

An exact cleaning out of all the regional lymph nodes is to be done. Resection is justifiable as a palliative operation, since the removal of the foul and bleeding tumor can lead to a more easy and rapid improvement of the patient than can a gastro-enterostomy. It will provide an undisturbed gastro-intestinal function, while in advanced cases the gastro-enterostomy opening will soon be involved in the growth.

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**Arthritis of the Acromioclavicular Joint as an Important Feature in the Pathology of Obscure Shoulder Injuries.**—SIEVERS (*Deutsch. Ztschr. f. Chir.*, 1914, cxxix, 583), in the Trendelenburg Festschrift number, calls attention to the importance of the acromioclavicular joint in the movements of the arm and shoulder. It is frequently affected in obscure shoulder injuries, which are due either to falls on the shoulder or to force transmitted from the elbow or hand. These traumata give rise to degenerative inflammatory affections of this joint, which are demonstrable by the Roentgen rays in the form of acute or chronic arthritis of this joint. It may be associated with fracture of the acromial end of the clavicle. The condition may exist alone or be combined with other traumatic affections of the shoulder-girdle or shoulder-joint. The diagnosis rests chiefly upon the disturbance of the functions of the joint, especially of its movements. Often there will be symptoms localized to the joint, consisting in demonstrable changes in the joint and subjective disturbances. The Roentgen rays should be employed in every case and a roentgenogram of each shoulder should be taken for comparison. The condition causes severe pain and disturbance of movements and long-continued inability to work. The acute form should be treated by rest and novocain injections into and around the joint. The chronic form, in many cases, will resist the usual therapeutic measures. After a sufficiently persistent trial of these, without success, resection of the acromioclavicular joint with implantation of a fatty flap between the ends of the bones will give a satisfactory result. The operation should aim at mobilization and not at ankylosis of the joint.

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**Original Surgical Uses of the Bone Graft.**—ALBEE (*Surg., Gynec., and Obst.*, 1914, xviii, 699) says that his experience as to the trustworthiness of the bone graft, as a surgical agent, when taken with its enveloping membranes (periosteum and endosteum) and contacted with bone, has been borne out by Murphy, McWilliams, and others, who have obtained practically 100 per cent. of successes. In his last 100 cases the successes have been 100 per cent. The endosteum, marrow substance, and periosteum should be included in the graft, as they play a most important role in aiding to establish an early and sufficient blood-supply from the recipient tissues to the cortical part of the graft. The endosteum is also actively osteogenetic as well as the inner layer of the true periosteum. A rapid and complete union between graft and recipient bone should in many cases be enhanced by the interposition of numerous small grafts in which the periosteum may be disregarded because of the easy access of blood-supply to their interior osteoblasts. These coalesce with each other and with the recipient bones and the large graft. The living bone graft has certain