

The Prognosis of Dislocations of the Shoulder and of Posterior Dislocations of the Elbow.—SCHMIDT (*Deut. Zeitschr. f. Chir.*, 1911, cix, 20) investigated the material treated in the Kiel surgical clinic from 1900 to the end of 1908. Schulz had already reported on similar investigations from Küttner's clinic at Breslau, and had found the results very unsatisfactory. Schmidt found that 92 cases had been treated in the Kiel clinic in the time stated, of which 56 could not be located, and 9 others excluded because of complications such as fractures, paralyses, and recurrent dislocations. There remained 27, in 22 of which the final results were very good. A limitation of abduction of five to ten degrees was disregarded, as it was found to amount to practically nothing in interfering with the usefulness of the arm. There were 6 of these, and the patients were well-satisfied with the results. Crepitation in the joint, without limitation of movement or other disturbances, was found in 26 per cent. of the cases. Slight atrophy of the scapular muscles or of the deltoid was found in 29.6 per cent., but the results were otherwise good. Atrophy was present in all the cases with bad results, with one exception. The age of the patients had nothing to do with the prognosis. A good result was obtained in 81.4 per cent. of the cases. In those cases in which the results were poor, the after-treatment was begun after two to three days and consisted in massage, gymnastic exercises, and methodical exercises with medico-mechanical apparatus. The best treatment consisted in keeping the shoulder at rest for ten to fourteen days, by a sling from the wrist and fixation with a loose bandage. Gentle massage was employed to improve the circulation and favor absorption of the extravasated blood. With this treatment the prognosis of an uncomplicated dislocation of the shoulder should be regarded as favorable. With regard to the posterior dislocations of the elbow, the general tendency to give a good prognosis is hardly justified. Forty-six cases had been treated from 1900 to 1908, inclusive. Four of these were excluded because of various complications and 22 more because they could not be located. Of the 20 remaining, 1 was unreduced. Of the 19, in 13, or 69 per cent., the return of function was complete, except for about 10 degrees of limitation of flexion and extension, which was not regarded as interfering with the usefulness of the arm. In 4 cases the disturbances were serious in all the movements of the elbow-joint, in 1 the ankylosis being complete. Schmidt warns here, as in the shoulder, against too early and too energetic therapy, and advises rest of the joint for about the first two weeks.

A Contribution to the Question of Coxalgia, Coxa Vara, and Juvenile Osteo-arthritis Deformans.—LEVY (*Deut. Zeitschr. f. Chir.*, 1911, cix, 205) says that a coxalgia can be associated with an existing coxa vara and a picture of a contracted coxa vara may be presented. After an epiphyseal separation in a tuberculous individual with coxa vara, a tuberculous infection can arise secondarily in the hip-joint at the site of the focus of lessened resistance. Before attempting to correct forcibly a coxa vara, the possibly existing tuberculous coxitis must be excluded with certainty. When lung tuberculosis exists in a case of coxa vara, forcible correction should be avoided as much as possible. The affection designated as juvenile osteo-arthritis deformans is not

the same as the usual arthritis deformans. It is due to disturbances in the region of the epiphyseal cartilage, just as in coxa vara. The great clinical and anatomical similarity between these two conditions justify the name of coxa vara capitalis in the place of juvenile osteoarthritis deformans. A large percentage of the cases of so-called osteal tuberculosis of the hip-joint, which are cured with normal or very good mobility, are really not tuberculous, but cases of coxa vara capitalis.

Injury as a Causative Factor in Cancer.—COLEY (*Annals of Surgery*, 1911, liii, 615), as the result of a careful study of the evidence based upon 1200 personal observations, believes that local trauma, from chronic irritation to a single local contusion, is not infrequently the direct exciting cause of malignant tumors of all types. That a single local injury may cause a carcinoma as well as a sarcoma is no longer open to speculation. The cases that he has submitted fulfil all the conditions necessary to establish a definite casual relationship between a single trauma and the development of a cancer. This relationship depends in no way upon our ability to offer a scientific explanation for it; nor does it depend upon the acceptance of any one of the various hypotheses as to the etiology of cancer. It can be equally explained, whether we accept the extrinsic or intrinsic origin of malignant tumors. The medicolegal aspect of this question is as yet in a most unsettled state. While we must admit that trauma often plays an important causative role in the formation of malignant tumors, this relationship must be clearly and definitely established, according to principles and conditions very similar to, if not quite so exacting as, those laid down by Segond, before any legal liability can be admitted.

Gastro-enterostomy as Shown by the X-rays.—HÄRTEL (*Deut. Zeitschr. f. Chir.*, 1911, cix, 317) says that while the physiology after gastro-enterostomy has been thoroughly studied in animals, the conclusions drawn from such studies cannot be applied with force to ulcerated stomachs in men. Härtel made his studies in patients with particular reference to the late results. Some were studied four months after operation, some as late as three years, the average being one and one-half years. All of them had suffered from benign affections of the stomach. Twenty-two cases were thus studied with the aid of the x-rays. The anastomotic opening participated in the evacuation of the stomach in every case, the pylorus in only a part of the cases. The bismuth food introduced into an anastomosed stomach was retained until it filled the stomach entirely. Gradually the evacuation took place, beginning earlier and being earlier completed than in a normal stomach. Aside from that which took place through the pylorus, the evacuation occurred periodically and synchronously with the peristaltic movement of the body of the stomach. Without the development of a new sphincter apparatus, a gastro-enterostomy acts in a manner similar to the physiological action of the pylorus. It does not work as nicely as the pylorus, but has something of the relation to it that a deficient heart opening has to a normal one, and can be seriously crippled if the open pylorus works vigorously. The kind of pathological process affecting the stomach may involve the mechanism of evacuation after a gastro-enterostomy. This evacuation through the gastro-