this complication by an operation done at a time when the procedure is a very simple one."

Fago, in the *Milan Gazette* (March 9), considers the congenital idiopathic dilatation of the colon. The operative treatment supported is plication and is being simple and in his case, at least, very effective.

The dangers of not treating this affection are numerous, among which may be mentioned auto-intoxication, inflammatory process from the colon, perforation, ileus and cachexia.

Basing his statistics on 111 cases collected by him, 60 per cent eventually died, though he was unable to ascertain the final outcome in many: 76 per cent of the non-operated, 39 per cent of the operated died.

Eguchi in the *Deutsche Zeitschrift für Chirurgie* gives an interesting statement on the occurrence of traumatic epilepsy after head injuries. His statistics are based on the cases under his care in the Manchurian campaign and showed in general that one case out of every thirty or thirty-five epilepsy appeared usually after the healing of the scar. This is extremely interesting in that in the selected cases the percentage must probably be very much higher than we suspected. In the writer's case drugs only proved useful in connection with operation.