

fore been made by an operation. Have any of my readers known of such a case?

AUTHORS' ABSTRACTS.

Surgery, Gynecology, Obstetrics and Genito-Urinary Diseases.

Syphilis of the Oral Cavity. By W. Pettus Dey, Jacksonville, Fla. *Journal of the Florida Medical Association*, February, 1915, pp. 230-232.

The manifestations of the different stages of syphilis of the oral cavity as differentiated from the various forms of stomatitis, and cancer as well as some rare conditions as burns, hydroea, Vincent's angina, etc., is brought to the attention of the dental surgeon not only from a diagnostic standpoint but for his personal protection as well.

In view of the fact that not a few are infected who are not themselves cognizant of the fact, a large number of syphilitics deny the infection to any but their medical adviser.

The dentist is advised to exercise extreme caution when dealing with any mouth which presents an ulceration (especially a perforating ulcer of the soft palate) no matter how small or innocent it may appear, and summarizes as follows:

1. It is practically impossible by inspection alone to differentiate syphilitic from nonsyphilitic sores and is only possible by means of laboratory methods.

2. Syphilitic ulcers of the mucous membranes of the mouth are highly contagious, in fact the most contagious of all specific ulcers.

3. It is a safe rule to look with suspicion upon every ulcer of the mouth, throat and tonsil.

4. In view of these facts it should be the duty of every physician who has knowledge of this condition in a patient to confer with the dentist regarding the infection when referring him for dental work.

Treatment of Fractures. By B. F. Zimmermann, Louisville, Ky. *American Journal of Surgery*, March, 1915, pp. 90-96.

The author presents a resume of the subject of fractures and their treatment. Nearly all the varieties of fracture are adequately described, and the most suitable method of treating each type fully outlined. The views of many authors are carefully abstracted and presented.

In comparing the work of abdominal surgeons with that of "bone surgeons," he remarks that the treatment of bone lesions is today the most difficult of all surgery, requiring a technical fineness scarcely known to abdominal surgeons of twenty years ago, and possessed by comparatively few of the present.

The two recently developed greatest factors contributing to the more successful management of fractures are: (1) radiography, and (2) the open method of treatment. While Lane may plate successfully all his simple fractures, and Murphy may secure union in ununited fractures by bone transplants, such radical procedures will always represent a small portion of the fracture work required of physicians and surgeons.

The primary object in treatment is to secure

good functional results. Experience has shown that nearly all cases of "non-union" are merely "delayed union." In the majority of fractures physiological use is the best agent to assist in making union solid, but protection by artificial support is required even after the fragments appear firmly united.

Open treatment is indicated only in aseptic surroundings with the most rigid adherence to aseptic technical details; otherwise the closed method is safest in the best interest of the patient. Operative treatment may be undertaken at any time within ten days after the injury.

Some Mistakes in Obstetrics. By J. H. Graves, Waco, Texas. *Texas State Journal of Medicine*, March, 1915, pp. 466-468.

(1) Mistakes of Omission: Failure to overhaul obstetrical case. Failure to have on hand perineum needle and holder; sterile forceps; five yards boiled and dried cheese cloth; kitchen table strong and clean in room to operate upon if necessary; reinforce bed with more slats, if no table is available. Failure to have your patient ready. In primipara make external measurements as soon as consulted. Administer a little anaesthetic just as head is born. Retract foreskin of male babies at birth, and instruct nurse to retract it daily for several days, anointing with sterile vaseline. Crede's method of instilling 2 drops 2 per cent Sol. Arg. Nit. in each eye; follow immediately with sterile normal saline previously prepared. Determine position and presentation as soon as possible. Delay in use of forceps, when indicated, often destroys the child, but seldom ever hurts mother much.

(2) Mistakes of Commission: Too frequent and too rough digital examination. Unnecessary haste in use of forceps, and unnecessary use of forceps. Resort to basiotribe, when patient manipulation, plus pituitrin, judiciously given, would deliver child. Unsterile hands, instruments and dressings is criminal. Leaving perineum lacerated and unattended to. Instructions given to women to lie on their backs too much after delivery cause retrodisplacements et al. Unnecessary use of pituitrin. Tie cord with sterile ligature, dust stump powder. Boric acid 1 part, talcum three parts. Leave off all dressings, no binder, no nothing. Thus the mother or nurse can see stump at all times, and no hemorrhage can occur and escape quick detection.

Thoracotomy in Unresolved Pneumonia. By Randolph Winslow, Baltimore, Md. *Surgery, Gynecology, and Obstetrics*, March, 1915, pp. 350.

The author reports two cases of pneumonia in which symptoms did not subside at the usual time and empyema was suspected.

The first case was that of a boy of sixteen years with a lobar pneumonia which failed to clear up, and an empyema was suspected. Aspiration failed to discover pus, but it was decided to do thoracotomy. This was done under nitrous oxide and oxygen anaesthesia. No pus found, but lung was hard, non-collapsible and adherent to chest wall.

The adhesions were released and a drainage