

tion, but is almost always fatal. Operation is indicated when there are signs of pressure at the base of the brain, and when the diagnosis is not certain. The first indication of choked disk is the sign for immediate operation.

The various conditions which demand operation are the following: (1) Cholesteatoma. The results have been favorable when the tumor was small enough to be removed *in toto*. A layer of sound tissue must be removed on all sides, as cholesteatomata resemble the malignant tumors in their tendency to recurrence. (2) True tumors, neuroma and sarcoma. The results here are also good. Of 101 cases reported, the tumor was found in 51, and of these 12 were cured. No tumor could be found in 60, but 5 of these were entirely relieved by the operation; 12 other cases showed temporary improvement. (3) Cysts. Here again the results are very good. As many of the cysts arise from softened sarcomata it is not wise to merely tap them. The entire wall should be examined, and, if necessary resected. In 14 cases 13 were cured. (4) Nour-oma of the cranial nerve roots. Tumors are found on the roots of the fifth, sixth, seventh, eighth and ninth nerves, especially the eighth. Operation is always justified, as the localization is quite certain and the tumors are rapidly fatal if let alone. They are generally well encapsulated. Removal should not be attempted if the tumor is very large or not well defined. Is it justifiable to remove part of the cerebellum in order to expose such a tumor? Experiment has shown that the removal of more than half of one lobe is not well borne, so no more than this should be resected. (5) De-compression. This is performed for large tumors and for some cases of chronic meningitis. The results are generally good, but temporary. The indications are not yet entirely precise.—*Therapeutic Gazette*.

Hour-Glass Stomach.

The diagnosis of hour-glass contracture of the stomach is neglected in almost all the text-books, and Schmitt (*Archiv für klinische Chirurgie*) gives its characteristic phenomena in detail. With the exception of the congenital form, which causes no symptoms, he believes that all forms, spastic, cancerous, and cicatricial, are dependent on ulceration of the stomach. If dilatation is present it may depend on a narrow stricture or on associated stricture of the pylorus.

The most striking symptom is usually vomiting. This may resemble the vomiting of pyloric obstruction if the stricture