

corrective procedure applicable to each carefully outlined, viz., tendon transplantation, silk ligament suspension, tendon fixation according to the method of Gallie, bony fixation, astragalectomy, etc., etc. An interesting case of neglected clawfoot is reported in which amputation unfortunately became necessary, and the necessity of early treatment is emphasized.

The author concludes that under no circumstances should a patient with infantile paralysis be permitted to go untreated, as prevention of deformity is far more important than allowing it to progress and later expecting to correct it by radical means. Completely paralyzed muscles from infantile paralysis always remain so; partially affected muscles can be developed by scientific active motion personally supervised by one thoroughly familiar with the conditions.

Subperiosteal Osteotomy of the Os Calcis for Pes Calcarneus; Report of Two Cases. By Willis C. Campbell, Memphis, Tenn. *Surgery, Gynecology and Obstetrics*, February, 1915, pp. 231-232.

In simple pes calcaneus the author has found the following procedure of advantage: A skin incision is made from the tip of the external malleolus parallel with the long axis of the os calcis. The peroneus longus is drawn out, severed and clamped. The periosteum is next incised and retracted. With a chisel a wedge is removed from the os calcis just behind the posterior facet for articulation with astragalus, and bony surfaces approximated. The proximal end of the peroneus longus is transferred and fixed through a tunnel in the posterior extremity of the os calcis using heavy silk, the distal end attached to peroneus brevis. Equinus position is maintained for six weeks, after which walking is allowed with elevation to the heel of shoe. Weight bearing is thus brought forward to the posterior inferior aspect of the os calcis, the exaggerated arch lowered, and the normal posterior protuberance of the heel restored, actually elongating the foot. Under no circumstances should this method be used when lateral displacement complicates. Two cases are reported with excellent results.

Ectopic Gestation. By Harry J. Phillips, Louisville, Ky. *Kentucky Medical Journal*, March 1, 1915, pp. 158-163.

Phillips admits that while the actual determining etiological factor of ectopic gestation may be unknown, there are several predisposing causes which apparently favor its occurrence. The varieties noted are: (a) tubal, (b) ovarian, and (c) abdominal.

Clinically four representative groups are recognized and described: (1) Where the patient suddenly develops severe abdominal pain, and quickly passes into profound collapse; (2) where the patient has complained for a considerable time of an indefinite "abdominal pain and uneasiness," a sanguinolent vaginal discharge and occasional fainting; (3) where the gestation has advanced without interruption to the later weeks, or even to full term; (4) where an enormous blood-clot (pelvic hematoma) occupies the pouch of Douglas.

The cases embraced in group two are the most numerous, and consequently possess the greatest importance; the diagnosis may not be perfected until they pass into group one, or rarely into group three; group four is always the logical sequence of group one and two.

When the patient is first observed during an attack of acute abdominal pain differentiation between ectopic gestation and appendicitis, tubo-ovarian and cholecystic lesions, and even rupture of gastric or duodenal ulcer, may require careful study.

Illustrative cases representing the various types are succinctly reported, all the patients being treated surgically with the exception of one who refused operation. There was no immediate nor remote mortality.

Sarcoma of Both Ovaries in a Child of Three Years. By F. H. Smith, and J. Coleman Motley, Abingdon, Va. *Surgery, Gynecology and Obstetrics*, April, 1915, pp. 419-424.

In October, 1912, Drs. Motley and Smith removed a tumor of each ovary from a child of three years. They find that such a condition is rare in childhood. Jochmann (1898) could find only thirty tumors of all sorts; Wiel (1904) reports that his case is the fourth of removal of carcinoma in childhood. They can find only six cases of bilateral solid tumors in children, one of these a foetal case.

Of ovarian tumors in childhood, 34 per cent are malignant. Operative mortality averages about 58 per cent in malignant cases.

They add a compilation of forty-seven cases of ovarian tumors which were not included in earlier compilations, then add their own case.

A child of three years, sick a month with vague abdominal and digestive symptoms and a mass discovered three days before. History mentions the fact that the child was bitten by a goat several weeks earlier. At examination symptoms and signs suggested partial intestinal obstruction by two abdominal masses, suspected to be solid tumors. Operation performed next day. Tumors were identified as ovarian or parovarian, producing obstruction by adhesions to the bowel; they were removed; child recovered from operation. The tumors measured, right 13 x 17 cm., left 7 x 15 cm. Doctors Willis of Richmond and Wilson of Mayo Clinic reported the tumors parovarian embryomata, with sarcomatous (mesoblastic) elements predominating, and predicted recurrence.

Five months later the child was re-admitted with general abdominal masses, recognized as sarcomata; operation was refused by several surgeons, and the child died two months later of exhaustion and obstruction. No autopsy.

The Dangers and Fallacies of Intraspinal Injection of Salvarsan. By William Ravine, Cincinnati, Ohio. *The Lancet Clinic*, February 13, 1915, pp. 186-190.

The direct introduction of salvarsan into the spinal canal has been almost entirely abandoned, on account of its greater danger. The chief reliance in the Swift-Ellis method is in the initial intravenous injection. The nervous system is