

of the region of the ankle, due to hemorrhage into the joint and surrounding tissues. (2) Displacement of the foot outward and at the same time backward, the axis of the leg passing out of the inner side of the foot. (3) Severe pain. (4) Abnormal mobility of the foot at the ankle-joint. (5) Indirect pressure pain from the calcaneus outward. It is absolutely necessary to give close attention to the reposition of the fractured ends of the bones, and much care to the fracture for a long time afterward. Good reposition is possible only by an overcorrection in supination, according to the severity of the case, and by preservation of this position by the dressing. This fracture should not be treated at home or by an ambulatory dressing, because without adequate assistance and sometimes deep narcosis, a proper dressing cannot be applied. The injury is of such a nature that it can be treated properly only in a hospital. At home the patient often leaves the bed too early and develops very serious secondary results. For a long time the callus is in a so-called rachitic condition, that is, it is soft and yielding. Even if in the beginning or after supposed union with the foot in good position, too early use of the foot allows it to turn outward, so that the troublesome traumatic flat foot develops. After fourteen weeks it is usually necessary to correct the condition by operation.

Hypertrophic Arthritis.—JACOBSON (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1912, xxv, 589) says that almost all authors handle chronic joint diseases differently. They have their own conceptions, classifications, and nomenclature. He concerns himself with the study of hypertrophic arthritis, and regards it as a well characterized disease. Its separation from other chronic joint diseases, especially those with atrophic degenerative processes, the progressive so-called chronic rheumatic affections, should not be difficult. Unlike them it is mono- or oligo-articular and is non-progressive. It affects males by preference. There are often palpable prominences and foreign bodies, and often joint crepitation. There is no ankylosis, and muscle atrophy is not very pronounced. There are rarely other trophic disturbances or marked constitutional disturbances. The x-rays show little bone atrophy, but always protuberances, and often cartilaginous or bony loose bodies in the joint without ankylosis formation. Often when the disease has existed only a short time, the x-rays show striking changes. The atrophic joint diseases often show only slight changes after they have existed a long time. The pathological anatomy shows that the hypertrophic alterations begin in the cartilage, the atrophic in the synovial membrane. The name "arthritis deformans" should not be employed. The adjective "hypertrophic," brings into prominence its most characteristic sign. In all other joint diseases the hypertrophic symptoms are absent and only to this disease can the name be applied with justice. In the treatment rest should be avoided and motion encouraged. While rest will relieve the pain, it leads to muscle atrophy, the avoidance of which is the most important indication. Even with the existence of a joint effusion, rest in bed or a fixation dressing should be employed as little as possible. In a remarkably short time muscle atrophy with all its unpleasant consequences, develop. These are impaired function, weakness, edema, etc., and

cause the patient to spare more and more the affected joint, and thus retard the improvement and healing for weeks and months. The movement therapy gives much better results. For those who cannot walk or stand, massage and medico-mechanical therapy is indicated. The hyperemia treatment is often indicated, either in the form of the hot air apparatus (active) or the suction apparatus (passive). Faradization can also aid. In some cases, usually those with hip-joint involvement, an orthopedic apparatus will be useful. Operation is restricted to cases with joint bodies, which impair very much the movements of the joints, cause much pain, or become caught. No noteworthy influence is exerted by the x-rays, as far as known, while radium should receive some consideration as a curative or at least an aid.

Round Ulcer of the Stomach and Duodenum as a "Secondary Disease."—ROSSLE (*Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1912, xxx, 766) says that the round ulcer of the stomach and duodenum is a disease which is so frequently associated with certain other diseases and disturbances of health, that it must have some relationship with them. In many cases such a relationship can be shown that the round ulcer seems to be a "secondary disease." Its origin depends not upon transmission through the blood, but in all probability upon the reflex effect of nerve irritation. The experimental investigations up to the present time speak for irritation in the vagus region. These results in the stomach are of especial importance because of the dependence of the muscle movement and secretion upon the nerves. Erosions and ulcers are only different stages and grades of the same process. For the development of erosions, spasms of the muscularis mucosa may be of special importance, because the veins and arteries are occluded where they pass through the muscularis. This occlusion, according to the character of the concerned vessels, leads to hemorrhagic infarction or to ischemia, both of which are followed by local digestion necrosis of the mucous membrane, especially in the presence of hypersecretion. The places of predilection of the round ulcers are where the spasmodic folds of the musculature are especially prolonged.

Diagnosis and Treatment of Aneurysms of the Internal and External Carotids.—LIENAUT and DAUNIN (*Arch. gén. d. Chir.*, 1912, vi, 1433) say that reports of cases of the internal carotid are not frequent and that those of the external carotid are still more rare. They had the opportunity of seeing one of each variety, with an interval between them of one month, and for this reason they undertook a study of the two conditions. In the case of the external carotid aneurysm, two catgut ligatures were placed around the external carotid artery above the superior thyroid branch and 1 cm. apart. The aneurysm gradually disappeared, and six months after the operation the good results were still maintained. The patient with the aneurysm of the internal carotid refused operation. If in a cervical tumor in the cervical or cervicopharyngeal, on inspection and palpation, pulsations synchronous with those of the pulse, are detected, and it is possible to register them with the sphygmograph, and if in addition the stethoscope permits one to hear a systolic bruit, the diagnosis of a carotid aneurysm is justified. If the aneurysm is located on the external carotid, it is often