

bed; he was somewhat cyanosed, with a pulse of 150 and very feeble. Examination of the larynx and chest showed little evidence of air entering or leaving the chest, evidently the result of some obstacle in the respiratory passages. The laryngoscopic examination excluded obstruction of the glottis, and the absence of amelioration from time to time excluded spasm of the smaller bronchi as in asthma. As both lungs were equally affected, the probability was in favor of tracheal stenosis. At the necropsy a mass of enlarged glands was found compressing the trachea, just at its bifurcation. A microscopic examination showed it to be lymphosarcomatous. The rapidity with which the compression of the trachea developed was very interesting. In the beginning of January, though weak from his recent attack of influenza, he was otherwise well, and yet on the following February 19, he was found to be suffering from severe dyspnoea.

Observations on the Operative Treatment of Muscular Wryneck.—BÖCKER (*Zentralbl. f. Chir.*, 1907, xxxiv, 449) reports the results of the operative treatment of torticollis in Hoffa's clinic. Of the many methods of operative treatment proposed, only two, in his opinion, deserve to be considered: the simple tenotomy of the sternomastoid of Volkman and the partial resection of Mickulicz. Doering reported 35 cases with good results in all except 1, from division of the stretched fibers of the cucullaris with abundant overcorrection, and considers this the proper treatment for all cases, mild and severe. Böcker reports good final results from this method in mild and early cases. He reports that since 1898, 120 cases have been operated on, 90 by the Mickulicz and 30 by the Volkman method. When the final results are compared the Mickulicz operation is found to give the best. Böcker has observed participation of the scaleni in only 2 cases, which were cut. While he did not meet with a failure by the Mickulicz method, the results from the Volkman operation, in spite of exact after-treatment and the wearing of a cervical collar in the severe cases, have not always been satisfactory. These poor results are due to the difficulties experienced in finding and removing the adhesions of the muscles to the surrounding parts and the deep-lying bands; and leads to the preference for the Mickulicz operation. The latter is simple in technique and exposes far better all deep-resisting structures, while it requires only a short after-treatment. Only a small wound is necessary and an extensive and deforming scar is avoided, so that the cosmetic effect is little worse than by the Volkman method. With the correction of the torticollis the cervical scoliosis which is frequently associated slowly disappears from the overcorrection. Only the worst cases will not be influenced. The Mickulicz operation is now employed in Hoffa's clinic, not only in the severe cases, but in the mild as well. It gives the surest and most complete success.

The Operative Treatment of Muscular Torticollis. An Answer to Dr. Doering of Gottingen.—GERDES (*Zentralbl. f. Chir.*, 1907, xxxiv, 451, says that Doering's criticism of his (Gerdes) division of the scalenus in torticollis calls for a reply. That repeated occurrences have been observed after open tenotomy of the sternomastoid permits no serious doubt. The danger of recurrence and difficulty in the after treat-