

cases will present themselves to every surgeon where he cannot bring about a satisfactory, anatomical and surgical reduction of the fragments, or where it will be found impossible to efficiently retain them in place without one of the recognized operative methods.

Personally, I think that we are very much where we have been for many years as far as this question is concerned. I think that our endeavor and expectation should be to treat successfully our simple fractures by non-operative measures, except in a limited number of cases. I think that we should always expect and demand of ourselves a thoroughly good practical result. I mean by that such restoration as to leave the patient without deformity, without impediment and without pain, and with a thoroughly useful limb as far as all its normal functions are concerned. I am sure that this can be brought about in almost all cases of simple fracture, if they are treated with the best skill of a surgeon who is qualified and competent to perform so serious and hazardous an operation as that for a simple fracture.

To-day there are too many non-surgeons doing surgery. If men who are unable to obtain good results by the non-operative treatment of fractures undertake to treat them by operative methods, the results will be disastrous and surgery will be exposed to serious disgrace.—PARKER SYMS. *International Journal of Surgery*, May, 1911.

## GYNÆCOLOGY AND ABDOMINAL SURGERY.

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### RELATION OF THE THYROID GLAND TO THE FEMALE GENERATIVE ORGANS.

J. R. Goodall and L. C. Corm (*Can. Med. Assoc. Jour.*, 1911, T. 404; *Surg. Gyn. Obst.*, 1911, xii, 457) record the history of a woman of sixty-nine years in whom the thyroid gland had enlarged synchronously with the onset and progress of chronic pelvic tuberculosis. The uterus and appendages were removed and a tubo-intestinal fistula closed. The thyroid gland then diminished rapidly to below the normal size. In attempting to decide which of the conditions stood in the position of cause and which in that of effect, the writers have studied a number of other cases which showed symptoms referable to the thyroid in conjunction with pelvic symptoms and have considered the views of others. They conclude that the relation between the female genitals and the thyroid is very intimate. The generative organs which stand in such close relation with the thyroid are the ovaries. The uterus is devoid of any influence upon thyroid activity, except in that its function may affect the ovarian function