best results. They may be treated by puncture, incision, or omentopexy. In this type it must be remembered that usually tuberculosis is the principal etiological factor and it thus becomes a curable disease. In those cases where medical treatment and puncture have been unsuccessful, laparotomy without drainage is the writer's plan of treatment. The atrophic type is a much more serious condition. Here the liver cell itself is badly damaged as proven by the presence of urobilin in the urine. If the peritoneum is healthy, omentopexy may be done, and this will prevent the production of anastomoses in the lower part of the œsophagus, the anal region, and the system of Retzius. If the peritoneum is markedly diseased omentopexy should only be considered if portal hypertension menaces the patient's life, and is at best an emergency operation. Where we have an infection of the gall-bladder added to the cirrhotic condition of the liver omentopexy, combined with drainage of the gall-bladder may prove satisfactory. In view of the great difficulty of arriving at a definite diagnosis from a purely clinical examination exploratory laparotomy is advocated on account of the great help in diagnosis and its curative value.

JAMES A. KELLY, M.D. "Dislocation Forward of the Atlas, with Fracture of the Odontoid Process of the Axis." *Annals of Surgery*, August, 1905.

This rather unusual accident was caused by a man, while intoxicated, falling and striking his head on a sharp corner. He was brought to the hospital for the scalp wound, but further examination showed the above condition to exist. The head, held rigidly, was in a position of extreme dorsal flexion and rotated slightly to the right, the chin hung depressed upon the chest. There was moderate spasm of the neck muscles, while over the posterior aspect of the upper cervical vertebræ there was marked swelling and tenderness. There was no crepitus, but the spinous process of the second vertebra was prominent, and the distance between the process and the occiput was increased. There were no symptoms of motor or sensory paralysis. Treatment consisted of the application of a well-fitting felt collar and placing the patient in a semi-recumbent position upon a head rest. He left the hospital about one month later and began work as a day labourer. The absence of pressure symptoms prove conclusively that a fracture of the odontoid process must have been present in combination with the dislocation, since anatomical preparations show that such would have occurred unless the odontoid process had been fractured.