

**A Comparative Study of the End-results of Cholecystostomy and Cholecystectomy.**—MOORE (*Surg., Gynec. and Obst.*, 1921, lxxii, 41) says that, in general, cholecystectomy is the operation of choice in all cases except where general debility or serious complications—such as abscess, peritonitis or previous extensive adhesions—make removal too dangerous or prolonged an operation. In such cases cholecystostomy with possible later cholecystectomy may be done with advantage. Judgment in selection of cases for removal, early diagnosis and early operation all make for the choice and ultimately vastly more satisfactory results of cholecystectomy. The value of this method of treatment for appendicitis is unquestioned, and it seems as logical to follow this same procedure in the case of a similarly affected gall-bladder. Moreover, the diseased gall-bladder has also come much into the limelight in recent years as a focus of infection in various forms of arthritis, anemias and general constitutional disturbances, and many of the removals have been followed by marked improvement in general bodily metabolism and welfare.

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**Reconstruction of Neck of Femur.**—WHITMAN (*Surg., Gynec. and Obst.*, 1921, xxxii, 479) says that ununited fracture of the neck of the femur is in most instances a painful as well as a crippling condition, for which operative treatment would be advised and accepted, in vigorous subjects, if definite relief could be assured. Technic of operation and cases cited. The reconstruction operation has a great advantage over bone-grafting in cases of the ordinary type, for the removal of the trochanter restores a bearing surface for the femur by reconstructing a neck which, when remolded, may be adjusted to the acetabulum to form a stable articulation. The displacement of the trochanter to a lower attachment on the femur in the attitude of abduction provides a muscular sling whose tension supports the limb in its proper rotation to the pelvis, while its outward projection restores effective leverage for the attached muscles, of which the glutei, the direct abductors of the limb, are the most important. The author would have all cases primarily treated by the immediate and efficient Whitman abduction method, which will be followed by repair in most instances. If union fails when accurate apposition of the fractured surfaces has been maintained for a sufficient time, as confirmed by x-ray examination, it indicates a low vitality of the tissues and, therefore, the advisability of the reconstruction operation in preference to bone-grafting.

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**Habitual or Recurrent Dislocation of Shoulder.**—HENDERSON (*Surg. Gynec. and Obst.*, 1921, xxxiii, 1) says that capsulorrhaphy to strengthen the shoulder gave 50 per cent cures in the 16 cases of habitual or recurrent dislocation of the shoulder. Five of the patients (31.25 per cent) are so decidedly improved that they are more than satisfied with the operation. This percentage of improvement and the percentage of cures give good results in 51.25 per cent. It is probable that muscle pull, or possible relaxation of the shoulder capsule above, has not been sufficiently considered in the treatment. It is reasonable to suggest, therefore, that the pectoralis major, teres major and latissimus dorsi be lengthened, and, if thought necessary, the region of the capsule where the supraspinatus and infraspinatus are inserted and the anterior inferior portion of the capsule be reefed.